

New: 2018 update of the EULAR recommendations for the management of hand osteoarthritis

6th September, 2018, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published an update to a set of recommendations for the management of hand osteoarthritis. The recommendations report on new evidence made since a first EULAR report was published in 2007.

A systematic literature review was performed, collecting the evidence regarding all non-pharmacological, pharmacological and surgical treatment options published to date. Based on the evidence and expert opinion from an international task force, overarching principles and recommendations were formulated. The level of evidence, grade of recommendation and level of agreement were allocated to each statement.

Five overarching principles and 10 recommendations were agreed upon. The five overarching principles are:

- A. The primary goal of managing hand osteoarthritis (OA) is to control symptoms, such as pain and stiffness, and to optimise hand function, in order to maximise activity, participation and quality of life
- B. All patients should be offered information on the nature and course of the disease, as well as education on self-management principles and treatment options
- C. Management of hand OA should be individualised taking into account its localisation and severity, as well as comorbidities
- D. Management of hand OA should be based on a shared decision between the patient and the health professional
- E. Optimal management of hand OA usually requires a multidisciplinary approach. In addition to non-pharmacological modalities, pharmacological options and surgery should be considered.

Regarding the recommendations, 1-3 cover different non-pharmacological treatment options (education, assistive devices, exercises, and orthoses). Recommendations 4-8 describe the role of different pharmacological treatments, including topical treatments (preferred over systemic treatments, topical non-steroidal anti-inflammatory drugs (NSAIDs) being first-line choice), oral analgesics (particularly NSAIDs to be considered for symptom relief for a limited duration), chondroitin sulphate (for symptom relief), intra-articular glucocorticoids (generally not recommended, consider for painful interphalangeal OA), and conventional/biological disease modifying anti-rheumatic drugs (discouraged). Considerations for surgery are described in recommendation 9. The last recommendation relates to follow-up.

The ten recommendations are:

1. Education and training in ergonomic principles, pacing of activity, and use of assistive devices, should be offered to every patient.
2. Exercises to improve function and muscle strength, as well as to reduce pain, should be considered for every patient.
3. Orthoses should be considered for symptom relief in patients with thumb base OA. Long term use is advocated.
4. Topical treatments are preferred over systemic treatments because of safety reasons. Topical NSAIDs are the first pharmacological topical treatment of choice.
5. Oral analgesics, particularly NSAIDs, should be considered for a limited duration for relief of symptoms.
6. Chondroitin sulphate may be used in patients with hand OA for pain relief and improvement in functioning.
7. Intra-articular injections of glucocorticoids should not generally be used in patients with hand OA, but may be considered in patients with painful interphalangeal joints.
8. Patients with hand OA should not be treated with conventional or biological disease modifying anti-rheumatic drugs.
9. Surgery should be considered for patients with structural abnormalities when other treatment modalities have not been sufficiently effective in relieving pain. Trapeziectomy should be considered in patients with thumb base OA and arthrodesis or arthroplasty in patients with interphalangeal OA.
10. Long-term follow-up of patients with hand OA should be adapted to the patient's individual needs.

Hand osteoarthritis is a common musculoskeletal disease, with prevalence rising steeply with increasing age. The disease is associated with hand pain, stiffness, functional limitation, decreased grip strength and reduced quality of life. Clinical hallmarks of the disease include bony enlargement and deformities of the hand joints, at times accompanied by soft tissue swelling. Hand OA has a variable disease course. The first EULAR recommendations for the management of hand OA were published in 2007.

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field² of

rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org.

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Notes to Editors

EULAR Journal, Annals of Rheumatic Diseases: https://www.eular.org/EULAR_journal.cfm

EULAR Recommendation reference: annrheumdis-2018-213826

EULAR Recommendations: https://www.eular.org/recommendations_management.cfm

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