

# Patients with osteoarthritis need reassurance that exercise will improve their condition

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**COCHRANE REVIEW:** Hurley M, Dickson K, Hallett R, Grant R, Hauari H, Walsh N, Stansfield C, Oliver S. Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review. Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No. CD010842. doi:10.1002/14651858.CD010842.pub2.

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**THE PROBLEM:** Osteoarthritis (OA) is a prevalent and debilitating condition affecting over 20% of the population over 50 years of age.<sup>1</sup> Approximately 15% of people over the age of 50 will consult their general practitioner (GP) with regard to knee pain annually.<sup>1</sup> This Cochrane review not only set out to determine if exercise was beneficial for this population but also incorporated qualitative information about how patients perceived their condition and their beliefs on the best treatments.<sup>2</sup>

Outcome measured	Success	Evidence	Harms
Pain	Overall, moderate quality evidence showed an absolute pain reduction of ~6% for participants encouraged to exercise (CI -9% to -4%)	This was based on 9 studies including 1,058 people.	None of the included studies reported on harms with regard to exercise.
Physical function	Overall, moderate quality evidence showed an absolute function improvement of ~5.6% for participants encouraged to exercise (CI -7.6% to -2%)	This was based on 13 studies including 1,599 people.	
Self-efficacy	Overall, moderate quality evidence showed an absolute increase of self-efficacy of ~1.7% for participants encouraged to exercise (CI 1.1% to 2.2%)	This was based on 11 studies including 1,138 people.	
Depression	Overall, moderate quality evidence showed an absolute reduction in depression of ~2.4% for participants encouraged to exercise (CI -4.7% to -0.5%)	This was based on 7 studies including 919 people.	
Anxiety	Overall, moderate quality evidence showed no difference in anxiety levels for participants encouraged to exercise	This was based on 4 studies including 704 people.	
Quality of life	Overall, moderate quality evidence showed an absolute improvement in quality of life of ~7.9% for participants encouraged to exercise (CI 4.1% to 11.6%)	This was based on 5 studies including 576 people.	

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**CLINICAL BOTTOM LINE:** Evidence showed that sufferers of OA may avoid activity for fear of causing further harm. Patients with OA also expressed some pessimism about the possibility of exercise helping when the damage was already done. This review has shown that participation in exercise programs may slightly improve physical function, pain, depression and quality of life. GPs should encourage sufferers of OA to participate in exercise programmes and reassure patients that this will not harm them.<sup>2</sup>

### References

1. Jinks C, et al. A brief screening tool for knee pain in primary care (KNEST). 2. Results from a survey in the general population aged 50 and over. *Rheumatology (Oxford)*. 2004;43(1):55–61. doi:10.1093/rheumatology/keg438
2. Hurley, M., et al. Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review. *Cochrane Database of Systematic Reviews*, 2018(4).