PATIENT EXPERIENCES

- Understanding people’s experiences of living with musculoskeletal pain can help with providing effective care and support in general practice.

- The patient’s view can be explored by using qualitative research methods, for example in interview studies, focus group meetings, or diary studies.

- This bulletin reports on how patients’ experiences have been incorporated into a Guidebook on Osteoarthritis (OA), and also on two recent qualitative studies at Keele.

Development of an Osteoarthritis Guidebook

People who have osteoarthritis (OA) and health care professionals who treat and/or research it have helped to develop a guidebook on OA. The guidebook, which includes both lay experiential and clinical evidence-based knowledge, is intended to be used in the consultation and to provide an ongoing resource for patients. The inclusion of lay experiences means professional advice is set in the everyday world of patients and that health care professionals are made aware of lay priorities and different ways of coping. The guidebook is still in the research phase but will be part of a complex intervention in a forthcoming study.

Thus, the guidebook should help to support self care.
Study 1: What do patients with joint pain understand by ‘Wear and tear’?

- Health care professionals have mixed views about the usefulness of the concept of ‘wear and tear’ to explain OA to patients. Some see an advantage of this explanation is to demedicalise mild cases of OA. Others claim it leads to patients adopting an attitude that nothing can be done to improve joint pain and stiffness.
- 27 people aged 56 to 87 with joint pain and stiffness, were interviewed at baseline and followed up monthly for one year.

Findings

- Seeing their joint problem as a natural part of growing older helped respondents to carry on life as normal.
- Holding such a view did not cause respondents to avoid physical activity in order to protect their joints from further wear and tear. Indeed some increased activity to keep mobile.
- Fulfilling everyday roles and tasks was important for staying well, and respondents were prepared to cope with a degree of pain to achieve this.

The study found that perceiving joint pain and stiffness to be a result of their bodies ageing helped respondents to feel well and did not cause them to reduce physical activity. GPs should not be concerned to make a positive diagnosis of OA.

Study 2: Self Care for Knee Pain

- Both NICE and the Musculoskeletal Services Framework promote supported self-management as key to reducing pain and worsening symptoms as well as reducing long-term secondary care utilisation.
- Knee pain sufferers do not always engage with recommended self-management strategies or consult with their GP.
- 22 adults who had not seen their GP about their knee problem in the last 12 months were interviewed and 10 also completed diaries.

Findings:

- People often adopt self-discovered self-management strategies for knee pain (such as changing footwear or keeping mobile). Self-management was often grounded in daily activities and maintaining a sense of routine and normality.
- Some respondents exhibited uncertainty on knowing what to do beyond current activities, what strategies are safe to try and whether to consult a GP. Others positioned primary care as having a limited role in supporting self-management.

Older adults with knee pain have mixed views on whether support for self-management is required. The study indicates that there may be missed opportunities for self-management advice.

For more information visit: http://www.keele.ac.uk/research/pchs/pcmrc/dissemination/bulletin/