

Træning til knæ artrose – kan træningens interventionerne repliceres?

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Baggrund

“Patients with hip and knee OA should be encouraged to undertake, and continue to undertake, regular aerobic, muscle strengthening and range of motion exercises”

OARSI 2008

“There is good evidence to support GPs recommending land based exercise for people with OA of the hip and knee”

RACGP 2009 (Australien)

“The Ottawa Panel concluded that aerobic walking combined with stretching and strengthening exercises, education, and/or behaviour programs are recommended to improve pain relief, functional status, and QOL of adult individuals with OA.”

Ottawa panel 2012 (Canada)

“...the Guideline Development Committee recommends the use of exercise therapy to alleviate pain and improve physical performance.”

KNGF 2010 (Holland)

“(Supervised) Exercise therapy aimed at reducing pain and improving physical functioning should be applied during the physiotherapy treatment of hkoa patients”

KNGF 2011 (Holland)

*“We strongly recommend that patients with knee OA should do the following: Participate in cardiovascular (aerobic) and/or resistance land-based exercise
Participate in aquatic exercise”*

ACR 2012 (USA)

“All people with knee/hip OA should receive an individualised management plan (a package of care) that includes the core non-pharmacological approaches, specifically: ...addressing a regular individualised exercise regimen...”

EULAR 2013 (europa)

“We recommend that patients with symptomatic osteoarthritis of the knee participate in ..., strengthening, low-impact aerobic exercises, and neuromuscular education;...”.

AAOS 2013 (USA)

“Appropriate treatment modalities for all individuals with knee OA included ... exercise (land-based and water-based), ..., strength training,”

OARSI 2014 (global)

“Advise people with osteoarthritis to exercise as a core treatment, irrespective of age, comorbidity, pain severity or disability. Exercise should include:

- local muscle strengthening and*
- general aerobic fitness.”*

NICE 2014 (UK)

Cochrane review, 2015 Exercise for osteoarthritis of the knee M. Fransen

Konklusion:

Det er ikke nødvendigt at lave flere træningsstudier på effekten af træning til knæ artrose, da vi ved det virker

Men

Det sikre ikke nødvendigvis at det bliver implementeret i den kliniske hverdag

Vi har brug for at vide basis ting som:

Dosis, intensitet, antal gange om ugen o.l.

