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Brief Report

Osteoarthritis in Spain: A Nationwide Survey of Medical Specialists[☆]

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ABSTRACT

Objective: To determine the reality of the resources and care needs in Spain for the management of patients with osteoarthritis.

Materials and method: An online survey.

Results: Description of 190 responses to a structured questionnaire (141 orthopaedic surgeons and 49 rheumatologists).

Conclusions: Osteoarthritis has yet to receive appropriate medical attention and a patient management model.

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La artrosis en España. Una encuesta a especialistas médicos a nivel nacional

RESUMEN

Objetivo: Conocer la realidad de los recursos y necesidades asistenciales en España para el manejo del paciente con artrosis.

Material y método: Encuesta *on-line*.

Resultados: Descripción de las respuestas a las 190 encuestas (141 traumatólogos y 49 reumatólogos) de un cuestionario estructurado.

Conclusiones: La enfermedad artrósica sigue sin encontrar tanto un modelo adecuado de atención como un manejo sistemático.

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Palabras clave:

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Introduction

Increased rates and prevalence of chronic diseases and in particular of osteoarthritis is instigating a reform of healthcare systems worldwide, with special attention paid to the model of care these patients may be provided with.^{1,2}

Since no specific data offering authoritative information regarding osteoarthritis management and its needs exists in Spain, we

conducted a survey at different levels of care to study standard clinical practices, discover what the available resources were and what the subjective opinion of the physicians was with regards to the needs and key factors for improving care to patients with osteoarthritis. The results of this study are presented in this article.

Material and Method

Data collection was undertaken using a software application which contained the project protocol and questionnaire. The data inclusion period ran from September to December 2014. The survey was distributed among specialists in orthopaedics and rheumatology throughout Spain. Participants had to be working in Spain at that time.

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The questionnaire contained variables for establishing the use of protocols and clinical guidelines for care of patients with osteoarthritis. It also included variables relating to the resources and needs in the care offered to these patients.

Results

190 specialists (141 orthopaedists and 49 rheumatologists), distributed throughout Spain, responded to the survey. The sample characteristics are contained in [Table 1](#).

Patient Education

Almost 90% of the study participants routinely educate the patient. Over 50% of the participants were of the opinion that patient and/or carer education together with support care tasks were the responsibility of the nursing staff.

Osteoarthritis Management. Methods and Tools

Conventional radiology, computerised tomography, nuclear magnetic resonance, musculoskeletal scan, musculoskeletal ultrasound and polarised light microscopy are the tools most readily available to the specialists we consulted. Most of them are also able to do these in their centre or care environment and the mean time in receiving the requested tests for a patient with osteoarthritis is one month. The systematic and routine test most frequently undertaken by the specialists consulted or by their care team is the standard X-ray.

96% of participants take into consideration the severity of the disease when deciding on pharmacological treatment for a patient with osteoarthritis. 95% of participants carry out an examination on the patient at their annual follow-up check and 77% request plain X-ray studies.

21% of study participants have some type of restriction for drug prescription. Catalonia, Murcia and Navarre were the Autonomous Communities where 100% of the participants stated they had no type of restriction, whilst Asturias, Canary Island and Extremadura were the Autonomous Communities with the highest number of participants in the study who stated there were some restrictions. Regarding pharmacological treatment, 67% of participants used paracetamol as baseline treatment.

In the majority of cases (81%) it is the primary care practitioner who refers the patient to the specialist. This referral is protocolised in most cases. However, once they have been seen by specialists, 51% of the project participants indicated that the referral of the patients with osteoarthritis from the primary care physician is not protocolised nor will be in the near future ([Fig. 1](#)).

According to 68% of participants a prevention programme is necessary for appropriate osteoarthritis care.

59% of the project participants indicated that they take decisions guided by recommendations from clinical guidelines for the patient with osteoarthritis. In the autonomous communities of Asturias,

Balearic Islands, Cantabria and Extremadura over 80% of participants declared they took their decisions based on clinical guidelines recommendations, whilst in Andalucía, Aragón and Galicia over 50% stated they did not use them.

