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.¹

- A disease of the whole joint, including cartilage degradation, bone remodeling, osteophyte formation, synovial inflammation¹
- Symptoms include joint pain, swelling, stiffness, loss of normal joint function¹
- Most commonly affects the knees, hips, and hands¹
- A leading cause of disability among 302 million people worldwide¹
- No cure for OA and no disease modifying drug therapies²

## Risk Factors for the Development of OA

<table>
<thead>
<tr>
<th>Potentially Modifiable</th>
<th>Non-Modifiable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Weight</td>
<td>Age</td>
</tr>
<tr>
<td>Occupation and Sports</td>
<td>Sex</td>
</tr>
<tr>
<td>Joint Injury (Injury Prevention)</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>Joint Alignment and Muscle Weakness</td>
<td>Genetics</td>
</tr>
<tr>
<td></td>
<td>Prior Joint Injury</td>
</tr>
</tbody>
</table>

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*†

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Hand</th>
<th>Knee</th>
<th>Hip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Impact Exercise</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Weight Loss</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Injury Prevention Activities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Supportive Devices – Cane, braces, etc.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self-management education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Therapeutic Heating/ Cooling</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Yoga</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Kinesiotaping</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical &amp; Occupational Therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Oral NSAIDs – Over the Counter or Prescription</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Topical NSAIDs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Acetaminophen - Over the Counter or Prescription</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tramadol or Duloxetine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Corticosteroid Injections</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

OA Self-Management Strongly Recommended

The ACR/AF Guidelines strongly recommend self-management strategies for managing OA pain, stiffness and joint mobility:\(^1\)

Exercise
Self-management education
Weight loss

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.*6

**BUT** 1 in 3 adults with arthritis are inactive.6

Adults with arthritis* also can reduce their symptoms by participating in disease management education programs.6

**BUT** only 1 in 10 have taken part in these programs.6

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

**BUT** fewer than half actually receive weight loss counseling.7

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

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.\(^1,6,8\)
- 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.\(^1\)
- 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”.\(^8,9\)

**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.

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\(^9\),\(^10\),\(^11\)
- HCP’s awareness of facilities and programs available in the community
- HCP’s assessment of the patient’s health\(^9\)
- HCP and Patient Behavior Change Resources

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.10,11

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!

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Awareness of Education and Programs Online

HCP Education

- Clinical Management of OA; Evidence Based Programs for OA; OA Prevention - Focus on Weight Management; Exercise Rx for Arthritis; Functional Assessments Video and Action Brief → 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 → 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.*

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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?³
- Does the patient need/prefer community-based programs to support their behavior change?⁶
- Is the patient ready to make behavioral changes?¹² Does the patient need cognitive-behavioral therapy or other counseling to make the change(s)?

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.

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)\textsuperscript{13}

The “Spirit of MI”\textsuperscript{15}

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.

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:\(^\text{16}\)

<table>
<thead>
<tr>
<th>O</th>
<th>Open-ended Questions: Avoid yes/no questions when gathering information from patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>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.</td>
</tr>
<tr>
<td>R</td>
<td>Reflections: Reflect back a short description of what you heard the patient say; this conveys respect, interest, and curiosity.</td>
</tr>
<tr>
<td>S</td>
<td>Summary: Organize what the patient has told you into a succinct summary bringing together what the person has been saying.</td>
</tr>
</tbody>
</table>

The MI Conversation

Motivational Interviewing principles can help you support your patient's efforts to be physically active:¹⁶

<table>
<thead>
<tr>
<th>Expression of Empathy:</th>
<th>I can imagine that it is challenging to identify time to exercise.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of Discrepancies:</td>
<td>However, I hear that you understand the importance of exercise.</td>
</tr>
<tr>
<td>Rolling with Resistance:</td>
<td>If 3 days a week is too much, what sounds like a reasonable number of days to exercise?</td>
</tr>
<tr>
<td>Supporting Self-Efficacy:</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 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

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.)