Rapportering af trænings interventionerne er derfor vigtige

TIDieR

- Template for Intervention Description and Replication

CERT

- Consensus on Exercise Reporting Tempalte

Formål

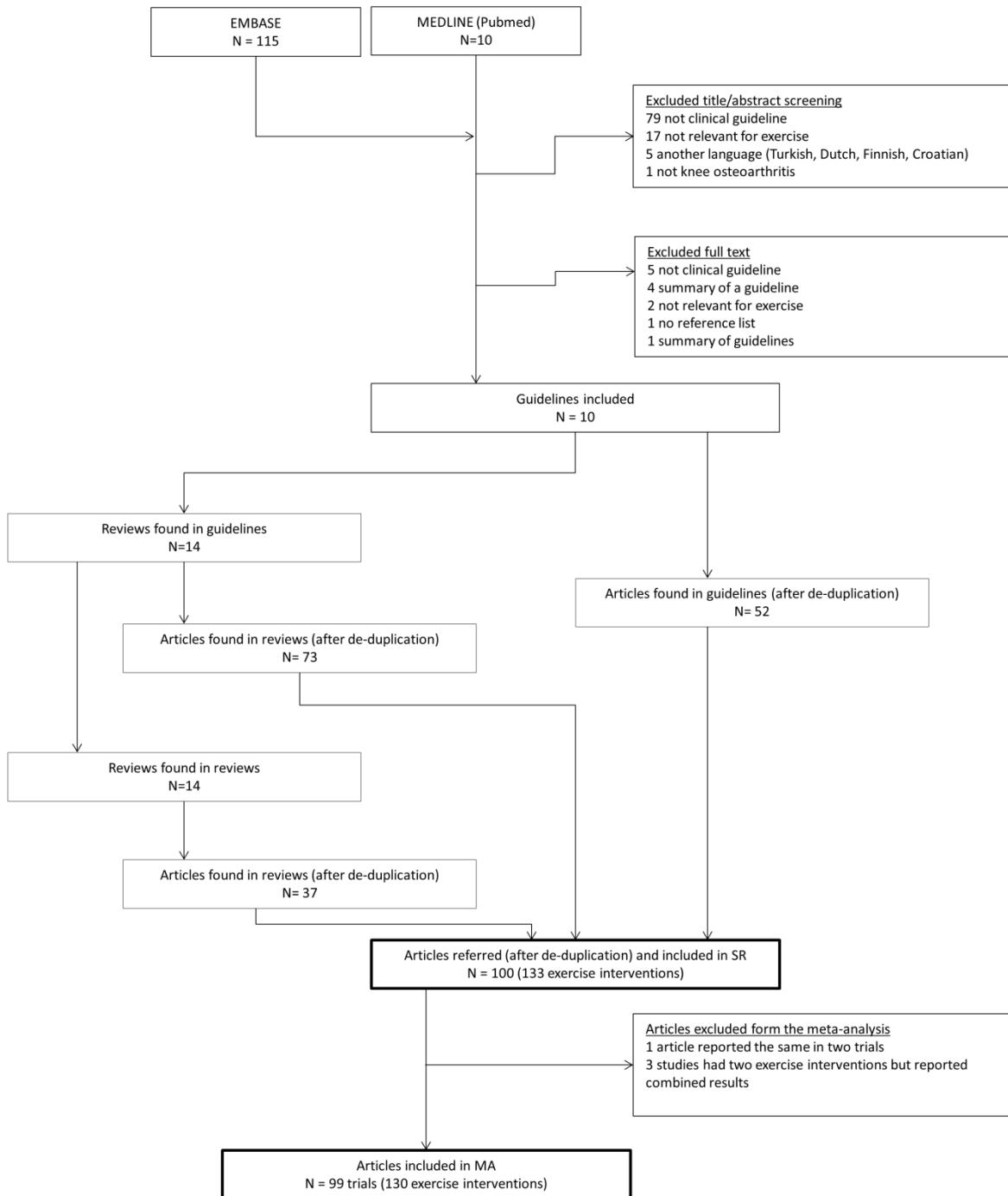
Undersøge hvor godt trænings interventionerne der ligger til grund for de kliniske retningslinjer omkring træning til knæ artrose er beskrevet

og

om rapporterings standarden er relateret til effekten på selvrapporteret smerte og funktion

Søgning

- MEDLINE (via PubMed) og EMBASE (via Ovid) 7 juni 2016, ved brug af søgeordene ‘osteoarthritis’, ‘knee’, ‘guideline’, and ‘practice guideline’ combineret med relevante MeSH termer



Data ekstraktion

Baseret på TIDieR og CERT
trak vi følgende data ud:

- | | |
|--|--|
| 1: Navn på interventionen | 7: Hvor |
| 2: Hvorfor | 8: Dosis (intensitet, gentagelser, total tid) |
| 3: Materiale brugt | 9: Individuel tilpasning |
| 4: Hvordan var proceduren | 10: Modifikationer |
| 5: Hvem instruerede | 11: Fulgte interventionen planen |
| 6: Hvordan (individuelt/gruppe, superviseret, adherence, progression) | 12: Blev træningen gennemført |

Data ekstraktion

Nummer to excel ark:

Generel info:

antal deltagere, outcomes (selvrapporteret smerte og funktion), køn, alder, publicering år

