

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Osteoarthritis: assessment and management (update)

This guideline will update the NICE guideline on [osteoarthritis: care and management](#) (CG177).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to update the NICE [quality standard](#) for osteoarthritis.

#### **1 Why the guideline is needed**

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

#### **Key facts and figures**

Osteoarthritis is the most common form of arthritis. It typically presents with joint symptoms such as pain and stiffness, mostly affecting the knee, hip, hand and foot joints. Symptoms vary from mild and intermittent, to more persistent or severe. The condition does not inevitably get worse, but symptoms fluctuate and flare-ups are common.

Osteoarthritis is more common in women, people living in deprived areas, people aged 45 and over and people who are obese. The prevalence of osteoarthritis is increasing.

Osteoarthritis has a negative impact on daily activities, quality of life and health outcomes. It can affect people's physical, social and emotional life;

more than half of people with osteoarthritis report that it seriously affects their family and working life. The additional cost of living for people with osteoarthritis was estimated to be £480 per year in 2012. This included costs for extra heating, travel, parking, prescriptions and adjustments to the home. In the UK approximately 8.75 million people aged 45 years or more have sought treatment for osteoarthritis. In 2018 there were over 70,000 hip and 75,000 knee replacements undertaken in the NHS, mostly for osteoarthritis. Many people with osteoarthritis have multiple long-term conditions, making their care more complex.

Osteoarthritis may prevent people managing their other health problems properly. This could be because limitations on their activity can affect self-management (for example, from the dexterity needed to take tablets through to undertaking aerobic exercise) or their ability to seek support from a healthcare professional (for example, because of mobility issues). Or it could be because of the negative impact of pain on their mood and motivation.

### **Current practice**

GPs are a common first point of contact for people with osteoarthritis. But although some people may re-present to their GP over many years, some only present once and others never present. This may be due to social stigma and isolation for people with pain, or common misconceptions that nothing can be done or that joint pain is part of normal ageing.

A range of non-pharmacological, pharmacological and surgical interventions can reduce joint pain and improve function. But these interventions are not used consistently and healthcare professionals may not regard osteoarthritis as a clinical priority.

Although joint replacement surgery can be highly effective, not everyone needs it, and it remains unclear who will benefit the most from it. There is also uncertainty about whether treatment for an osteoarthritis flare-up should be different to treatment for ongoing symptoms.

An increasing breadth of multidisciplinary professionals provide care for people with osteoarthritis. All need to be equipped to deliver high-quality and cost-effective care across the care pathway.

### **Policy, legislation, regulation and commissioning**

NHS England has developed a plan to improve outcomes for people with [musculoskeletal conditions](#) as part of its work on long-term conditions.

## **2 Who the guideline is for**

This guideline is for:

- healthcare professionals providing NHS-commissioned services
- commissioners of health and social care services
- people using services, their families and carers, and the public.

It may also be relevant for:

- private healthcare providers, including physiotherapy and care homes.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

## **3 What the guideline will cover**

### **3.1 *Who is the focus?***

#### **Groups that will be covered**

- Adults aged 16 years and over with osteoarthritis or suspected osteoarthritis.

People with commonly existing comorbidities will be specifically considered where appropriate.

#### **Groups that will not be covered**

- People with conditions that make them susceptible to osteoarthritis or that often occur alongside osteoarthritis, including:
  - crystal arthritis (gout or pseudo-gout)
  - inflammatory arthritis (including rheumatoid arthritis and psoriatic arthritis)
  - septic arthritis (an infection in the joint)
  - diseases of childhood that pre-dispose a person to osteoarthritis
  - medical conditions presenting with joint inflammation, such as haemochromatosis (a build-up of iron levels in the body)
  - malignancy.

### **3.2 *Settings***

#### **Settings that will be covered**

- All settings where NHS healthcare is provided or commissioned.

### **3.3 *Activities, services or aspects of care***

#### **Key areas that will be covered**

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Assessment and diagnosis
- 2 Information for people with osteoarthritis, their families and carers

- 3 Non-pharmacological management, such as:
  - exercise
  - weight loss
  - manual therapy
  - acupuncture
  - electrotherapy
  - devices (such as supports, splints and braces)
- 4 Pharmacological management, such as:
  - oral, topical and transdermal medicines
  - intra-articular injections (injections in the space between 2 bones of a joint)
- 5 Treatment packages (combinations of interventions)
- 6 Follow-up and review
- 7 Arthroscopic procedures (such as joint wash-out and debridement)
- 8 Referral for joint replacement surgery

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

#### **Areas that will not be covered**

- 1 Joint replacement surgery
- 2 Stand-alone psychological interventions (unless part of a treatment package)
- 3 Nutritional supplements (other than licensed preparations containing glucosamine)
- 4 Thermotherapy

#### **Related NICE guidance**

##### ***Published***

- [Platelet-rich plasma injections for knee osteoarthritis](#) (2019) NICE interventional procedures guidance IPG637

