

# Engaging Patients in OA Management Strategies



# Overview

- Osteoarthritis (OA) is a Chronic, Serious Disease
- OA Self-Management is Strongly Recommended but Underused
  - Focus On: Physical Activity as Example Self-Management Strategy
- Healthcare Provider (HCP) Knowledge, Skills, and Resources
- Strategies and Tools to Engage Patients in Self-Management

# Osteoarthritis (OA) is a Chronic, Serious Disease

Osteoarthritis (OA) is the most common form of arthritis.<sup>1</sup>

- A disease of the whole joint, including cartilage degradation, bone remodeling, osteophyte formation, synovial inflammation<sup>1</sup>
- Symptoms include joint pain, swelling, stiffness, loss of normal joint function<sup>1</sup>
- Most commonly affects the knees, hips, and hands<sup>1</sup>
- A leading cause of disability among 302 million people worldwide<sup>1</sup>
- No cure for OA and no disease modifying drug therapies<sup>2</sup>

<sup>1</sup>Kolasinski SL, et al. *Arthritis Care Res (Hoboken)*. 2020; 72(2):149-162; <sup>2</sup>Osteoarthritis Research Society International. Osteoarthritis: A Serious Disease, submitted to the U.S. Food and Drug Administration. 2016.



# Risk Factors for the Development of OA<sup>3</sup>

## Potentially Modifiable

Excess Weight  
Occupation and Sports  
Joint Injury (Injury  
Prevention)  
Joint Alignment and  
Muscle Weakness

## Non-Modifiable

Age  
Sex  
Ethnicity  
Genetics  
Prior Joint Injury

<sup>3</sup>Osteoarthritis Action Alliance. OACareTools: Osteoarthritis Prevention & Management in Primary Care. 2019. <sup>4</sup>Shultz SP, et. al. N C Med J. 2017;78(5):326-331. <sup>5</sup>Padua DA, et al. J AthlTrain. 2018;53(1):5-19.



# **OA Management Strategies**

**Self-Management is Strongly  
Recommended but Underused**

**Focus On: Physical Activity as the Example Self-  
Management Strategy**

# American College of Rheumatology/Arthritis Foundation Guidelines for the Non-Surgical Management of OA<sup>1\*†</sup>

	Treatment	Hand	Knee	Hip
At-Home Treatments	Low-Impact Exercise	✓	✓	✓
	Weight Loss		✓	✓
	Tai Chi		✓	✓
	Injury Prevention Activities	✓	✓	✓
	Supportive Devices – Cane, braces, etc.	✓	✓	✓
	Self-management education	✓	✓	✓
	Therapeutic Heating/Cooling	✓	✓	✓
	Yoga		✓	
Support From A Professional	Cognitive Behavioral Therapy	✓	✓	✓
	Acupuncture	✓	✓	✓
	Kinesiotaping	✓	✓	
	Physical & Occupational Therapy	✓	✓	✓
Pharmacologic Options	Oral NSAIDs – Over the Counter or Prescription	✓	✓	✓
	Topical NSAIDs	✓	✓	
	Acetaminophen - Over the Counter or Prescription	✓	✓	✓
	Tramadol or Duloxetine	✓	✓	✓
	Corticosteroid Injections	✓	✓	✓

\*Adapted from Kolasinski SL, et al. Arthritis Care Res (Hoboken). 2020; 72(2):149-162. † This is a summary of the ACR/AF Guideline recommendations. Please see the full Guidelines at <https://onlinelibrary.wiley.com/doi/10.1002/art.41142>.



# OA Self-Management Strongly Recommended

The ACR/AF Guidelines strongly recommend self-management strategies for managing OA pain, stiffness and joint mobility:<sup>1</sup>

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Exercise

Self-management education

Weight loss

<sup>1</sup>Kolasinski SL, et al. *Arthritis Care Res (Hoboken)*. 2020; 72(2):149-162; <sup>3</sup>Osteoarthritis Action Alliance. OACareTools: Osteoarthritis Prevention & Management in Primary Care. 2019.



# OA Self-Management Strongly Recommended ...but Underused

Physical activity can decrease pain and improve physical function by about 40% and may reduce healthcare costs in patients with arthritis.\*<sup>6</sup>

**BUT** *1 in 3 adults with arthritis are inactive.*<sup>6</sup>

Adults with arthritis\* also can reduce their symptoms by participating in *disease management education* programs.<sup>6</sup>

**BUT** *only 1 in 10 have taken part in these programs.*<sup>6</sup>

Individuals who are overweight and receive weight loss counseling from a healthcare provider are 4x more likely to try to lose weight.<sup>7</sup>

**BUT** *fewer than half actually receive weight loss counseling.*<sup>7</sup>



\*Arthritis includes osteoarthritis, rheumatoid arthritis, gout, lupus, fibromyalgia. Osteoarthritis is the most common form of arthritis.