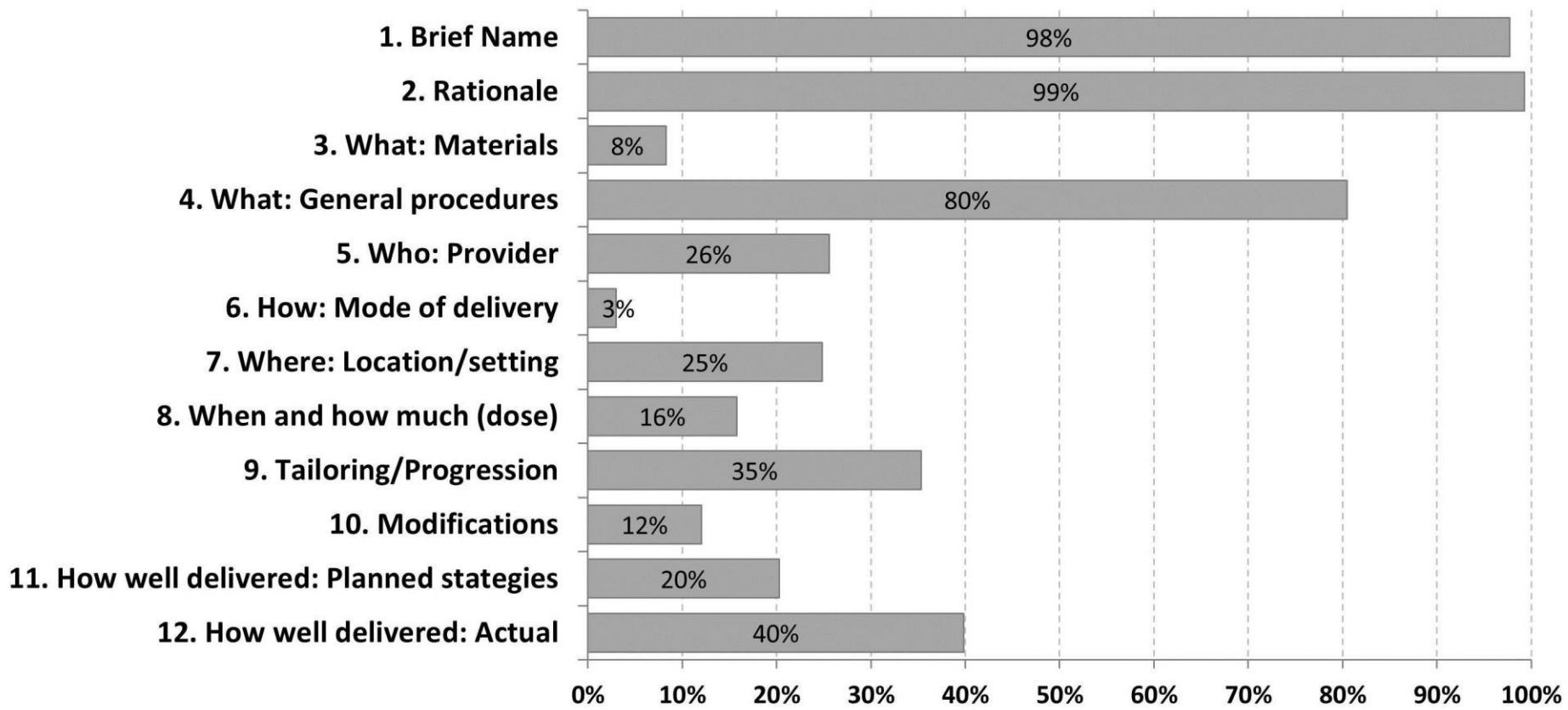
Resultater

- 10 guidelines
- 100 artikler
- 133 interventioner

Meta-analyse

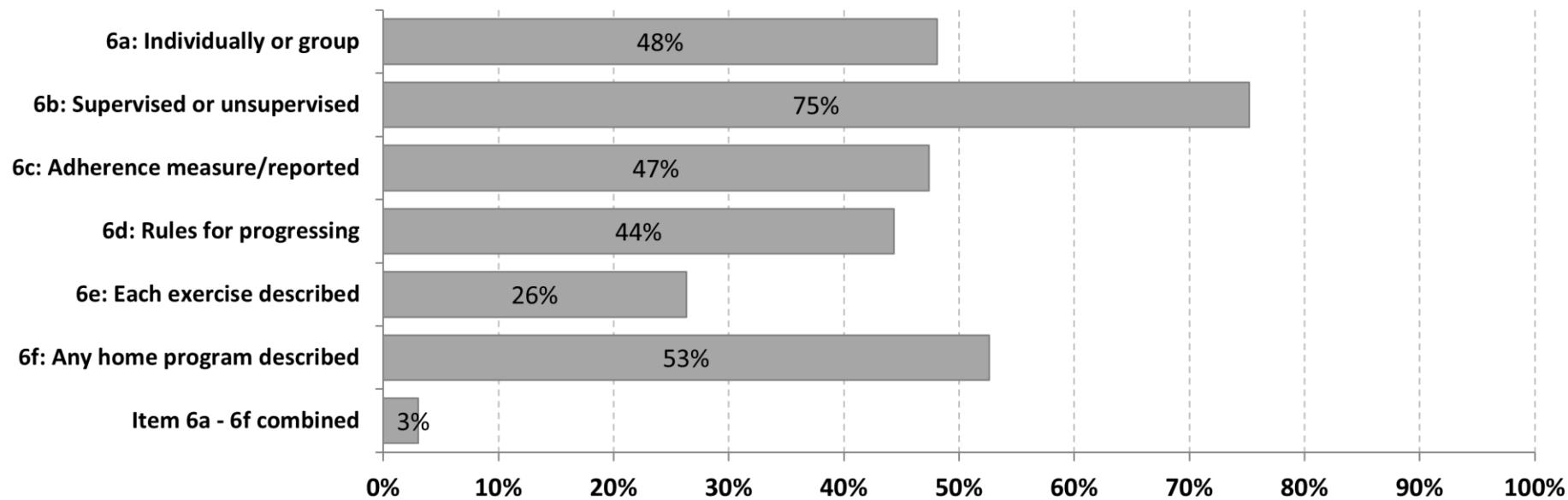
- 99 artikler
- 130 interventioner

