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Multidisciplinary versus traditional outpatient management of osteoarthritis: a randomised, controlled trial in Norway

Submission date
04/10/2006

Recruitment status
No longer recruiting

Registration date
15/11/2006

Overall study status
Completed

Last Edited
28/08/2012

Condition category
Musculoskeletal Diseases

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Study objectives
OsteoArthritis (OA) is a term used to describe both the degenerative disease of synovial joints with its accompanying radiographic signs, and the clinical syndrome of pain, stiffness and restricted movement of the joints. OA is the commonest cause of chronic pain in older people, and the most frequent reason for activity limitations in this age-group. OA of the knee and hip have the greatest impact on individuals, but OA in hand is also commonly affected. With an increasing proportion of older people in the population, OA assumes a growing public health problem.

The aims of this trial are:
1. Patients with OsteoArthritis (OA) in hip, knee, hand and/or generalised OA who enter a multidisciplinary outpatient clinic, providing a brief group education intervention and individual consultations according to their needs, will be more satisfied with the health service and their health status than patients who receive individual consultation(s) in a traditional individual outpatient clinic.
2. We expect no clinically significant difference in pain and disability between patients who enter a multidisciplinary outpatient clinic and patients who enter a traditional individual outpatient clinic.
3. Patients with OA in hip, knee, hand and/or generalised OA who receive a telephone follow-up interview will be more satisfied with the health service and their health status than patients who receive follow-up 'as usual' (patients contact the clinic when necessary).
4. Patients with OA in hip, knee, hand and/or generalised OA who receive both the multidisciplinary outpatient clinic intervention and a telephone follow-up interview will have a significant effect on patient satisfaction, pain and disability when compared to patients who enter a traditional individual outpatient clinic with follow-up 'as usual'.
5. On the longer term, a multidisciplinary outpatient clinic, providing a brief group education intervention and individual consultations according to the patients' individual needs will be more cost-efficient than a traditional individual outpatient clinic for patients with OA in hip, knee, hand and/or generalised OA.
6. On the longer term, a multidisciplinary outpatient clinic and a telephone follow-up interview will be more cost-efficient than a traditional individual outpatient clinic with follow-up 'as usual' for patients with OA in hip, knee, hand and/or generalised OA.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Ethics Committee for Medical Research, Oslo, Norway, approved on the 7th of March 2006 (ref. no: 156-06073 1.2006.598).

Study design
Randomised single-blind controlled study with four arms and one year of follow-up

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
OsteoArthritis (OA)

Interventions
Both interventions are carried out in an outpatient clinic for rheumatology diseases:

The first intervention is a traditional individual outpatient clinic, in which the patients are referred to a rheumatologist. If they need further investigation, the patients may be referred to other specialists such as physiotherapist, occupational therapist, etc...,

The second intervention is a new multidisciplinary intervention, in which the referred patients first receive a four hour group education on OA ("OA school") and then receive individual consultations according to their needs: that is six specialist groups are available for consultation after the education part: rheumatologist, orthopedian specialist, physiotherapist, occupational therapist, pharmacist, and dietician.

In the second part of the trial, after first follow-up, one group of patients receive a brief telephone follow-up interview of approximately ten minutes. The other group of patients is followed as usual, that is the patients may contact the clinic if they need.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
1. Patient satisfaction with the health service and their health status
2. Cost-efficiency

Key secondary outcome(s))
The secondary outcome(s) are pain and disability assessed by standardised disease-specific and generic outcome measures.

Completion date
01/08/2009

Eligibility

Key inclusion criteria
1. Men and women between 40 and 80 years old
2. OA in hip, knee, hand and/or generalised OA
3. Referred to a specialist clinic at a hospital in Norway

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Cognitive impairments
2. Recent trauma in the extremities
3. Recent surgery, other specified diseases such as rheumatoid arthritis, cancer etc..,
4. Difficulties understanding Norwegian (both verbal and written language)

Date of first enrolment
01/08/2006

Date of final enrolment
01/08/2009

Locations

Countries of recruitment
Norway

Study participating centre
National Resource Center for Rehabilitation in Rheumatology
Oslo
Norway
0319

Sponsor information

Organisation
National Resource Center for Rehabilitation in Rheumatology (Norway)

ROR
https://ror.org/02jvh3a15

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
National Resource Center for Rehabilitation in Rheumatology, Diakonhjemmet Hospital (Norway)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2013		Yes	No
Protocol article	protocol	01/11/2010		Yes	No