<sup>6</sup>Barbour KE, et al. MMWR Morb Mortal Wkly Rep. 2017;66(9):246-253; <sup>7</sup>Guglielmo, D., et al. MMWR Morb Mortal Wkly Rep. 2018;67(17):485-90; *Image adapted from and used with permission: National Public Health Agenda for Osteoarthritis: 2020 Update.*





## Focus On: Physical Activity as the Example Self-Management Strategy

Physical activity is a strongly recommended intervention for arthritis and should be encouraged for all patients:

- Physical activity has proven benefits to improve arthritis symptoms.<sup>1,6,8</sup>
- Physical activity should be tailored to address each patient's abilities, health, interests, geography, culture, and other personal factors to promote successful, long-term engagement.<sup>1</sup>
- HCPs should develop an exercise plan including the **FITT** principle: **F**requency, **I**ntensity, **T**ime, and **T**ype. Think “Start low and go slow”.<sup>8,9</sup>

**But first...talk to the patient!** Use the following skills and resources to “meet the patient where they are”, be supportive, provide guidance where needed.

<sup>1</sup>Kolasinski SL, et al. *Arthritis Care Res (Hoboken)*. 2020; 72(2):149-162; <sup>6</sup>Barbour KE, et al. *MMWR Morb Mortal Wkly Rep*. 2017;66(9):246-253; <sup>8</sup>CDC. Physical Activity for Arthritis. 2018; <sup>9</sup>American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 11th ed.

# Healthcare Provider Awareness, Skills, and Resources



# Healthcare Provider Awareness, Skills, and Resources

Healthcare providers (HCPs) can support patients in developing and sustaining an exercise program using specific knowledge, skills, and resources:

- ✓ Patient Factors
- ✓ HCP's awareness of patient's ability to self-manage<sup>10,11</sup>
- ✓ HCP's awareness of facilities and programs available in the community
- ✓ HCP's assessment of the patient's health<sup>9</sup>
- ✓ HCP and Patient Behavior Change Resources



<sup>9</sup>American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. 11th ed.

<sup>10</sup>Battersby MW, et al. *Aust J Prim Health*. 2003;9(2&3):41-52; <sup>11</sup>Smith D, et al. *Chronic Illness*. 2019;15(1):74-77.





# Patient Factors to Consider

When engaging patients, it is important to consider the factors that make them unique, such as:

- Lifestyle (habits, culture, occupation or work status)
- Personal Goals
- Barriers (transportation, cost, motivation, pain)
- Support Network





# Awareness of a Patient's Ability to Self-Manage

To optimize self-management, patients should learn:

- What osteoarthritis is
- What symptoms it causes
- How their treatment plan alleviates their symptoms
- How different changes in their lifestyle and behaviors cause different changes in their symptoms

**Tip:** When HCP is aware of the patient's knowledge about their disease and treatment options, together they will be able to ***make curated, appropriate treatment plans that are more likely to promote success.***<sup>10,11</sup>



<sup>10</sup>Battersby MW, et al. *Aust J Prim Health*. 2003;9(2&3):41-52; <sup>11</sup>Smith D, et al. *Chronic Illness*. 2019;15(1):74-77



# Awareness of Facilities and Programs in the Community

General Facilities: community pools, parks, YMCA, senior community centers, local Parks and Recreation classes.

Evidence-based Programs (delivered virtually, in-person, and/or self-directed)

- Arthritis Foundation Aquatic Program
- Active Living Everyday
- Enhance@Fitness
- Walk with Ease
- Chronic Disease Self-Management Program
- Fit & Strong!

*Trademarks are the property of their respective owners.*





# Awareness of Education and Programs Online

## HCP Education

- Clinical Management of OA; Evidence Based Programs for OA; OA Prevention - Focus on Weight Management; Prescription for Physical Activity; Functional Assessments Video and Action Brief  
→ [www.oacaretools.org](http://www.oacaretools.org)

## Patient Education

- Resources for Individuals with OA; Pain Management at Home and Work; Physical Activity Worksheet; Living Better with Osteoarthritis online resource library  
→ [oaaction.unc.edu/JointPain](http://oaaction.unc.edu/JointPain)  
→ [www.oacaretools.org](http://www.oacaretools.org)







# Assessment of Patient's Health

HCP awareness of a patient's health status can help create a more effective treatment plan. **Consider:**

- Comorbid conditions - heart disease, diabetes, hypertension, obesity, etc.
- Physical or functional limitations
- Safety to engage in physical activity

**Tip:** When needed, refer patients to an occupational or physical therapist or certified fitness professional to ***create a tailored physical activity program.***