Proportion of interventions (n=133) with complete reporting of each of the TIDieR/CERT items

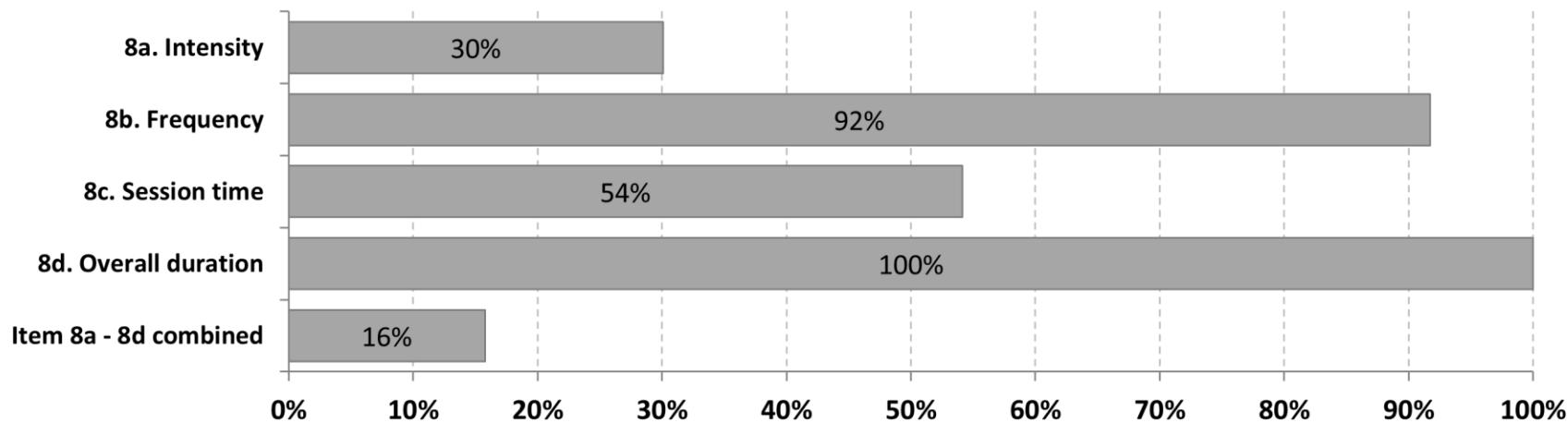


A

Proportion of interventions (n=133) with complete reporting of TIDieR/CERT item 6 sub-components (How: Mode of delivery)

