disagree-10 = Strongly agree) in response to the statement "I think this would be an effective way to help my patients/me adhere to their/their exercise program".

Results: The survey was completed by 143 physiotherapists and 230 people with knee OA. Two thirds (64%) of the physiotherapists reported that they would "Always" prescribe exercise to people with knee OA and 14% reported that they "Never" prescribe exercise to this patient group.

Education about the potential benefits of exercise was the most common adherence technique used by physiotherapists (51%) and experienced by people with knee OA (60%). Other reported adherence techniques by physiotherapists included goal setting (14%), and regular review and follow-up sessions (24%).

Referral or encouragement to join group exercise classes was the highest rated CALO-RE technique among the physiotherapists (mean score 8.5 out of 10, SD 1.7). However, this technique was only the 24th highest rated out of the 40 by the people with knee OA (mean score 5.2, SD 2.9). Review of progress in terms of pain and function at follow up sessions was the highest rated by the people with knee OA (mean score 7.0, SD 2.7). Three of the top five rated techniques among the physiotherapists and four of the top five among the people with knee OA related to goal setting and review.

Conclusions: Findings highlight the discrepancy between adherence targeting techniques currently used in practice, and those believed to be the most effective by both people with knee OA and physiotherapists. Goal setting was perceived to be highly effective by both people with knee OA and physiotherapists, but was only reported to have been used by a small number of each group.

Overall, physiotherapists appear more positive about the potential effectiveness of behaviour change techniques targeting adherence to exercise compared to people with knee OA. People with knee OA favoured techniques that involved increased individual contact time with a therapist, reinforcing the importance of the patient-clinician relationship.

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EFFECT OF COMBINED THERAPY ON THE HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH HAND OSTEOARTHRITIS

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Purpose: The diseases of the musculoskeletal system, accompanied by chronic pain and progressive functional impairment, in particular - osteoarthritis (OA) characterized by significant decrease of health-related quality of life (HRQL). The key factor affecting HRQL of patients with hand OA is the development of joint deformity and related aesthetic discomfort. Current guidelines do not contain any methods correcting this aspect. The purpose of our work was to evaluate the effect of combination therapy on HRQL of patients with different subtypes of hand OA.

Methods: 90 women aged 45–75 years with hand OA were divided into three groups - erosive OA, OA of interphalangeal joints and generalized OA. All of them were examined, using a questionnaire AUSCAN, subsequently they were asked a few questions concerning the aesthetic discomfort, which are measured at 100 mm scale. Further, educational interview lasting 25–30 min was conducted with the patients. It was devoted to the main causes of appearance and progression of external deformations. After that, the standard therapy was administered in accordance with ACR recommendations. After 6 months we assessed the level of HRQL, aesthetic discomfort and compliance of patients to treatment by the questionnaire MMAS. Results are presented as median values indicating the magnitude of 25–75 percentile.

Results: On the background of the therapy the median level of pain in the joints of the VAS decreased from 45.5 (30; 57.5) to 35 (22; 49) mm, $p = 0.009$, the level of pain on AUSCAN - from 211 (113.5; 280) to 142 (71; 180) mm, $p = 0.02$, stiffness on AUSCAN - from 48 (24 and 72) to 39 (18, 54) mm, $p = 0.21$, functional impairment from - 323 (148 ; 462.5) to 210 (89; 356) mm, $p = 0.38$. When analyzing the changes in the perception of patients of aesthetic discomfort the anxiety level changed from 48 (30.5; 81) to 41 (26; 68) mm, $p = 0.004$. The level of discomfort with the demonstration of hands, by contrast, increased from 44 (19.5; 77.5) to 49 (20; 67) mm, $p = 0.92$, the degree of hand care increased from 66 (35; 84) to 77 (57; 90) mm, $p = 0.32$, and the fear of progression fell from 77.5 (54.5; 92) to 65 (46; 85) mm, $p = 0.26$. Significantly decreased the likelihood of surgical correction of the deformity of fingers - from 0.5 (0, 12.5) to 0 (0; 0) mm, $p = 0.04$. Analyzing women with different subtypes of hand OA we observed the most significant pain decreasing in generalized OA - from 47.5 (34; 72) to 38 (30; 68) mm, $p = 0.04$, slightly less - with erosive OA and isolated OA of interphalangeal joints - from 42 (29; 49) to 35 (20; 44) and 52 mm (30; 57) to 45 (27, 54) mm, respectively. The level of AUSCAN pain for all subtypes were also significantly changed, whereas stiffness and functional impairment significantly decreased only in isolated OA - from 51 (19; 80) to 29 (15, 40) mm, $p = 0.02$ and 292 (98; 485) to 145 (70; 201) mm, $p = 0.03$, respectively. The level of anxiety due to external deformation decreased in all subgroups of about 10 units of VAS, but this was not accompanied by a decrease discomfort during the hand demonstration. The degree of hand care increased in all groups, and the fear of deformation decreased in all subtypes. The analysis of patients compliance revealed that low adherence to treatment (1 point) reduces the probability of decrease in pain VAS and aesthetic discomfort, whereas high compliance (3 points) significantly increases the chances of reducing the level of pain in joints.

Conclusions: The use of combination therapy with educational talks significantly reduced the level of pain and functional impairment as well an aesthetic discomfort in patients with hand OA. We supposed that educational interview has become the main factor affecting on the aesthetic discomfort whereas systemic and local analgesia reduced pain perception.

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REASONS FOR TREATMENT CHOICES IN KNEE AND HIP OSTEOARTHRITIS: A QUALITATIVE STUDY

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Purpose: Conservative treatment modalities in osteoarthritis (OA) of hip or knee are underused, whereas the demand for surgery is rising substantially. Surgery is not always the most effective treatment option, as not all patients are satisfied with the outcomes. To improve utilization of conservative treatment options, more in-depth understanding of reasons underlying patients' treatment choice is required. Knowing these reasons offers opportunities to optimize conservative treatment options and will aid to inform shared decision-making for patients with hip or knee OA and their healthcare providers. Therefore, the objective of the study was to identify reasons for (conservative and surgical) treatment choices in patients with hip or knee OA.

Methods: Semi-structured in-depth interviews with 24 patients with OA were held. Stratified purposive sampling based on gender, age and affected joint (hip or knee) was used to enrich data variation. Recruitment took place in both primary and secondary care. Interviews were transcribed verbatim and subsequently coded using a thematic approach. Two independent researchers continuously reflected upon, compared, discussed and adjusted the coding.

Results: Various treatment modalities were discussed by respondents: medication, exercise, physiotherapy, injections, surgery, complementary and alternative treatment. Four key themes of reasons to choose or not to choose for a treatment modality of OA were identified: 1) treatment characteristics: expectations about the effectiveness and risks of a treatment, the degree to which a treatment can be individualized to patients' needs and desires, and the accessibility of a treatment; 2) personal investment: costs in terms of money and time; 3) personal circumstances: age, weight, comorbidities and previous experience with a treatment; and 4) support and advice: from patients' social environment and healthcare providers.

Conclusions: The four key themes - treatment characteristics, personal investment, personal circumstances and support and advice - give healthcare providers more insight into possible reasons influencing patients' treatment choices for knee or hip OA. Healthcare providers can use this knowledge in clinical interviews to aid informed shared-decision making, leading to optimized treatment choices.