Rheumatology Bulletin April 2020

Articles

**An evidence based narrative review on treatment of diabetic foot osteomyelitis.**
[The association of antibiotic and surgical therapy seems to be more effective compared to each one alone. The lack of comparison studies and randomized controlled trials makes it difficult to give information about the efficacy of the different management therapies.]
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**Bone transport versus acute shortening for the management of infected tibial bone defects: a meta-analysis.**
Wen H. *BMC Musculoskeletal Disorders* 2020;21(1):80.
[AST is preferred from the aspect of minimising the treatment period, whereas BT is superior to AST for reducing bone grafting. Due to the limited number of trials, the meaning of this conclusion should be taken with caution for infected tibial bone defects.]
*Freely available online*

**Change in gait biomechanics after total ankle replacement and ankle arthrodesis: a systematic review and meta-analysis.**
[The currently available evidence base of research papers evaluating changes in gait biomechanics after total ankle replacement and ankle arthrodesis is limited by a lack of prospective research, low sample sizes and heterogeneity in the patho-etiologic of ankle osteoarthritis. Following total ankle replacement, improvements were demonstrated for spatio-temporal, kinematic and kinetic gait patterns compared to the pre-operative measures.]
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**Covid-19 in Immune-Mediated Inflammatory Diseases — case series from New York**
[Although our analysis was limited in sample size (86), our data reveal an incidence of hospitalization among patients with immune-mediated inflammatory disease that was consistent with that among patients with Covid-19 in the general population in New York City reported by the New York City Department of Health and Mental Hygiene (35,746 of 134,874 patients [26%]). These findings suggest that the baseline use of biologics is not associated with worse Covid-19 outcomes.]
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**Effect of yoga on the quality of life of patients with rheumatic diseases: Systematic review with meta-analysis.**
[Evidence suggests weak recommendations can be made for the use of yoga in the management of RD patients.]
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**Effects of Light Therapy on Osteoarthritis and Its Sequelae in Aging and Older Adults: A Systematic Narrative Review.**

[The studies included all used a form of laser in their light therapy treatment protocols. There is some evidence that light therapy may provide statistically significant improvements in pain, function, and quality of life; however, results varied from study to study. Further research is needed to better evaluate the parameters associated with laser when used to treat conditions associated with osteoarthritis that affect aging and older adults.]

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**Linking ICF components to outcome measures for hand osteoarthritis and rheumatoid arthritis: A systematic review.**

[The purpose of this study was to critically appraise the current literature for outcome measures associated with the management of OA or RA to determine if they describe the components of the International Classification of Functioning (ICF) that includes body functions and structures, activities, participation, environmental factors, as well as quality of life. The secondary purpose is to examine if patient satisfaction was addressed in the interventions associated with management of OA or RA.]

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**Non-operative treatment of peroneal tendon dislocations: A systematic review.**

[A non-weight bearing cast ≥ 6 weeks was successful in 5/6 patients. A non-weight bearing cast might be a good alternative for surgical intervention.]

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**Platelet rich plasma for treatment of osteochondral lesions of the talus: A systematic review of clinical trials.**

[PRP improves joint function, and reduces pain in patients with OLT regardless of the method of implementation. In addition, inter-study comparison demonstrated that patients that received surgery along with PRP injections improved more than those that received PRP only. The studies that corroborate this conclusion have high levels of evidence with satisfactory methodological quality.]

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**Post-Procedure Protocols Following Platelet-Rich Plasma Injections for Tendinopathy: A Systematic Review.**

[Although the clinical effectiveness of PRP remains controversial, even less is known about the effect of post-PRP protocols, which may affect the outcomes attributed to PRP itself. No studies directly compare post-PRP protocols, and the protocols studied demonstrate substantial heterogeneity. Some consensus regarding post-PRP protocols exists, although the rationale for these recommendations is limited.]

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Should compression bandage be performed after total knee arthroplasty? A meta-analysis of randomized controlled trials.
[The current evidence is unable to conclude that compression bandage is necessary after primary TKA. Surgeons routinely undertaking compression bandage should deliberate whether there is enough clinical evidence.]
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The Rheumatologist’s Role in Covid-19.
[This article discusses that until results from clinical trials of biologic anti-cytokine agents used to treat Covid-19 CSS are available, physicians will need to rely on a unified approach to treating these desperately ill individuals. Rheumatologists are familiar with CSS such as MAS as many of their patients (e.g., adult-onset Still’s disease, systemic juvenile idiopathic arthritis, systemic lupus develop it, and are most practiced with utilizing cytokine targeting therapy.]
Freely available online

The shift in macrophages polarisation after tendon injury: A systematic review.
[In spite of the limited number of articles included, findings from this study suggested that the process of inflammation plays an important role in acute Achilles tendon injuries, indicated by the increased expression of CD68+ Mφs.]
Freely available online

Professional Development

A Competency Framework for Rheumatology Nurses.
Royal College of Nursing (RCN); 2020. https://www.rcn.org.uk/professional-development/publications/pub-009004
[This publication provides a competency and role development framework for rheumatology practitioners in clinical practice (most commonly called rheumatology nurse specialists). The role of the rheumatology nurse specialist is highly complex and may include roles in paediatric nursing, research, advanced level skills in clinical assessment, prescribing and providing intra-articular injections amongst others.]
Freely available online

Guideline

COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders.
National Institute for Health and Care Excellence (NICE); 2020. https://www.nice.org.uk/guidance/ng167
[The purpose of this guideline is to maximise the safety of children and adults with rheumatological autoimmune, inflammatory and metabolic bone disorders during the COVID-19 pandemic, while
protecting staff from infection. It also enables services to make the best use of NHS resources.]

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This Bulletin was created by Liz Wright of NHS East Dorset Knowledge and Library Service

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