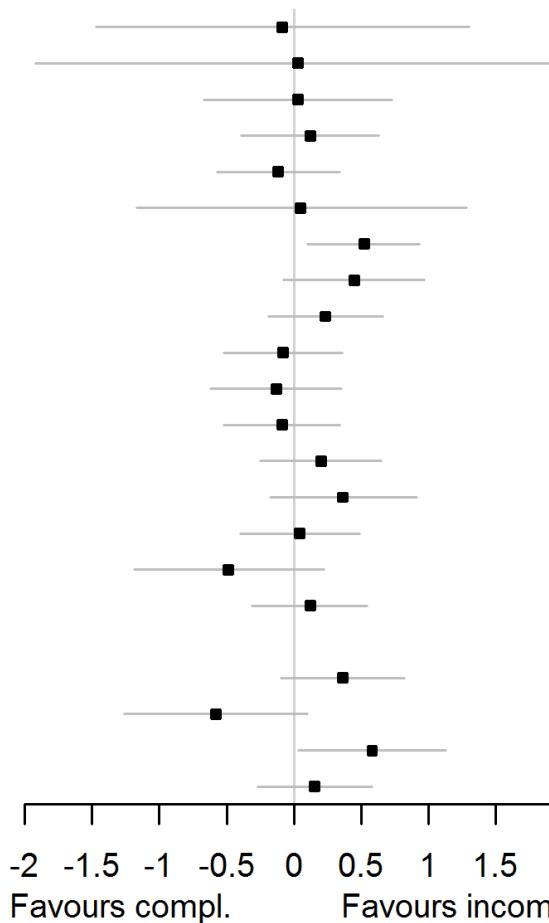
**B**

Proportion of interventions (n=133) with complete reporting of TIDieR/CERT item 8 sub-components (When and how much (dose))

