Osteoarthritis of the Knee Clinical Care Standard

July 2016

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the Clinical Care Stands for Osteoarthritis of the Knee developed by the Australian Commission on Safety and Quality in Health Care.

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DAA interest in this consultation

DAA acknowledges the high burden that knee osteoarthritis places on both the patient and Australian healthcare system. DAA supports improvements to the management of knee osteoarthritis and development of clinical care standards to support delivery of high-quality care. DAA is concerned that much of the cost and resource burden of knee osteoarthritis is related to excess weight, lack of physical activity and poor lifestyles habits/choices.

The Accredited Practising Dietitian (APD) program is the foundation for self-regulation of the profession, and a public assurance of safety and quality. APDs play a key role in knee osteoarthritis management as they have the training, skills and knowledge to provide evidence based interventions using medical nutrition therapy. APDs work with other health professionals to provide nutrition advice to those with knee osteoarthritis to reduce the burden of disease.

Recommendations

DAA are supportive of the implementation of Clinical Care Standards for Osteoarthritis of the Knee to support the delivery of high quality care. DAA support the inclusion of a dietitian, preferably an APD, within the multidisciplinary team involved in the management of knee osteoarthritis, particularly for clients requiring a weight loss intervention.

DAA recommend that the document refer to both overweight and obesity as risk factors for Osteoarthritis. Those who are overweight or obese should be strongly encouraged and supported to lose weight.

DAA recommend that in older adult's (over 65 years), weight loss should be considered on an individual basis and care needs to be taken to maintain lean body mass.

DAA have provided responses for Questions 1 and 5 below.

Discussion

Question 1: Which two or three quality statements would make the most difference to routine care and outcomes for patients if implemented nationally? Why?

The Quality Statements that would make the most difference are Quality Statements 1, 4 and 6.

Quality Statement 1, the comprehensive assessment, is important to ensure that the most appropriate individual care plan is implemented for each patient. Within

the 'For patient's section' under quality statement 1, Dietitian, preferably APD, should be listed as one of the health professionals that can provide other care.

DAA believe Quality statement 4 is vital given that obesity is estimated to be a cause of a quarter of osteoarthritis cases in Australia[1]. In 2014-2015 63.4% of Australian adults were overweight or obese[2]. Overweight and obesity are one of the most modifiable risk factors for osteoarthritis and it is important that weight loss is addressed in routine care.

The impact of weight on knee osteoarthritis is twofold. Firstly, the risk of developing osteoarthritis in the knee increases with an increasing BMI[3]. Secondly, for those with knee osteoarthritis a high BMI is associated with increased disease progression[4].

Weight loss to any degree has been found to help improve symptoms of osteoarthritis and slow progression of the disease[5] and is recommended in many key national and international documents for osteoarthritis management. Given this, it is vital that all patients who are overweight or obese are provided with weight loss advice. Weight loss should be supported by a multidisciplinary team including a dietitian.

There are currently no clearly defined BMI thresholds for older adults (over 65 years). There is evidence to suggest that the cut-offs should be higher for older adults[6]. The need for weight loss in older adults should be considered on an individual basis[6].

The weight management program, which is referred to in Quality statement 4 should be evidenced based and include a dietitian. A recent Australian Pilot Study in patients undergoing total joint replacements has found that dietitian interventions when compared to usual care led to weight loss over twelve months[7]. APDs are the experts in food and nutrition and participate in ongoing professional development, thus are the experts in providing weight loss interventions that suit an individual's needs.

In the clinician's section of this quality statement, referrals should be provided to a dietitian for weight loss. Furthermore, in the health services section, dietetic services should be included in the list of services.

Quality Statement 6, is important for routine care as it will ensure that patients are regularly reviewed and referrals are provided as required.

Question 5: How should the Clinical Care Standard be shared? (Including web and printed resources, training programs). Please be as specific as possible.

DAA is able to advise members (over 6000) of the updated Clinical Care Standard through member networks.

References

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