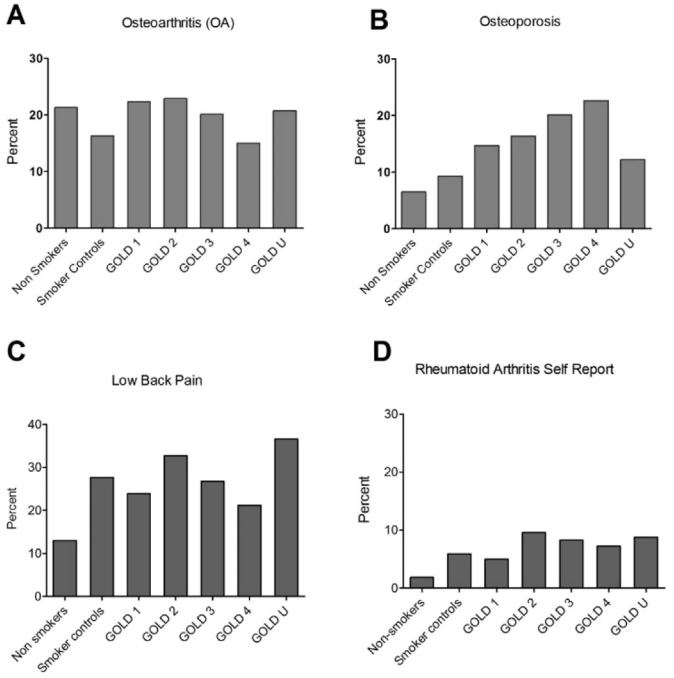

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LONGITUDINAL ASSESSMENT OF PAIN IN PATIENTS WITH KNEE OSTEOARTHRITIS (OA): USING DATA FROM THE STUDY OF REAL WORLD THERAPIES (SORT)

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Pain is a key concern for patients suffering with osteoarthritis (OA) and is one of the most common reasons for seeking care from a general practitioner. In this analysis, inadequate pain relief (IPR) was defined as a score of >4 on the Brief Pain Inventory (BPI) average pain question. Characterizing the variability of knee OA pain is critical in providing clinical insight and initiating effective treatment plans.

Purpose: The objective was to examine variability of average pain scores, pain severity and WOMAC pain subscale scores over 12 months in knee OA patients who reported IPR at baseline as compared to those who reported non-IPR using data from SORT

Methods: OA knee patients ≥ 50 years who required medicinal therapies were recruited from physicians' practices at 53 centres in 6 European countries. Pain was assessed by the (BPI) using average pain score and pain severity and the WOMAC Pain subscale. Descriptive statistics were used to describe and contrast IPR and non-IPR cohorts over 12 months.

Results: A total of 1284 patients were enrolled with 1187 eligible for evaluation and 53.8% met the definition of IPR at baseline. Fluctuations in average pain score, pain severity, and WOMAC pain were minimal. When contrasting IPR vs. non-IPR cohorts, the magnitude of the variability was similar overtime based on group level standard deviations. Additionally, statistically significant differences between the cohorts remained regardless of the pain measures ($p < 0.0001$).

Conclusions: Patients with IPR appear to have stable disease and remain in IPR over time. Pain levels were relatively stable in this population suggesting the importance of initially treating OA pain with alternative therapies to avoid IPR.

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SERVICE PROVISION FOR PATIENTS WITH CHRONIC PAIN AFTER KNEE REPLACEMENT: AN EVALUATION OF CURRENT PRACTICE IN HIGH VOLUME ORTHOPAEDIC CENTRES

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Background: Total knee replacement is one of the most commonly performed elective surgical procedures. The operation is usually conducted to relieve pain and improve function, but recent studies indicate that up to 20% of patients experience chronic post-surgical pain (CPSP) after total knee replacement; this equates to around 16,000 new cases of CPSP in the UK each year. The wider literature on chronic pain indicates that people with chronic pain encounter patchy service provision. People with CPSP after knee replacement have already undergone major surgery for pain, and follow-up after surgery may have a role in care and pain management. However, we do not know what services are on offer to this group, nor whether there is consistency in service provision including identification of need and any associated referral processes. We therefore conducted a survey to scope current UK service provision for patients with CPSP after total knee replacement.

Methods: This ongoing project is funded through a National Institute for Health Research (NIHR) Programme Development Grant on the treatment and management of chronic pain after total knee replacement (the STAR programme). The project was conducted as a service evaluation of services at high volume NHS orthopaedic centres across the UK. The 23 NHS orthopaedic centres that conduct 500 or more primary total knee replacements per year were identified from the National Joint Registry. Contact was made with a key health professional at each centre who was familiar with the processes of post-operative assessment and follow-up. A structured telephone interview was conducted to obtain information about usual patient pathways at the different centres. Questions focused on identification, triage, treatment, management, and referral of patients with CPSP after total knee replacement. Information was recorded on a standardised proforma and entered into an Access database. Information was then collated and summarised in Excel.

Results: The survey has been completed by 14/23 NHS orthopaedic centres. Data collection is ongoing, with completion by February 2014. All centres routinely follow-up patients at 6 weeks after total knee replacement, although the provision and timing of subsequent appointments vary. The majority of centres do not have a specific time point at which patients are diagnosed with CPSP; in those that do, time points range from 4.5–18 months post-operative. When assessing pain levels, most centres use patient narrative, and there is some use of a standardised tool, most frequently a visual analogue scale. Four centres reported using a standardised protocol for assessment of patients with CPSP, and two centres reported use of a standardised protocol for management and treatment. Treatment and management options offered to patients vary between and within centres, and include further orthopaedic interventions, referral to pain management services, analgesia review, and referral for physiotherapy.

Conclusion: This survey of current service provision for patients with CPSP after total knee replacement identified national variation in the identification, assessment and management of these patients. Although some centres have developed a care pathway for patients with CPSP, the majority of centres lack standardised protocols to guide care provision. This highlights the potential to develop and evaluate standardised referral pathways and integrated service provision for patients with CPSP after total knee replacement.

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KNEE ARTHRITIS: A CONFIRMED BURDEN

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Purpose: Arthritis is a joint disease characterised by progressive degradation of the cartilage. Arthritis can cause suffering in an acute manner called "inflammatory flare-up", or in a more chronic manner leading to sometimes severe disability, which affects the everyday life of patients. Among the different locations of arthritis, arthritis of the knee