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2018 update of the EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis.
[The overarching principles emphasise the nurse’s role as part of a healthcare team, describe the importance of providing evidence-based care and endorse shared decision-making in the nursing consultation with the patient. The recommendations cover the contribution of rheumatology nursing in needs-based patient education, satisfaction with care, timely access to care, disease management, efficiency of care, psychosocial support and the promotion of self-management.]
Freely available online

A mixed methods exploration of physiotherapist’s approaches to analgesic use among patients with hip osteoarthritis.
Holden MA. Physiotherapy 2019;105(3):328-337.
[To explore how physiotherapists currently address analgesic use among patients with hip osteoarthritis, and their beliefs about the acceptability of prescribing for these patients.]

Aerobic exercise for axial spondyloarthritis - its effects on disease activity and function as compared to standard physiotherapy: A systematic review and meta-analysis.
[Aerobic exercise did not provide beneficial effects either on disease activity or on physical function and biological parameters when compared to a control group in axial spondyloarthritis.]
Available with an NHS OpenAthens password for eligible users

Effectiveness of Denervation Therapy on Pain and Joint Function for Patients with Refractory Knee Osteoarthritis: A Systematic Review and Meta-Analysis.
[Denervation of the knee joint may become a promising therapy for patients with knee OA refractory to conservative treatment. This therapy can provide short-term therapeutic effect in pain alleviation for 6 months and joint function recovery for 3 months. The therapeutic effect in joint function may decrease 6 months after operation. Long-term efficacy in pain remission and function improvement is still elusive and controversial.]
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Failure Rates of Base of Thumb Arthritis Surgery: A Systematic Review.
Several implant designs (arthroplasties) had high rates of failure due to aseptic loosening, dislocation, and persisting pain. Furthermore, some implants had higher than anticipated failure rates than other implants within each class. Overall, the failure rates of nonimplant techniques were lower than those of implant arthroplasty.

**Incidence and time trends of joint surgery in patients with psoriatic arthritis: a register-based time series and cohort study from Denmark.**


The use of joint surgery among PsA patients remained around twofold higher from 1996 to 2012 compared with GPC. After 15 years of follow-up, nearly 30% of the PsA patients had received any surgery, and even a person diagnosed with PsA at the age of 18-40 years had a higher risk of surgery than GPCs of 60+ year old. Thus, the high surgical rates represent an unmet need in the current treatment of PsA.

**Keeping physically active with rheumatoid arthritis: semi-structured interviews to explore patient perspectives, experiences and strategies.**


Regular physical activity is safe and beneficial for people with rheumatoid arthritis (RA) but the majority of people with RA are less active than the general population and have a higher risk of co-morbidities. Exploring strategies used by physically active people with RA could inform effective methods to support those who are less active.

**Optimising low-dose methotrexate for rheumatoid arthritis - A review.**

Lucas CJ. *British Journal of Clinical Pharmacology* 2019;doi.org/10.1111/bcp.14057.

This review summarises the current knowledge of dose–response of oral methotrexate in the context of rheumatoid arthritis, and how recent evidence could help inform starting and maintenance doses in clinical practice.

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**Safety and effectiveness of upadacitinib or adalimumab plus methotrexate in patients with rheumatoid arthritis over 48 weeks with switch to alternate therapy in patients with insufficient response.**


Upadacitinib+MTX demonstrated superior clinical and functional responses versus adalimumab+MTX and maintained inhibition of structural damage versus placebo+MTX through week 48. Patients with an insufficient response to adalimumab or upadacitinib safely achieved clinically meaningful responses after switching to the alternative medication without washout.

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**Surgical interventions for symptomatic mild to moderate knee osteoarthritis.**

Palmer JS. *Cochrane Database of Systematic Reviews* 2019;7:CD012128.

Osteoarthritis affecting the knee is common and represents a continuum of disease from early cartilage thinning to full-thickness cartilage loss, bony erosion, and deformity. Many studies do not
stratify their results based on the severity of the disease at baseline or recruitment.

**Ultrasound-Guided Standard vs Dual-Target Subacromial Corticosteroid Injections for Shoulder Impingement Syndrome: A Randomized Controlled Trial.**

[US-guided dual-target corticosteroid injection showed similar short-term efficacy to standard subacromial injections, but with an extended duration of symptom relief. Therefore, dual-target corticosteroid injections may be useful for shoulder pain treatment in patients with SIS.]

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**Guidelines**

*The following new guidance has recently been published:*

**Therapeutic monitoring of TNF-alpha inhibitors in rheumatoid arthritis.**
National Institute for Health and Care Excellence (NICE);2019.
[https://www.nice.org.uk/guidance/dg36](https://www.nice.org.uk/guidance/dg36)

[Evidence-based recommendations on enzyme-linked immunosorbent assay (ELISA) tests for therapeutic monitoring of tumour necrosis factor (TNF)-alpha inhibitors in rheumatoid arthritis. The tests are Promonitor, IDKmonitor, LISA-tracker, RIDASCREEN, MabTrack, and those used by Sanquin Diagnostic Services.]

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