Rheumatology Bulletin

Articles

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A Clinical Overview of Off-label Use of Gabapentinoid Drugs.
[This report summarises the limited published evidence to support off-label gabapentinoid uses, describes clinical cases in which off-label use is problematic, and notes how review articles and guidelines tend to overstate gabapentinoid effectiveness.]
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Ankle Lateral Ligament Augmentation Versus the Modified Brostrom-Gould Procedure: A 5-Year Randomized Controlled Trial.
[Among physically active patients with chronic lateral ligament instability, primary repair combined with LARS results in better total FAOS at 5-year follow-up and higher Tegner activity scores as compared with the MBG procedure.]
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Behaviour change techniques applied in interventions to enhance physical activity adherence in patients with chronic musculoskeletal conditions: A systematic review and meta-analysis.
[There is moderate quality evidence that interventions using BCTs are effective to enhance medium-term physical activity adherence. While superiority of single BCTs was not shown, it is likely that using more BCTs results in better adherence.]
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Does a Ceramic Bearing Improve Pain, Function, Wear, or Survivorship of TKA in Patients Younger Than 55 Years of Age? A Randomized Trial.
[Given the absence of demonstrated superiority of either the CoCr implant or the OxZr implant, we recommend that surgeons and healthcare systems can reasonably choose the less expensive device for routine use, unless there is some compelling reason in an individual patient to choose one over the other (such as severe, documented metal sensitivity).]
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Does adding hip exercises to quadriceps exercises result in superior outcomes in pain, function and quality of life for people with knee osteoarthritis? A systematic review and meta-analysis.
[Walking improved after the addition of hip strengthening to quadriceps strengthening in people
with KOA. The addition of resistance hip exercises to quadriceps resulted in greater improvements in patient-reported pain and function.

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**Does treatment duration of manual therapy influence functional outcomes for individuals with chronic ankle instability: A systematic review with meta-analysis?**

[Six sessions rather than one session of manual therapy improves ankle functional performance for individuals with CAI.]

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**Effects of supervised exercise compared to non-supervised exercise early after total hip replacement on patient-reported function, pain, health-related quality of life and performance-based function - a systematic review and meta-analysis of randomized controlled trials.**

[Supervised exercise was not significantly effective compared to non-supervised home-based exercise on patient-reported function, pain, health-related quality of life and performance-based function after primary total hip replacement.]

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**European consensus-based recommendations for the diagnosis and treatment of rare paediatric vasculitides - the SHARE initiative.**

[A systematic literature review informed the recommendations, which were devised and evaluated by a panel of experts via an online survey, and two consensus meetings using nominal group technique. Recommendations were accepted when $\geq 80\%$ of experts agreed. These Single Hub and Access point for paediatric Rheumatology in Europe recommendations were formulated ... to support uniform, high-quality standard of care for children with rare forms of paediatric systemic vasculitis.]

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**Management of Concomitant Preoperative Rotator Cuff Pathology and Adhesive Capsulitis: A Systematic Review of Indications, Treatment Approaches, and Outcomes.**

[The results of this systematic review support treatment of patients with degenerative RC tears and concomitant AC with a combination of RC repair and MUA, CR, or both MUA and CR. Regardless of treatment, accelerated postoperative rehabilitative protocols are beneficial in preventing postoperative persistence of AC and can be safely used in this scenario without a substantial increase in complication rates compared with patients undergoing RC repair alone with conservative rehabilitation.]

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**Paracetamol versus placebo for knee and hip osteoarthritis.**
Leopoldino AO. *Cochrane Database of Systematic Reviews* 2019;2:CD013273.
Paracetamol (acetaminophen) is vastly recommended as the first-line analgesic for osteoarthritis of the hip or knee. However, there has been controversy about this recommendation given recent studies have revealed small effects of paracetamol when compared with placebo. Nonetheless, past studies have not systematically reviewed and appraised the literature to investigate the effects of this drug on specific osteoarthritis sites, that is, hip or knee, or on the dose used.

**The impact of ankle-foot orthosis stiffness on gait: A systematic literature review.**
[AFO stiffness is a key factor influencing ankle movement. Clear reporting standards for AFO design parameters, as well as additional high quality research is needed with larger sample sizes and different clinical populations to ascertain the true effect of stiffness on gait.]

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Events

*You may be interested in this (these) forthcoming event(s):*

**RCN Rheumatology Workshop 2019: Advances, Innovations and Challenges in Rheumatology.**
[Are you an experienced or aspiring rheumatology nurse specialist wanting to stay ahead of the curve? Brought to you by the RCN Rheumatology Forum, this clinically focused workshop is your opportunity to get the latest updates and developments to advance your professional practice and deliver excellent patient care.]
RCN Headquarters, London
Date: 28th June, 2019, 10:30am- 3:15pm
https://www.rcn.org.uk/news-and-events/events/rheumatology

Guidelines

*The following new guidance has recently been published:*

**Core competencies for Paediatric Rheumatology Clinical Nurse Specialists and Advanced Nurse Practitioners.**
British Society for Rheumatology;2018.
https://www.rheumatology.org.uk/practice-quality/guidelines/paediatric-guidance
[Administering disease modifying anti-rheumatic drugs (DMARDs) and biologic therapies to children and young people with rheumatological conditions.]
*Freely available online*

**Increased risk of blood clots in lungs and death with higher dose of Xeljanz (tofacitinib) for rheumatoid arthritis.**
European Medicines Agency;2019.
[EMA is advising that patients do not to exceed recommended dose for rheumatoid arthritis, following early results from an ongoing study (study A3921133) which showed increased risk of PE]
and death when usual dose of 5 mg twice daily was doubled.]

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