Articles

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**2018 updated European League Against Rheumatism evidence-based recommendations for the diagnosis of gout.**
Richette P. *Annals of the Rheumatic Diseases* 2019;:
[Eight updated, evidence-based, expert consensus recommendations for the diagnosis of gout are proposed.]

**Clinical Outcomes of Open versus Arthroscopic Surgery for Lateral Epicondylitis, Evidence from a Systematic Review.**
Moradi A. *Archives of Bone and Joint Surgery* 2019;7(2):91-104 .
[The present study suggests that despite no superiority for each technique regarding pain relief, subjective function, and better rehabilitation, arthroscopic methods have been associated with less complications.]
*Freely available online*

**Comparative efficacy and safety of targeted DMARDs for active psoriatic arthritis during induction therapy: A systematic review and network meta-analysis.**
[Regarding the overall risk-benefit profile, infliximab, guselkumab, adalimumab, golimumab, secukinumab, and ustekinumab may be safer and more efficacious treatments than the other targeted DMARDs for active PsA during induction therapy.]
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**Comparison of Varying Corticosteroid Type, Dose, and Volume for the Treatment of Pain in Small- and Intermediate-Size Joint Injections: A Narrative Review.**
[Very few studies directly examine the effect of corticosteroid type, corticosteroid dose, or injectate volume on clinical outcomes for small- or intermediate-size joint arthralgia. Future studies are needed to better elucidate the most effective treatment protocols.]
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**Dorsal Dupuytren's disease: a systematic review of published cases and treatment options.**
[The most frequently reported lesions were knuckle pads (503 patients), dorsal nodules between interphalangeal joints (14 patients), boutonnière deformities (12 patients), and swan-neck
deformities (2 patients). Nearly half of the included patients were treated surgically. Postoperative functional result depended on the treated lesion. Most of the included studies had a low level of evidence. Higher-quality studies are necessary to confirm our findings. Contact the library for a copy of this article

**Effect of Tanezumab on Joint Pain, Physical Function, and Patient Global Assessment of Osteoarthritis Among Patients With Osteoarthritis of the Hip or Knee: A Randomized Clinical Trial.**
[Among patients with moderate to severe OA of the knee or hip and inadequate response to standard analgesics, tanezumab, compared with placebo, resulted in statistically significant improvements in scores assessing pain and physical function, and in PGA-OA, although the improvements were modest and tanezumab-treated patients had more joint safety events and total joint replacements. Further research is needed to determine the clinical importance of these efficacy and adverse event findings.]
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**Effects of kinesio taping alone versus sham taping in individuals with musculoskeletal conditions after intervention for at least one week: a systematic review and meta-analysis.**
[Our findings indicate inconclusive and low-quality evidence of a beneficial effect of KT alone over ST in LBP and knee osteoarthritis.]
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**Effects of non-pharmacological conservative treatment on pain, range of motion and physical function in patients with mild to moderate hip osteoarthritis. A systematic review.**
[Exercise therapy and manual therapy and its combination with patient education provides benefits in pain and improvement in physical function. The effects of combined therapies remain unclear. Further investigation is necessary to improve the knowledge about the effects of non-pharmacological conservative treatments on pain, hip range of motion and physical function.]
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**Efficacy and potential determinants of exercise therapy in knee and hip osteoarthritis: A systematic review and meta-analysis.**
[Exercise significantly reduces pain and improves function, performance and QoL in people with knee and hip OA as compared with usual care at 8 weeks. The effects are maximal around 2 months and thereafter slowly diminish, being no better than usual care at 9 to 18 months. Participants with younger age, knee OA and not awaiting joint replacement may benefit more from exercise therapy.]
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**Low-Level Laser Therapy for Fibromyalgia: A Systematic Review and Meta-Analysis.**
[Our results provided the most up-to-date and relevant evidence regarding the effects of LLLT in
fibromyalgia. LLLT is an effective, safe, and well-tolerated treatment for fibromyalgia.]

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Resurfacing in a Posterior-Stabilized Total Knee Arthroplasty Reduces Patellar Crepitus Complication: A Randomized, Controlled Trial.
[Given higher PC incidence and several worse clinical outcomes in the non-PR, we recommend resurfacing during PS-TKA with this knee system to avoid PC development.]

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Systematic review on the comparative effectiveness of foot orthoses in patients with rheumatoid arthritis.
[Foot orthoses made of soft materials may lead to more (immediate) forefoot plantar pressure reduction compared to foot orthoses constructed of semi-rigid materials. Definitive high quality RCTs, with adequate sample sizes and long-term follow-up, are needed to investigate the comparative (cost-) effectiveness of different kinds of foot orthoses for the treatment of foot problems related to rheumatoid arthritis.]

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The Arthroplasty Candidacy Help Engine tool to select candidates for hip and knee replacement surgery: development and economic modelling.
[Conclusion: The Oxford Knee Score (OKS) and Oxford Hip Score (OHS) can be used in the Arthroplasty Candidacy Help Engine (ACHE) tool to assess an individual patient’s suitability for hip/knee replacement surgery. The system enables evidence-based and informed threshold setting in accordance with local resources and policies. At a population level, both hip and knee arthroplasty are highly cost-effective right up to the absolute threshold for intervention...]

Guidelines

The following new guidance has recently been published:

Best practice for hip arthroplasty surgery documentation
GIRFT;2019.
[As part of ongoing work both to improve patient outcomes and to reduce litigation costs, GIRFT has produced professional standards guidance for hip and knee arthroplasty in association with the British Hip Society, British Association for Surgery of the Knee, the British Orthopaedic Association and NHS Resolution.]

Best practice for knee arthroplasty surgery documentation
GIRFT;2019.
https://gettingitrightfirsttime.co.uk/wp-content/uploads/2017/07/Best-Practice-KneeArth-
[As part of ongoing work both to improve patient outcomes and to reduce litigation costs, GIRFT has produced professional standards guidance for hip and knee arthroplasty in association with the British Hip Society, British Association for Surgery of the Knee, the British Orthopaedic Association and NHS Resolution.]

*Freely available online*

**Febuxostat (Adenuric): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease.**
Medicines and Healthcare Products Regulatory Agency (MHRA); 2019.

[Drug Safety Update. Avoid treatment with febuxostat in patients with pre-existing major cardiovascular disease (for example, myocardial infarction, stroke, or unstable angina), unless no other therapy options are appropriate. Findings from a phase 4 clinical study in patients with gout and a history of major cardiovascular disease show a higher risk for cardiovascular-related death and for all-cause mortality in patients assigned to febuxostat than in those assigned to allopurinol.]

*Freely available online*

**Guidance for Management of Symptomatic Hypermobility in Children and Young People – A Guide for Professionals managing Children and Young People with this condition.**
British Society for Rheumatology; 2019.

[This guidance document has been compiled by the Allied Health Professionals Group working within BSPAR Section Council and has been designed to help and support therapists working with children and young people (CYP) presenting with symptomatic hypermobility and musculoskeletal pain.]

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