Arthritis is one of the most common chronic conditions and is a leading cause of pain, physical disability, and use of healthcare resources. The Canadian Community Health Survey conducted in 2000 demonstrated that arthritis and other rheumatic conditions affect nearly 4 million Canadians aged 15 years and older. By 2026, it has been estimated that this figure will rise to over 6 million Canadians.

In the UK the National Institute for Health and Clinical Excellence developed recommendations for the management of rheumatoid arthritis and osteoarthritis (OA). For primary care, the first message that emerges from the reviews and guidelines, particularly for OA, is that there is a range of simple interventions for which there is evidence of efficacy. By contrast, evidence that these same interventions are being systematically and widely put into practice, and evidence about how to do this, is singularly lacking. There is increasing recognition that implementation of change for the better management of arthritis is very different from simply disseminating information.

Despite many published treatment guidelines there is often a gap between the care that is recommended and the care that such patients receive; therefore numerous studies have demonstrated the need for improved arthritis management within primary care. Unfortunately, their abundance can often make it difficult for healthcare professionals to determine which guidelines should be employed within clinical practice. It has been shown that passive distribution of guidelines has limited impact, and evidence of the implementation of health education interventions aiming to increase the uptake of arthritis guidelines in primary care is scarce.

Lineker, et al suggested that the dissemination of treatment guidelines through a multifaceted intervention may be a method of changing provider behavior and thus improving arthritis management. As a result, the Getting a Grip on Arthritis® education program developed by Glazier, et al, which consists of an accredited interprofessional workshop and 6 months of reinforcement activities, aims to improve the diagnosis and treatment of arthritis in primary care in Canada.

The extensive work undertaken in the development and evaluation of this intervention, including surveys with primary care practitioners and qualitative work, is impressive. Pilot work of the intervention demonstrated clear changes in the management of arthritis in primary care, and as a result the program received funding for national implementation through Health Canada’s Primary Health Care Transition Fund.

In this issue of The Journal, Lineker, et al describe the evaluation of the national rollout of the Getting a Grip on Arthritis® program. In all, 553 primary healthcare professionals (30.9% nurses, 22.5% rehabilitation professionals, 22.5% physicians, 10.9% nurse practitioners, 13.1% other healthcare providers/nonclinical staff/students) from 254 sites took part. The influence of the program was evaluated by a previously validated survey to highlight self-report management of 3 case scenarios, with best-practice scores (number of recommended best practices a participant would undertake) calculated for each scenario at baseline and 6 months post-workshop. This survey also assessed perception of barriers to physiotherapy, occupational therapy, social work or rheumatology, confidence in the management of arthritis, and satisfaction with their ability to deliver arthritis care.

About one-half completed the followup survey. Overall best-practice scores improved for all scenarios at 6 months, but an analysis by discipline showed that only nurse practitioners and rehabilitation therapists (occupational therapists and physiotherapists) achieved a clinically significant improvement. Baseline scores were low for all 3 scenarios, with the best post-training score being achieved by nurse practitioners for the management of OA. Many best practices did not show any increase, but there was a noticeable increase in the recommendations for education for all scenarios, and weight management for OA. The latter (a notoriously difficult topic to address) more than tripled, although from a very low base. With regard to satisfaction and confi-
The model is attractive because of its widespread adoption and influence; and while its limitations are acknowledged, the complexities of such research cannot be overlooked. We have much to learn from this work.

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