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Arthritis self-management does not reduce pain levels or GP visits

Randomised controlled trial of arthritis self-management in primary care, BMJ Online First

Self-management programmes for people with osteoarthritis do not reduce pain, or the number of visits patients make to their GP, a new study reveals today.

Osteoarthritis affects around five million people in the UK (8% of the population).

Patient-centred arthritis self-management programmes tested on volunteers in the USA indicated a beneficial effect on pain, depression, exercise taken, communication with doctors and participants' self-perception about their capacity to manage their condition

Researchers from London undertook one of the largest trials to measure the effects of arthritis self-management programmes on patients. The findings showed that whilst these programmes helped to reduce levels of anxiety for arthritis patients, they did little to reduce physical pain. The authors say their findings suggest that more research needs to be done to support the roll-out of the government's Expert Patient Programme - a generic self-management programme for arthritis and other chronic diseases.

The study involved 812 participants with osteoarthritis in their hips and/or knees. They were divided into two groups. The first were placed on a six-session arthritis self-management programme and education booklet, the second received the education booklet alone. The participants were asked to complete a questionnaire at the start of the trial, then after four months, and again after a year. Those on the self-management programme experienced a reduction in anxiety levels and improved confidence in managing their symptoms. Neither group experienced a significant reduction in pain, improved physical functioning, or made fewer visits to their GP.

The authors conclude that there is "little doubt that self-management techniques provide some benefit for those with chronic or long-term conditions" but add that in terms of arthritis self-management programmes "there is currently insufficient evidence to justify a policy of active recruitment of patients from primary care settings."

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