Rheumatology Bulletin April 2019

Articles

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A systematic review of the use of psychological assessment tools in congenital upper limb anomaly management.
[There is no well-established, validated assessment tool in regular use to effectively address psychosocial outcomes for children with CULAs. Although the majority of children born with a CULA appear to adjust well, this is by no means the case for all children. There is a need for routine psychosocial evaluation preoperatively and postoperatively with long-term follow-up data to help direct patient-orientated management.]
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[QT autograft had comparable clinical and functional outcomes and graft survival rate compared with BPTB and HT autografts. However, QT autograft showed significantly less harvest site pain compared with BPTB autograft and better functional outcome scores compared with HT autograft.]

[This is the first study to provide standardised guidance on the choice of measures for LET. A large number of clinical rating systems are both available and being used for patients with LETs. Robust evidence is available for four measures, the DASH, QDASH, PRTEE and OES.]
Freely available online

Efficacy of non-surgical interventions on dynamic balance in patients with ankle instability: A network meta-analysis.
Tsikopoulos K. Journal of Science and Medicine in Sport 2018;21(9):873-879.
[The network meta-analysis showed that supervised balance training protocols and strengthening programs significantly improved dynamic balance in patients with CAI. A combination of these interventions may further increase the efficacy of non-surgical treatment options for the first-line management of CAI.]
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Finding the Optimal Regimen for Oral Tranexamic Acid Administration in Primary Total Hip
**Arthroplasty: A Randomized Controlled Trial.**
[The multiple postoperative doses of oral TXA further reduced blood loss compared with a single preoperative bolus. The regimen of a preoperative dose and 3 postoperative doses of oral TXA produced maximum effective reduction of blood loss in total hip arthroplasty.]

**How do patients with systemic autoimmune rheumatic disease perceive the use of their medications: a systematic review and thematic synthesis of qualitative research.**
[This systematic review and thematic synthesis contributes to better understanding of SARDs patients’ perspectives on medication use. Given the paucity of existing adherence interventions targeting this patient population, our study has certain practical implications for care, namely the need to address emotional and social impacts of medication use and the necessity of establishing a meaningful and trusting professional relationship with patients.]
*Freely available online*

**Is surgery effective in patients with femoroacetabular impingement syndrome?**
Richardson RS. *BMJ* 2019;365:l1359.

**Is There a Difference in Infection Risk Between Single and Multiple Doses of Prophylactic Antibiotics? A Meta-analysis.**
Ryan SP. *Clinical Orthopaedics and Related Research* 2019;--:
[There is no difference in infection risk between a single dose and multiple doses of perioperative antibiotics for orthopaedic procedures where implants are utilized, consistent with recent recommendations. However, the quality of evidence for orthopaedic procedures is low, and a randomized study with a sufficient sample size is needed to examine the issue before universal adoption of a single antibiotic dose.]

**Osteoarthritis year in review 2018: rehabilitation and outcomes.**
[From 1994 records, 13 systematic reviews and 36 RCTs were included. 73% of these evaluated knee osteoarthritis (36 studies). The remaining studies evaluated hand osteoarthritis (6 studies), hip, hip/knee and general osteoarthritis (each 2 studies), and neck osteoarthritis (1 study). Exercise was the most common intervention evaluated (31%). Updated recommendations for exercise prescription and preliminary guidance for psychological interventions are provided.]
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**Osteoarthritis- a systematic review of long-term safety implications for osteoarthritis of the knee.**
[Given the safety and effectiveness of lifestyle interventions such as weight loss and exercise, these should be advocated in all patients. The use of NSAIDs should be minimized to avoid g/i complications. Treatment with opioids has a lack of evidence and a high risk of long-term harm. The use of IAHA and PRP may provide additional symptomatic benefit. TKA is associated with significant medical complications but is justified by the efficacy of joint replacement in late-stage disease]
Patient relevant outcomes of unicompartmental versus total knee replacement: systematic review and meta-analysis.  
*BMJ* 2019;365:l1032.

**Treatment of Lateral Epicondylitis With Autologous Blood, Platelet-Rich Plasma, or Corticosteroid Injections: A Systematic Review of Overlapping Meta-analyses.** 
[The current best available evidence suggests that corticosteroid injection improves functional outcomes and pain relief in the short term, while autologous blood and platelet-rich plasma are the most effective treatments in the intermediate term.] *Freely available online*

**Guidelines**

*The following new guidance has recently been published:*

**Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal).** 
National Institute for Health and Care Excellence (NICE);2019.  
https://www.nice.org.uk/guidance/ta568  
[NICE is unable to make a recommendation about the use in the NHS of abatacept (Orencia) for treating psoriatic arthritis after DMARDs in adults because no evidence submission was received from Bristol-Myers Squibb. We will review this decision if the company decides to make a submission.] *Freely available online*

**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*

**Reports**

*The following report(s) may be of interest:*

**Keyhole surgery may be better than physiotherapy for hip impingement.**  
NIHR Dissemination Centre; 2019.  
https://discover.dc.nihr.ac.uk/content/signal-000763/hip-impingement-keyhole-surgery-may-be-better-than-physiotherapy  
[NIHR Signal. This NIHR-funded study included 222 people with hip pain and limited movement due to femoro-acetabular (hip) impingement but without a diagnosis of osteoarthritis. Their average age was 36 years. Half of the people who had surgery had significant benefit compared with a third of those having physiotherapy.]
Switching to oral antibiotics early for bone and joint infections gave similar results to continuing intravenous therapy.
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000760/early-switch-to-oral-antibiotics-for-bone-and-joint-infection

[NIHR Signal. For adults with bone or joint infection, many of whom had metal implants, beginning six weeks of oral antibiotics within seven days of intravenous treatment, was no worse than a regimen delivered wholly intravenously (IV). After one year, around 14% of both groups still had an infection, showing the difficulty of treatment, irrespective of the route of administration.]
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