

How important is collaboration between orthopedic surgeons and rheumatologists for optimizing the management of joint disease?

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A combined approach that focuses on both pharmacological and nonpharmacological therapy, including surgical procedures, is often required for the optimum management of joint diseases. For example, surgical procedures are included in the European League Against Rheumatism (EULAR) recommendations for the management of knee and hip osteoarthritis and the Assessment in AS (ASAS) EULAR recommendations for the management of ankylosing spondylitis.

The interdisciplinary 'combined unit' concept was established approximately 4–5 decades ago in several rheumatology units, resulting in orthopedic surgeons (rheumasurgeons), rheumatologists and healthcare professionals working together in a team to care for the patient; however, in recent years this approach has become less common in many rheumatology units. This change has coincided with the considerable decrease in the number of beds in many units and with a lower number of surgical procedures in patients with rheumatoid arthritis (da Silva E *et al.* [2003] *Arthritis Rheum* 49: 216–220).

Several arguments can be listed in favor of close collaboration in daily clinical practice between experts in operative and nonoperative treatment options. Surgical and nonoperative treatment choices should include a thorough consideration of treatment alternatives; in addition, the timing of surgical procedures must be considered in relation to the entire treatment program, and especially in relation to ongoing treatment with immunosuppressive therapies and NSAIDs (Howe CR [2006] *J Am Acad Orthop Surg* 14: 544–551) that might interfere with a risk of infections and bleeding, respectively. Such opportunities to optimize the quality of patient care will be increased if orthopedic surgeons and rheumatologists are working together in the same outpatient clinic. Research is another important area for collaboration as more evidence is needed to guide daily clinical practice; however, we are not aware of any studies that have

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formally examined whether a collaborative approach in a musculoskeletal unit yields better patient outcomes than a model where orthopedic surgeons and rheumatologists work in separate units. Future research should aim to address this issue, as, at present, treatment decisions are often guided more by experience than fact.

The European Federation of National Associations of Orthopaedics and Traumatology (EFORT) and the EULAR have started initiatives to strengthen the collaboration between orthopedic surgeons and rheumatologists. These initiatives include meetings between representatives of the executive committees of both organizations, as well as joint symposia at both the EFORT and EULAR congresses in 2007. The EULAR–EFORT symposium at the EFORT congress discussed how to manage the acute swollen knee from the rheumatological and the orthopedic perspective, and the EFORT–EULAR symposium at the EULAR congress addressed how orthopedic surgeons and rheumatologists can collaborate effectively in clinical care. The next important step in the collaboration between the two organizations will be to develop EULAR–EFORT evidence-based recommendations for the management of the acute swollen knee according to the standardized operating procedures for developing such recommendations (Dougados M *et al.* [2004] *Ann Rheum Dis* 63: 1172–1176). The ultimate goal is that dissemination and implementation of these recommendations will foster more uniform management of the acute swollen knee in specialized healthcare units within Europe.

We hope that the improved collaboration and communication between our two organizations will also signify to orthopedic surgeons and rheumatologists that collaboration between the two specialties is needed to improve the quality of the management of patients with musculoskeletal diseases. As highlighted in this editorial, however, further studies that formally examine how models of care and treatment can influence patient outcomes are urgently needed.