Osteoarthritis Management. Trigger Factors

The project participants consider that increased age and obesity are the most impacting factors for the development of osteoarthritis. Almost 64% of the participants consulted say that they take into account whether the patient has diabetes.

Osteoarthritis Management. Clinical Features

With regard to pain suffered by the patients the study participants take different factors into account, and in particular whether the pain improves when the person is at rest and how long it lasts. 40% of the project participants stated that osteoarthritis presents with systemic symptoms.

Osteoarthritis Management. Treatment

Over 90% of the project participants stated that pain must be relieved and functional capacity improved.

Almost 97% of the project participants stated that with regard to osteoarthritis treatment, clinical symptom involvement should be considered. 44% stated that for treating this disease the drug to be used will depend on the patient status and 35% indicated that they should use drugs with prolonged effects on symptoms.

The great majority of the project participants believe it is necessary for patients to be aware of the actual traits of the disease and those which impact them negatively in order to adhere to treatment and accept the limitations imposed by the disease.

77% of the project participants recommend physical techniques in rehabilitating treatment for osteoarthritis. Of those who recommend physical techniques, 79% recommend ultrasound.

85% of participants consider that recommendation for surgical treatment depends on function, the origin of the osteoarthritis, the developmental stage and the patient's age.

Discussion

The sample obtained is representative with regards to experience, duration of practice and medical practice environment, and results must therefore be extrapolated to the population as a whole. From this point onwards we may deduce the possible needs or routes to improvement.

Throughout 2013 each participant in the project diagnosed a mean of 250 new cases of osteoarthritis, and 64% of them attended between 100 and 1000 arthritic patients in check-ups. This gives us an idea of the important burden this disease has for standard healthcare in Spanish hospitals.

Table 1

Data Corresponding to the Sample of Specialists in the Survey.

Orthopaedic/rheumatology speciality	141 (74.21%)/49 (25.79%)
Men, n (%)	139 (73.16%)
Age (mean/SD)	42.27 ± 11.10
Spanish nationality, n (%)	175 (93.58%)
Years practising (mean/SD)	14.97/±10.82
Mean of new patients attended by the survey participant with diagnosis of osteoarthritis in 2013 (median)	250
Mean of patients annually maintained in check-up	350
Membership to a scientific society, n (%)	155 (81.58%)
Medical practice, n (%) (public/public-private/private)	109 (58.29%)/70 (37.43%)/8 (4.28%)
Training programmes in osteoarthritis, n (%)	79 (42.25%)
Research project in osteoarthritis	36 (19.25%)

