OSTEOARTHRITIS

New OA management guidelines

The American College of Rheumatology (ACR) and the Arthritis Foundation have provided new evidence-based guidelines for the management of osteoarthritis (OA) of the hands, hip and knees, updating previous ACR recommendations from 2012. The new guidelines include strong recommendations for exercise, self-efficacy and self-management programmes, as well as oral NSAIDs.

Unlike the previous 2012 recommendations, which relied primarily

on externally performed systematic reviews and meta-analyses, the development of the new guidelines included a comprehensive systematic literature review. “We had the same team working on the entire literature review producing one methodologically consistent meta-analysis of all of the relevant literature,” explains corresponding author Sharon Kolasinski.

The quality of the evidence was rated using Grading of Recommendations Assessment, Development and Evaluation methodology. “One innovation of our process compared to the last guideline was the convening of a patient panel who reviewed the evidence report and commented on all of the interventions considered,” notes Kolasinski. “The patients involved had a very broad personal experience with many of the interventions and were invaluable in contributing their perspective, particularly on controversial interventions.”

“The new guidelines emphasize the importance of shared decision making”

The voting panel, consisting of rheumatologists, an internist, physical and occupational therapists, and two representatives from the patient panel, made conditional recommendations for and against various therapies for OA, including educational, behavioural, psychosocial, physical, mind-body and pharmacological therapies.

“The biggest impact to practice might come from the conditional recommendation against hyaluronic acid injections,” says Kolasinski. Hyaluronic acid injections were previously conditionally recommended for use in knee OA. “The best evidence suggests that hyaluronic acid injections are equivalent to saline injections in efficacy,” she explains.

Overall, the new guidelines emphasize the importance of shared decision making between clinicians and patients and highlight gaps in our knowledge that need addressing in future studies.

Jessica McHugh

ORIGINAL ARTICLE Kolasinski, S. L. et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. *Arthritis Rheum.* <https://doi.org/10.1002/art.41142> (2019)

SYSTEMIC SCLEROSIS

European consensus reached on interstitial lung disease in SSc

Lung diseases, such as interstitial lung disease (ILD), are frequent complications of systemic sclerosis (SSc) and are a major cause of death in patients with SSc. A group of European experts have now put forward the first evidence-based consensus statement on the identification and management of SSc-associated ILD in an effort to improve the early identification and treatment of these patients.

The authors of the consensus statement, who included rheumatologists, pulmonologists and internists, used a modified Delphi approach and systematic analysis of the literature to produce 52 statements across six domains (risk factors, screening, diagnosis and severity assessment, treatment initiation and options, disease progression and treatment escalation). “Novel therapeutic options have now become available, so we also addressed these emerging treatment options and

“all patients with SSc should be screened using high-resolution CT”

when to initiate or escalate these in SSc-associated ILD,” says corresponding author Anna-Maria Hoffmann-Vold.

The authors recommend that high-resolution CT should be the primary tool for the diagnosis of ILD, supported by pulmonary function tests and clinical assessments of respiratory symptoms, and that all patients with SSc should be screened using high-resolution CT. With regard to treatment, the authors recommend that all patients with severe lung disease receive pharmacological treatment and suggest that mycophenolate mofetil or cyclophosphamide can be effective, as can the novel therapeutic nintedanib. By contrast, they suggest that those with mild disease should be monitored closely, but not necessarily receive drug therapy. The consensus statement also covers monitoring of disease progression and alternative treatment options such as haematopoietic stem cell or lung transplantation.

“There are still many unmet needs, but once we are getting more good quality studies, work on guidelines for the identification and management of SSc-associated ILD should be initiated,” concludes Hoffmann-Vold.

Joanna Clarke

ORIGINAL ARTICLE Hoffmann-Vold, A.-M. et al. The identification and management of interstitial lung disease in systemic sclerosis: evidence-based European consensus statements. *Lancet Rheumatol.* [https://doi.org/10.1016/S2665-9913\(19\)30144-4](https://doi.org/10.1016/S2665-9913(19)30144-4) (2020)

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