

Evaluating the paradigm shift towards group-based exercise programs in Osteoarthritis: Is individualised exercise prescription no longer relevant?

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The therapeutic challenge



Australians are getting older



The prevalence of Osteoarthritis is rising



Older adults are not meeting physical activity guidelines



Group-based exercise programs a passing fad or something more?



Literature Search

The value of individual or collective group exercise programs for knee or hip osteoarthritis. Clinical practice recommendations (*Tiffreau et al., 2007*)

No evidence of the superiority of one modality over the other

Future RCTs are needed

Group Versus Individual Physical Therapy for Veterans With Knee Osteoarthritis: Randomized Clinical Trial (*Allen et al., 2016*)

No superiority of either modality

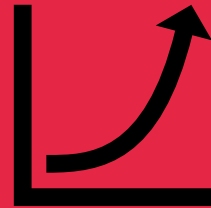
Both modalities are reasonable

Clinical problem

Hip Osteoarthritis
299,101 cases
(171% increase)



3.2 million Australians
estimated to have
Osteoarthritis in 2019



118% increase from 1990



Knee Osteoarthritis
1,904,137 cases
(126% increase)

Ackerman et al., (2022)

An aging population

1 in 8 Australians aged 65 and over
(1995)



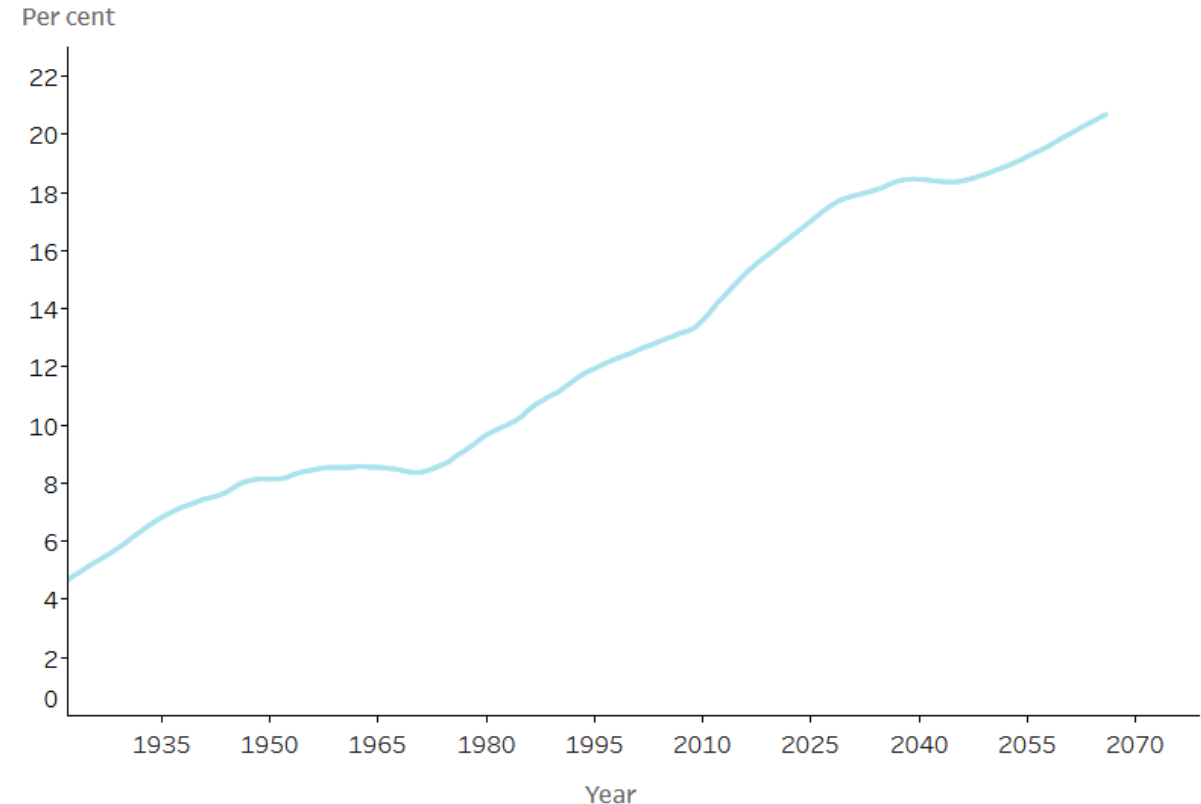
1 in 6 Australians aged 65 and over
(2020)



1 in 4 Australians aged 65 and over
(Projected 2066)

ABS (2016), ABS (2020)

Figure 1.1: Percentage of the Australian population aged 65 and over, at 30 June, over time



Notes

1. Data for 1921 to 1970 are population estimates. Data from 1971 onwards are estimates of the resident population (ERP).
2. Population data from 1992 to 2011 are recast estimates following the rebasing of the 2011 Census. For more information, see the ABS explanatory notes.

