

Policy Brief – How can the international clinical guidelines for knee osteoarthritis management be systematically implemented in Switzerland?

Lea Ettlin¹, Karin Niedermann¹, UAS Zurich

Aim of Policy Brief:

- information on the topic of “*Conservative management of knee osteoarthritis in Switzerland*”
- identifying available research evidence on the issue/challenge, relevant for policy and/or practice
- presenting relevant recommendations or policy/program options in a comprehensive way to interested stakeholders

What do the international guidelines recommend as first-line intervention for knee Osteoarthritis (OA) management?

Recommendations first-line interventions²:

Exercise



Education



Weight control,
if needed



What is the challenge in the management of knee OA patients in Switzerland?

An average of 54% of knee OA patients was reported by medical doctors to be referred to exercise. There seems to be an underuse of evidence-based conservative non-pharmacological interventions.

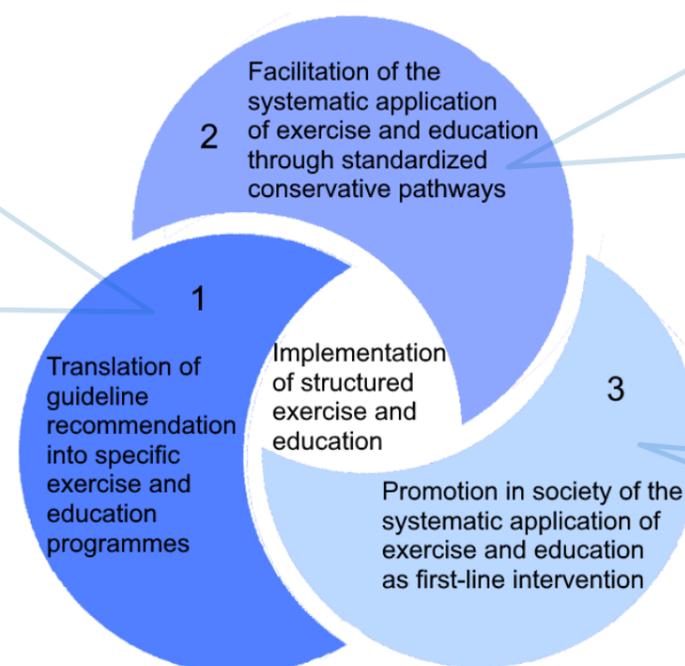
→ Evidence-Performance gap

Results from a survey among GPs, rheumatologists and orthopaedic surgeons to evaluate current clinical practice in Switzerland.

What are options to overcome this evidence-performance gap?

1. A programme helps to overcome the evidence performance gap:

- There are structured exercise and education programmes successfully implemented in other countries
- Programmes have positive long-term effects on pain, function and quality of life
- Programmes have potential to reduce healthcare costs



2. Standardized treatment pathways help to consequently follow the guideline recommendations:

- Involvement of all key stakeholders such as referring doctors and physiotherapists in the process of implementing standardized pathways
- Definition of the roles in the pathway according to professional knowledge and skills (programmes provide counselling on exercise)
- Education of health care professionals to minimize barriers for implementing pathways (inclusion of exercise and education in curricula of health care provider)
- Standardized pathways to improve interprofessional work collaboration

3. A paradigm shift from acute symptom treatment to structured exercise and education and self-management is needed:

- Promotion of exercise in primary health care and society
- Nationwide media attention of exercise and education programmes
- Website with regularly updated results of programme success

¹School of Health Professions, Zurich University of Applied Sciences, Winterthur, Switzerland

²Osteoarthritis Research Society International (OARSI), European League Against Rheumatism (EULAR), American College of Rheumatology ACR)

¹School of Health Professions, Zurich University of Applied Sciences, Winterthur, Switzerland

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