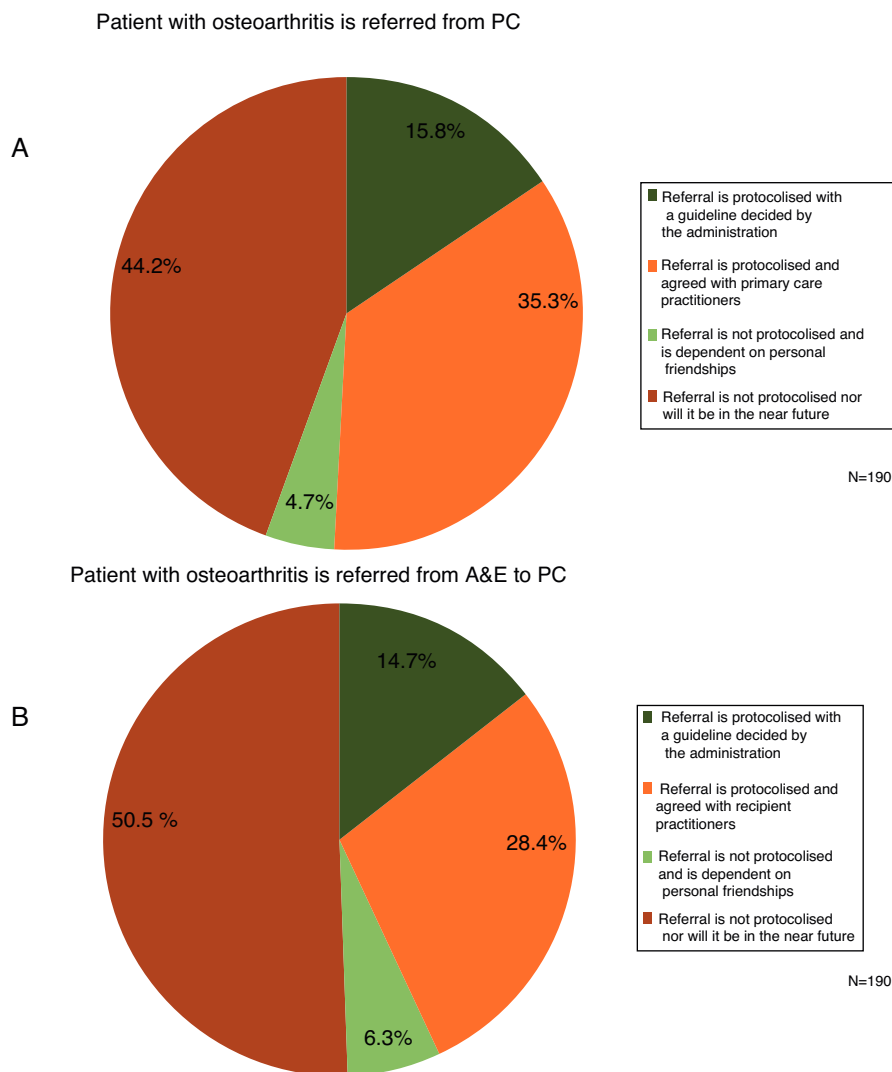


Fig. 1. Forms of referral of the patient with osteoarthritis.

The great majority of participants in the project fulfil a series of basic educational measures, tips regarding weight and exercise adjusted to the recommendations of the more modern clinical guidelines,^{3–5} indicating a high care quality, and again the same appears to be representative of a high level of care model. It is significant that although almost 90% of the project participants state they dedicate time to educating patients with osteoarthritis, almost 50% of them believe that these tasks could be delegated to the nursing staff.

The question arises as to what extent it is necessary to use a sophisticated diagnostic toolkit for accurate patient management when 77% of patients with osteoarthritis who are attended by specialists undergo periodic radiologic tests and almost 50% undergo laboratory tests. It is curious that current clinical guidelines^{3–8} advocate the diagnosis of osteoarthritis by almost exclusively clinical means whilst we continue to use costly additional tests (complacency overreach?) which do not significantly change the therapeutic focus of the patient with osteoarthritis.

The mean time of undertaking and receiving the requested tests is relatively short: less than one month usually, which reflects favourably on the efficiency of the Spanish healthcare systems (public and private) in resolving problems derived from the

need to confirm diagnoses or change treatments in patients with osteoarthritis, within a reasonable timescale.

Knowledge of treatment guidelines by professionals is low, which makes their true value questionable. Since the majority of specialists who use the recommendations of a clinical guide or consensual document for guiding the management of patients with osteoarthritis do so by following those of the guidelines published by SECOT-SER,^{9,10} if we take the autonomous communities as benchmark where over 20 specialists completed the survey, we see that at least 40% of them do not use the recommendations of any clinical guide for managing these patients. The reasons for this have been analysed in different studies and may be due to the lack of applicability (due to the social environment, the resources available to the professionals, the problems derived from organisational barriers, or the lack of cooperation with other professionals) or lack of consensus with clinical guideline recommendations or even lack of financial incentive.^{11–13}

Owing to the prevalence of these diseases, based on our survey, referrals to specialists would appear to be truly relevant and selected. We believe these referrals could probably be optimised, based on real patient problems and most especially on their disability.

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Conflict of Interests

There are none.

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