Sources: ABS 2018, 2019.
<http://www.aihw.gov.au/>

Australian adults are not meeting physical activity recommendations

Adults 18–64

Over 3 in 10 (35%) are insufficiently physically active

Over 7 in 10 (72%) do not perform the recommended amounts of muscle strengthening activity



Adults 65 and over

Almost 9 in 10 (87%) are insufficiently physically active

Over 8 in 10 (81%) do not perform the recommended amounts of muscle strengthening activity

How much activity do I need?

Moderate-intensity aerobic activity

Anything that gets your heart beating faster counts.

at least
150
minutes
a week

AND

Muscle-strengthening activity

Do activities that make your muscles work harder than usual.

at least
2
days
a week



Tight on time this week? **Start with just 5 minutes.** It all adds up!

Are evidence-based guidelines being followed?



*Guideline for the
management of knee
and hip osteoarthritis*

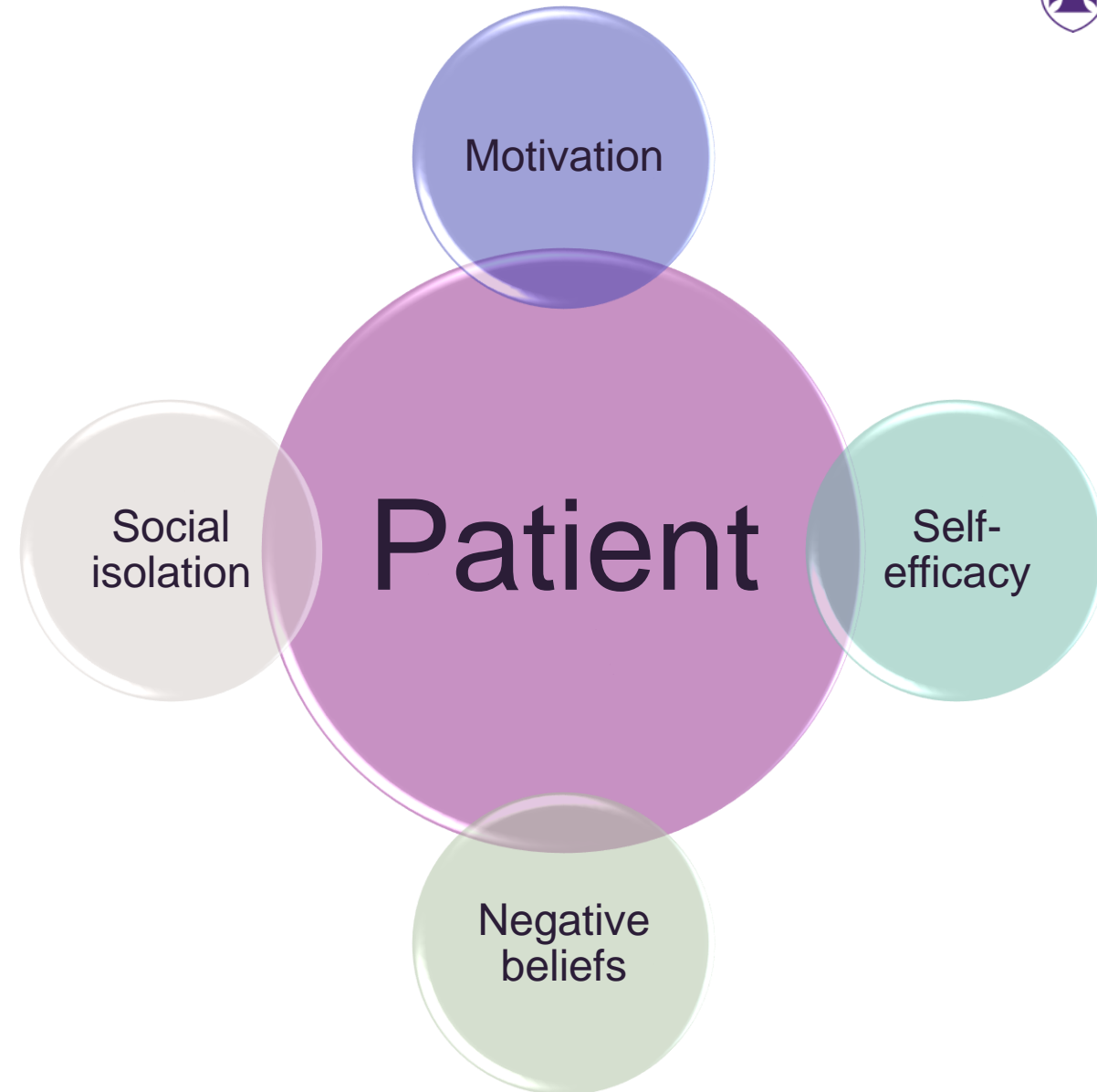
Second edition

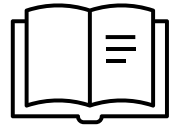
Only 43% of primary care–based healthcare encounters provided appropriate osteoarthritis care



17% of patients who consulted their GP for hip/knee osteoarthritis were referred for lifestyle interventions

Psychosocial barriers to physical activity in Osteoarthritis





BMJ Open Barriers and facilitators of physical activity in knee and hip osteoarthritis: a systematic review of qualitative evidence


Archontissa M Kanavaki,^{1,2} Alison Rushton,^{1,2,3} Nikolaos Efstathiou,^{4,8}
Asma Alrushud,^{1,5} Rainer Klocke,⁶ Abhishek Abhishek,⁷ Joan L Duda^{1,2}

RESEARCH ARTICLE

Open Access

The association between psychological characteristics and physical activity levels in people with knee osteoarthritis: a cross-sectional analysis



Daisuke Uritani^{1*} , Jessica Kasza², Penny K. Campbell³, Ben Metcalf³ and Thorlene Egerton³

RESEARCH ARTICLE

Open Access

High self-efficacy – a predictor of reduced pain and higher levels of physical activity among patients with osteoarthritis: an observational study