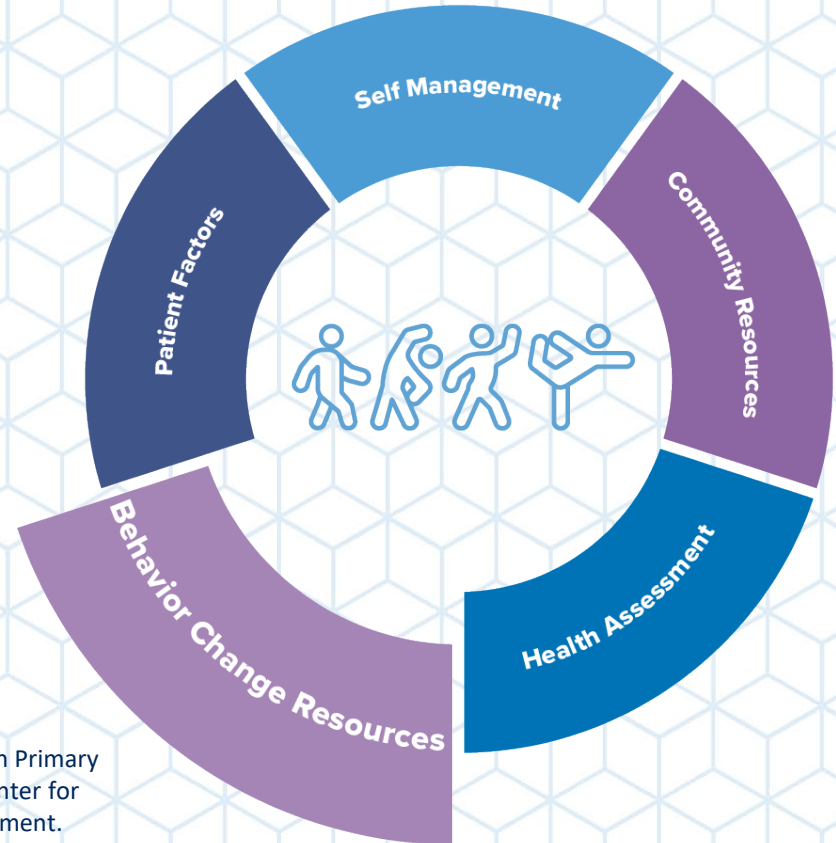




# HCP and Patient Behavior Change Resources

Key behavior change factors and resources to consider:

- What behavior change counseling skills (such as Motivational Interviewing or Brief Action Planning) does the HCP have/need?<sup>3</sup>
- Does the patient need/prefer community-based programs to support their behavior change?<sup>6</sup>
- Is the patient ready to make behavioral changes?<sup>12</sup> Does the patient need cognitive-behavioral therapy or other counseling to make the change(s)?



<sup>3</sup>Osteoarthritis Action Alliance. OACareTools: Osteoarthritis Prevention & Management in Primary Care. 2019; <sup>6</sup>Barbour KE, et al. MMWR Morb Mortal Wkly Rep. 2017;66(9):246-253; <sup>12</sup>Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999.

# Strategies and Tools to Engage Patients in Self-Management



# Motivational Interviewing (MI)

Providers can draw from motivational interviewing (MI) to help guide patients—particularly those who feel stuck or are even ambivalent about changing their habits—through the process of setting and making health behavior goals, such as increasing their physical activity level.

Embracing the “spirit” of MI, providers assess patients’ readiness to change and call on patients’ personal motivations, strengths, and experiences.

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***Patients with arthritis who received motivational interviewing related to physical activity, in addition to brief physician counseling, experienced modest improvements in self-reported function and a trend towards improvement in pain.***

IMPAACT trial (Improving Motivation for Physical Activity in Arthritis Clinical Trial)<sup>13</sup>

<sup>13</sup>Gilbert AL, et al. Semin Arthritis Rheum. 2018;47(5):732-40; <sup>14</sup>Miller WR, Rollnick S. *Motivational interviewing: helping people change*. 3rd ed. New York, NY: Guilford Press; 2013.



# The “Spirit of MI”<sup>15</sup>

The “Spirit of MI” encourages providers to have engaging conversations with patients that:

Are “**Collaborative**”: Providers work with patients as partners rather than directing patients or telling them what they should do. Collaboration is fostered through rapport building.

Are “**Evocative**”: Using open-ended questions and reflective listening, providers evoke from the patient what their goals, motivations, and strengths are, drawing out and reflecting back the patient’s own reasons and approaches for behavior change.

“**Honor the patient’s autonomy**”: While providers may want patients to make healthy behavior changes, ultimately, it is up to the patient whether or not to act. Empowering the patient to make this decision can actually help enable the behavior change.