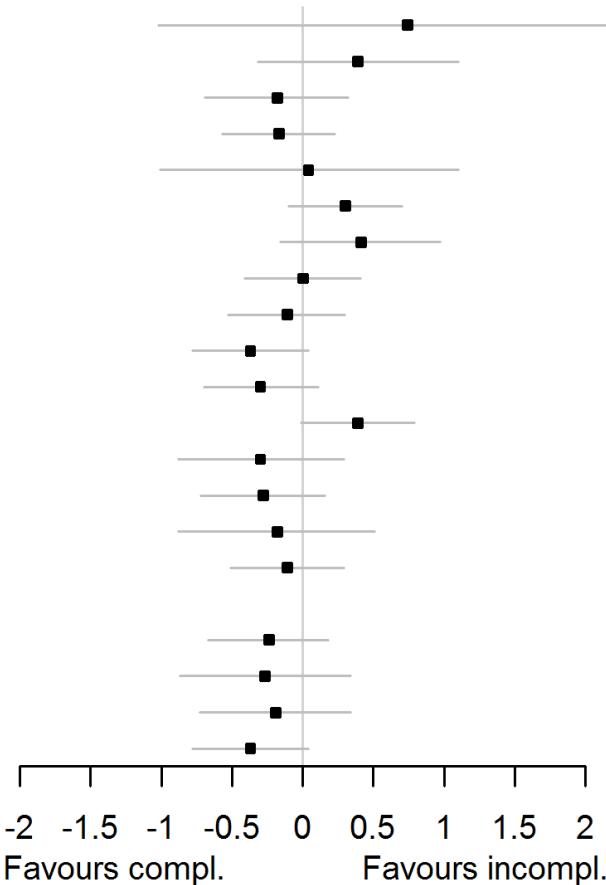


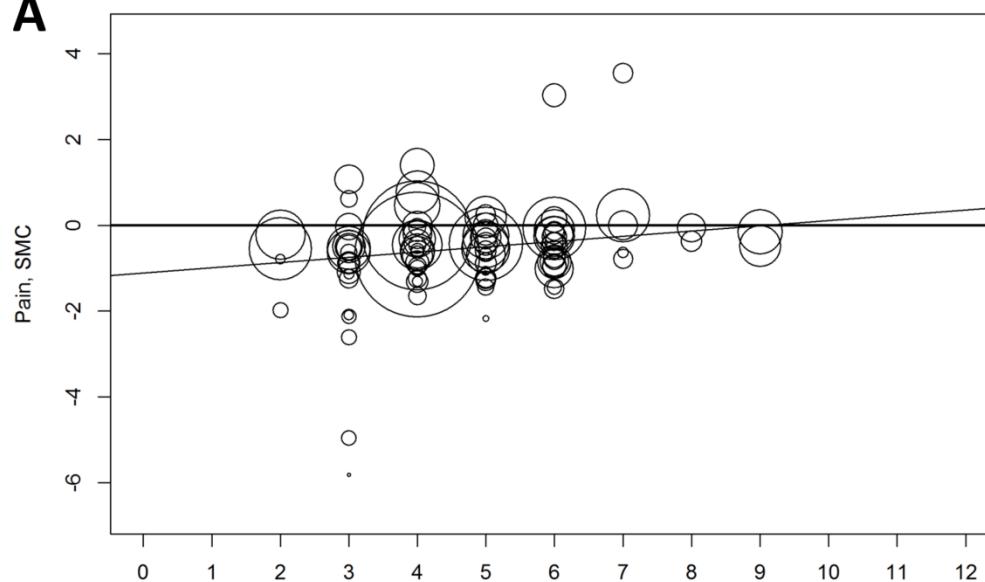
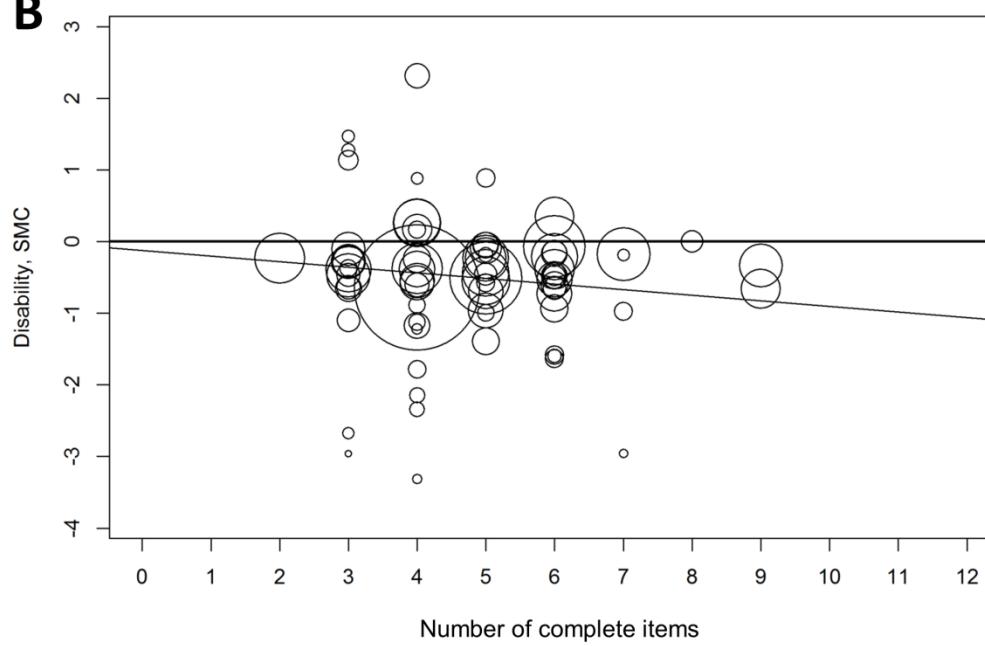
1. Brief Name
2. Why
3. What: Materials
4. What: Procedures
5. Provider
6. How
 - 6a. Individually or group
 - 6b. Supervised or unsupervised
 - 6c. Adherence measure/reported
 - 6d. Rules for progressing
 - 6e. Each exercise described
 - 6f. Any home program described
7. Where
8. When and how much
 - 8a. Intensity
 - 8b. Frequency
 - 8c. Session time
 - 8d. Overall duration
9. Tailoring
10. Modifications
11. How well: Planned
12. How well: Actual

Pain



Disability



A**B**

Konklusion

- Relevant information så som dosis og intensitet manglede i ca. 80% af interventioner
- Guidelines er altså baseret på dårligt beskrevet interventioner hvilket minsker brugbarheden af guidelines
- Fremtidig interventioner bør prioriterer at holde sig til en minimum standard for rapportering (TIDieR el. CERT) hvis forskningen skal kunne bruges af andre

Tak for jeres opmærksomhed!

Spørgsmål?

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