

“Evolving the management of RA” programme: educational tools to support daily practice

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Background

The eRA (evolving the management of RA) programme was initiated in Europe to provide practical educational tools that address unmet needs in the management of rheumatoid arthritis (RA). Several eRA tools – covering early access to care, management of comorbidities, treat-to-target strategies, and patient empowerment – are available to the rheumatology community. Through ongoing activities, the eRA Steering Committee (SC) identified a need for tools on non-pharmacological management of RA.

Objectives

To improve accessibility to eRA tools for rheumatology professionals; to review the evidence base of non-pharmacological interventions to create new eRA resources that may support management decisions.

Methods

A web platform providing information on eRA programme and tools was developed in 2019. The platform collects survey-based metrics to quantify perception of eRA and use of eRA tools in clinical practice. Platform and tools are translated to further support access and use across Europe.

To address unmet needs in non-pharmacological patient management, the eRA SC reviewed the core literature on agreed priority interventions, including physical activity, diet, patient education and self-management, psychosocial interventions, occupational therapy and orthotics, hand exercises, and hydrotherapy/balneotherapy. Available evidence for each intervention was assessed and graded according to the Oxford Centre for Evidence-based Medicine Levels of Evidence.

Results

The eRA web platform is now live in 3 countries (www.evolvingthemanagementofRA.com), hosting translated copies of the eRA tools, with additional countries launching throughout 2020.

From a review of core literature on non-pharmacological interventions, the eRA SC determined that strong evidence exists to support use of physical activity, patient education and self-management, psychosocial interventions, and occupational therapy and orthotics. Evidence was lacking or conflicting for diet and nutrition, hand exercises, and balneotherapy/hydrotherapy. A set of educational slides was produced by the eRA SC to summarise the evidence (**Fig. 1**) and provide top-line guidance on use of interventions in practice that should engage relevant members of the multi-disciplinary team. These slides are available through eRA dissemination activities.

Conclusions

The eRA programme content is now freely available to health care professionals in several countries on a web platform, supported by translations of the eRA tools. An additional slide set on non-pharmacological management serves to further increase the practical guidance of this programme's educational offering.

Intervention	Strength*	Evidence summary
Physical activity	strong evidence	Resistance and/or aerobic exercise has positive effects on several outcomes (e.g. strength, function) Some types of physical activity present with inconsistent evidence (e.g. Tai Chi, yoga) regarding their effects on outcomes
Occupational therapy interventions and orthotics	strong evidence	Occupational therapy interventions have positive effects on function Podiatry interventions have positive effects on pain, but evidence is inconsistent regarding effects on function Wrist splints may have positive effects on pain, but there is insufficient evidence regarding their effects on function
Patient education and self-management interventions	strong evidence	Patient education has positive effects on coping ability (e.g. with pain) and adherence (e.g. to supportive interventions) For education, there is inconsistent evidence regarding the long-term benefits and effects on self-efficacy For self-management programmes, there is inconsistent evidence regarding effects on function
Psychosocial interventions	strong evidence	Psychosocial interventions have positive effects on many outcomes when used as an adjunct to pharmacological management, but evidence is inconsistent regarding long-term effects Cognitive-behaviour therapy has positive effects on depression and fatigue
Hand exercises	additional evidence needed	Additional high-quality evidence is required before findings can translate into daily practice in RA management
Nutrition and diet	additional evidence needed	Additional high-quality evidence is required before findings can translate into daily practice in RA management NOTE: Healthy diet and weight control are supported by EULAR recommendations and national guidelines should be followed
Balneotherapy / hydrotherapy	additional evidence needed	Additional high-quality evidence is required before findings can translate into daily practice in RA management

*Available evidence for each intervention was assessed and graded according to the Oxford Centre for Evidence-based Medicine Levels of Evidence.

Fig. 1. Summary of evidence for non-pharmacological interventions

Acknowledgement

The eRA programme is funded by Sanofi Genzyme. Programme direction and content creation are driven by an independent Steering Committee.