<sup>15</sup>Rollnick S, et al. *Motivational interviewing in health care : helping patients change behavior*. New York: Guilford Press; 2008.



# Use “OARS” to Remember MI Skills

HCPs can help guide patients through the process of setting health behavior goals, such as increasing their physical activity level. You don't have to be an expert to implement some of the elements of MI. Use the “**OARS**” acronym to remember these basic MI skills:<sup>16</sup>



**O**

**Open-ended Questions:** Avoid yes/no questions when gathering information from patients.

**A**

**Affirmations:** Identify and comment on patient's positive behaviors and comments that speak to the quality of the patient's character and commitment to health.

**R**

**Reflections:** Reflect back a short description of what you heard the patient say; this conveys respect, interest, and curiosity.

**S**

**Summary:** Organize what the patient has told you into a succinct summary bringing together what the person has been saying.

<sup>16</sup>Rosengren DB. *Building motivational interviewing skills : a practitioner workbook*. New York: Guilford Press; 2009.



# The MI Conversation

**Motivational Interviewing** principles can help you support your patient's efforts to be physically active:<sup>16</sup>

<u>Expression of Empathy:</u>	<i>I can imagine that it is challenging to identify time to exercise.</i>
<u>Recognition of Discrepancies:</u>	<i>However, I hear that you understand the importance of exercise.</i>
<u>Rolling with Resistance:</u>	<i>If 3 days a week is too much, what sounds like a reasonable number of days to exercise?</i>
<u>Supporting Self-Efficacy:</u>	<i>It's great to hear that you feel like 1 day a week is realistic and that you want to start tomorrow. I am impressed with your dedication to your health.</i>

<sup>16</sup>Rosengren DB. Building motivational interviewing skills : a practitioner workbook. New York: Guilford Press; 2009.



# HCP Patient Engagement Tools and Resources

HCPs can invoke numerous additional tools and resources to engage patients in behavior change efforts for arthritis, including physical activity, weight management, and disease management education:

- **Brief Action Planning (BAP)**
- **5 As model: Ask, Assess, Advise, Agree, Assist**
- **Physical Activity as a Vital Sign**

Visit [www.oacaretools.org](http://www.oacaretools.org) – *Learning Module: Engaging Patients in OA Management Strategies* for more information on each of these strategies.



Visit **[www.oacaretools.org](http://www.oacaretools.org)** for  
more resources for providers and individuals on  
managing arthritis and finding local arthritis  
programs in the community.



OAAA collaborated with Pfizer in the development of this resource



# References

1. Kolasinski SL, et al. *Arthritis Care Res (Hoboken)*. 2020; 72(2):149-162.
2. Osteoarthritis Research Society International. Osteoarthritis: A Serious Disease, Submitted to the U.S. Food and Drug Administration. 2016. [https://oarsi.org/sites/default/files/docs/2016/oarsi\\_white\\_paper\\_oa\\_serious\\_disease\\_121416\\_1.pdf](https://oarsi.org/sites/default/files/docs/2016/oarsi_white_paper_oa_serious_disease_121416_1.pdf)
3. Osteoarthritis Action Alliance. OACareTools: Osteoarthritis Prevention & Management in Primary Care. 2019. <https://oaaction.unc.edu/resource-library/modules/>
4. Shultz SP, et al. *N C Med J*. 2017;78(5):326-331.
5. Padua DA, et al. *J Athl Train*. 2018;53(1):5-19.
6. Barbour KE, et al. *MMWR Morb Mortal Wkly Rep*. 2017;66(9):246-253.
7. Guglielmo D, et al. *MMWR Morb Mortal Wkly Rep*. 2018;67(17):485-490.
8. Centers for Disease Control and Prevention. Physical Activity for Arthritis. <https://www.cdc.gov/arthritis/basics/physical-activity-overview.html>
9. *American College of Sports Medicine. ACSM's Guidelines for Exercise Testing and Prescription*. 11th ed. Philadelphia: Lippincott Williams & Wilkins; 2021.
10. Battersby MW, et al. *Australian Journal of Primary Health*. 2003;9(2&3):41-52.
11. Smith D, et al. *Chronic Illn*. 2019;15(1):74-77.
12. Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.)
13. Gilbert AL, et al. A randomized trial of a motivational interviewing intervention to increase lifestyle physical activity and improve self-reported function in adults with arthritis. *Semin Arthritis Rheum*. 2018;47(5):732-740.
14. Miller WR, Rollnick S. *Motivational interviewing : helping people change*. 3rd ed. New York, NY: Guilford Press; 2013.
15. Rollnick S, Miller WR, Butler C. Motivational interviewing in health care helping patients change behavior. In: New York: Guilford Press; 2008.
16. Rosengren DB. *Building motivational interviewing skills : a practitioner workbook*. New York: Guilford Press; 2009.