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850 NON-PHARMACOLOGICAL, NON-SURGICAL CARE IN HIP AND KNEE OSTEOARTHRITIS: THE VIEW OF HEALTHCARE PROVIDERS

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Purpose: Non-pharmacological, non-surgical treatment modalities are underused in the management of knee and hip osteoarthritis (OA). One possible explanation of this suboptimal use could be health care providers' lack of knowledge about non-pharmacological, non-surgical treatment modalities which might act as a barrier for referring patients to these treatment modalities. The objective of this qualitative study was to identify healthcare providers' view on non-pharmacological, non-surgical care of knee and hip OA.

Methods: Semi-structured in-depth interviews with 24 healthcare providers working in the field of OA were held (rheumatologists, orthopaedic surgeons, physiotherapists and GPs). Interviews were transcribed verbatim and analysed using a three-step thematic approach consisting of open, axial and selective coding. Two independent researchers continuously reflected upon, compared, discussed and adjusted the coding.

Results: Eight themes were identified: 1) mistrust in weight reduction strategies; 2) patients' difficulties with weight reduction; 3) healthcare providers' responsibilities in weight reduction; 4) the importance of lifestyle advices; 5) trust in physiotherapy modalities; 6) the endorsement of non-pharmacological, non-surgical treatment to delay surgery; 7) cooperation between disciplines; 8) clarification of healthcare providers' roles in OA care.

Conclusions: This study identified multiple factors affecting the sub-optimal use of non-pharmacological, non-surgical treatment modalities in knee and hip OA from the perspective of the healthcare provider. The factors found in this study may be used to improve healthcare providers' knowledge and communication skills regarding weight reduction strategies. To enhance the cooperation between health care providers, opportunities should be created for easy referral to effective weight reduction programmes and to evidence-based physiotherapeutic interventions.

851 TRENDS IN USE OF PHYSIOTHERAPISTS, CHIROPRACTORS, AND COMPLEMENTARY AND ALTERNATIVE MEDICINE PRACTITIONERS FOR ARTHRITIS OVER TIME AND ACROSS GENERATIONS

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Purpose: Non-pharmacologic strategies make an important contribution to the management of osteoarthritis in the community, but relatively little is known about the use of these therapies and how this varies by age and over time. Rehabilitation therapies, such as physical therapy and chiropractic, have been shown to improve the management of arthritis, and there is evidence also for the benefit of acupuncture and massage therapy. The purpose of this study was, for people with arthritis, a) to compare the age-trajectories of use of physiotherapy, chiropractic and complementary and alternative medicine (CAM) over 18 years by birth cohort and b) to determine how these trajectories are affected by socio-economic status (SES), lifestyle factors, and reported pain.

Methods: We used data from the Canadian Longitudinal National Population Health Survey (1994–2010). We examined 10,330 participants born from 1925 to 1974 grouped in five birth cohorts: pre-World War II (born 1935–1934), World War II (born 1935–1944), Older Baby Boomer (born 1945–1954), Younger Baby Boomer (born 1955–1964), and Generation X (born 1965–1974). Data on visits to physiotherapists, chiropractors, and CAM practitioners, the presence of self-reported arthritis, SES (education, income), and lifestyle factors (BMI, physical activity, sedentary behavior, and smoking status), and pain that prevents activities were collected biannually. For each type of practitioner our outcome was whether participants reported 1+ visit in the past year. We used multilevel logistic growth models to examine cohort effects and predictors of physiotherapy and chiropractic use among arthritis patients.

Results: At baseline (in 1994), 14.5% of people with arthritis reported visiting physiotherapists, 14.2% chiropractors, and 6.0% CAM practitioners (most frequently for massage therapy or acupuncture). We found an increase in use of all types of practitioner with age in all cohorts. Comparing the age-trajectories of physiotherapy, chiropractic and CAM use over time, we found significant cohort differences ($p < 0.0001$) such that when compared at the same age, each succeeding younger cohort had higher odds of consulting with a physiotherapist, chiropractor or CAM practitioner than their older counterparts. The cohort differences were largest for CAM practitioners where younger cohorts were much more likely to use these services. Cohort differences were still significant after the inclusion of covariates, although differences were somewhat reduced. Women had higher odds of using all types of practitioner than men in all cohorts. Pain that prevents activities and high SES (education and income) were the main predictors of physiotherapy and chiropractic use. The predictors of CAM were similar with the addition of having a normal BMI as a significant predictor.

Conclusions: The results suggest significant increases in the use of physiotherapy, chiropractic, and CAM in younger cohorts of people with arthritis, which is also a reflection of an increase in use of these practitioners over time. While pain was a major predictor, notably use of these practitioners was greater in those with higher SES, implying potential access barriers to this type of care. Healthcare providers for people with arthritis should take into account that use of physical