Åsa Degerstedt¹, Hassan Alinaghizadeh², Carina A. Thorstensson^{3,4} and Christina B. Olsson^{2,5,6*} 



So where does group-based exercise fit into all of this?

Raising awareness in the community

Danish osteoarthritis program showing signs of success in Australia, with reduced need for surgery and improved quality of life

By Emma Thompson

Posted Wed 21 Sep 2022 at 6:43am



Pam Harders has seen an improvement in her pain after taking part in the GLAD program. (ABC News: Nick Haggarty)

"I'm feeling a lot more confident in walking and being able to get up and down off chairs easier"

"Once you get into it, and you get your muscles used to doing it, then the benefit is to keep doing it."

Promising results



3 MONTHS RESULTS

	KNEE	HIP
Pain	- 33%	- 27%
Medication	- 47%	- 42%
Quality of life	+ 31%	+ 22%
Walking speed	+ 14%	+ 10%

12 MONTHS RESULTS

	KNEE	HIP
Pain	- 31%	- 27%
Medication	- 50%	- 48%
Quality of life	+ 38%	+ 24%
Physical activity participation	+ 9%	+ 6%



Group Exercise:
Is there something in the water?



Social Psychology and the power of group dynamics

Social comparison theory
(Festinger, 1954)

Social facilitation effect
(Allport, 1920)



Are group-based
exercise programs
a replacement for
individualised 1:1
exercise
prescription?

We're asking the wrong question

How do we
improve physical
activity?

Individualised
exercise may be
necessary for
improving function
and building patient
confidence

Aim to enhance
self-management
strategies and
incorporate lifestyle
interventions



Take home messages...



Group-based exercise programs are helping raise community awareness to best practice guidelines



Group-based exercise takes advantage of social psychology phenomena



Not a replacement for, but rather complements 1:1 Physiotherapy



May help create behaviour change and improve self-efficacy towards increasing physical activity



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Thank you to my wonderful wife Louise. Without your love and support I would not be here presenting today.