- [Total distal radioulnar joint replacement for symptomatic joint instability or arthritis](#) (2017) NICE interventional procedures guidance IPG595
- [Obesity: clinical assessment and management](#) (2016) NICE quality standard QS127
- [Joint distraction for ankle osteoarthritis](#) (2015) NICE interventional procedures guidance IPG538
- [Joint distraction for knee osteoarthritis without alignment correction](#) (2015) NICE interventional procedures guidance IPG529
- [Implantation of a shock or load absorber for mild to moderate symptomatic medial knee osteoarthritis](#) (2015) NICE interventional procedures guidance IPG512
- [Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip](#) (2014) NICE technology appraisal guidance TA304
- [Obesity: identification, assessment and management](#) (2014) NICE guideline CG189
- [Weight management: lifestyle services for overweight or obese adults](#) (2014) NICE guideline PH53
- [Shoulder resurfacing arthroplasty](#) (2010) NICE interventional procedures guidance IPG354
- [Depression in adults with a chronic physical health problem: recognition and management](#) (2009) NICE guideline CG91
- [Individually magnetic resonance imaging-designed unicompartmental interpositional implant insertion for osteoarthritis of the knee](#) (2009) NICE interventional procedures guidance IPG317
- [Total wrist replacement](#) (2008) NICE interventional procedures guidance IPG271
- [Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis](#) (2007) NICE interventional procedures guidance IPG230
- [Metatarsophalangeal joint replacement of the hallux](#) (2005) NICE interventional procedures guidance IPG140
- [Artificial trapeziometacarpal joint replacement for end-stage osteoarthritis](#) (2005) NICE interventional procedures guidance IPG111

- [Artificial metacarpophalangeal and interphalangeal joint replacement for end-stage arthritis](#) (2005) NICE interventional procedures guidance IPG110

### ***In development***

- [Midcarpal hemiarthroplasty for wrist arthritis](#). NICE interventional procedures guidance. Publication expected October 2019.
- [Chronic pain: assessment and management](#). NICE guideline. Publication expected August 2020.
- [Joint replacement \(primary\): hip, knee and shoulder](#). NICE guideline. Publication expected March 2020.

### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to osteoarthritis:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Medicines adherence](#) (2009) NICE guideline CG76

## **3.4 *Economic aspects***

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

## **3.5 *Key issues and draft questions***

While writing the scope, we have identified the following key issues and draft questions related to them:

- 1 Assessment and diagnosis

- 1.1 What is the additional benefit of imaging in the diagnosis of osteoarthritis in people with suspected osteoarthritis?
- 2 Information for people with osteoarthritis, their families and carers
  - 2.1 What information on osteoarthritis, including the management of flare-ups, do people with osteoarthritis, their families and carers need after diagnosis?
- 3 Non-pharmacological management
  - 3.1 What is the clinical and cost-effectiveness of exercise therapy for the management of osteoarthritis?
  - 3.2 What is the clinical and cost-effectiveness of weight loss interventions for the management of osteoarthritis in people who are overweight or obese?
  - 3.3 What is the clinical and cost-effectiveness of manual therapy for the management of osteoarthritis?
  - 3.4 What is the clinical and cost-effectiveness of acupuncture for the management of osteoarthritis?
  - 3.5 What is the clinical and cost-effectiveness of electrotherapy for the management of osteoarthritis?
  - 3.6 What is the clinical and cost-effectiveness of devices (such as supports, splints and braces) for the management of osteoarthritis?
- 4 Pharmacological management
  - 4.1 What is the clinical and cost-effectiveness of oral, topical and transdermal medicines for the management of osteoarthritis?
  - 4.2 What is the clinical and cost-effectiveness of intra-articular injections with corticosteroids or hyaluronic acid for the management of osteoarthritis?
- 5 Treatment packages
  - 5.1 What is the clinical and cost-effectiveness of treatment packages (that include combinations of interventions) for the management of osteoarthritis?
- 6 Follow-up and review
  - 6.1 What follow-up and review is needed for people with osteoarthritis?



- 6.2 What is the clinical and cost-effectiveness of X-ray or MRI during the management of osteoarthritis (for example, in the management of flare-ups or before considering referral to surgery)?
- 7 Arthroscopic procedures
- 7.1 What is the clinical and cost-effectiveness of arthroscopic procedures for the management of osteoarthritis?
- 8 Referral for joint replacement surgery
- 8.1 When should people with osteoarthritis be referred for possible joint replacement surgery, and what factors should this be based on?
- 8.2 Are preoperative patient factors (for example, BMI or age) associated with increased benefits or harms after joint replacement surgery in people with osteoarthritis?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- health-related quality of life
- physical function
- pain
- osteoarthritis flare-ups
- psychological distress
- adverse events.

## **4 NICE quality standards and NICE Pathways**

### **4.1 NICE quality standards**

**NICE quality standards that may need to be revised or updated when this guideline is published**

- [Osteoarthritis](#) (2015) NICE quality standard QS87

## 4.2 *NICE Pathways*

When this guideline is published, we will update the existing NICE Pathway on [osteoarthritis](#). NICE Pathways bring together everything NICE has said on a topic in an interactive flowchart.

## 5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation. The guideline is expected to be published in August 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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