



Top 10 UK research priorities for Hip and Knee Replacement for Osteoarthritis

Every year, about 150,000 hip and knee replacements are carried out in the UK because of osteoarthritis. But we still do not know enough about which patients with osteoarthritis benefit most, when is the best time for surgery and how to ensure that patients recover quickly and well. This Priority Setting Partnership (PSP) aimed to identify and prioritise the research areas for Hip and Knee Replacement for Osteoarthritis that are most important to patients, carers and healthcare professionals in the UK, using methods established by the James Lind Alliance.¹

First, a Steering Group was established with: people who had, or were awaiting hip and/or knee replacements because of osteoarthritis (OA), or were family members caring for someone in that situation; and surgeons, physiotherapists, and other relevant healthcare professionals. The PSP was then extended to include appropriate membership organisations, such as Arthritis Care, The Chartered Society of Physiotherapy and the British Association for Surgery of the Knee, in order to reach as large a number of people affected and suitable healthcare professionals, as possible. Next, research uncertainties were gathered from surveys of, and discussion groups with, patients/ carers and clinicians, as well as from analysis of interviews held by Healthtalkonline (HTO) with people who had hip replacements². Finally, priority setting took place in two stages – an interim voting process with the Steering Group and some additional invited patient representatives, followed by the final facilitated workshop of patients/ carers and clinicians.

Overall 508 uncertainties were submitted by 143 respondents to the survey (28% patients/ carers, 72% healthcare professionals); an additional 73 questions emerged from discussion groups (20 from one group held with clinicians, and 53 from two groups with patients/ carers), and 41 were extracted from the HTO data. Where possible, the questions were put into Patient, Intervention, Comparison and Outcome (PICO) format, a standard approach to creating answerable questions in Evidence Based Medicine³. After removing those questions already answered by systematic reviews, merging similar questions, and removing duplicates and those that would require a different PSP to address them, 124 questions were distributed for interim voting. From the 30 questions of most interest to the participants as a whole, the top 10 questions were then prioritised at the final workshop on March 27th 2014.

The top ten priorities

1	What are the most important patient and clinical outcomes in hip and knee replacement surgery, for people with OA, and what is the best way to measure them?
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¹ <http://www.lindalliance.org/>

² <http://healthtalkonline.org/>

³ http://learntech.physiol.ox.ac.uk/cochrane_tutorial/cochlibd0e84.php



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2	What is the optimal timing for hip and knee replacement surgery, in people with OA, for best post-operative outcomes?
3	In people with OA, what are the pre-operative predictors of post-operative success (and risk factors of poor outcomes)?
4	What (health service) pre-operative, intra-operative, and post-operative factors can be modified to influence outcome following hip and knee replacement?
5	What is the best pain control regime pre-operatively, peri-operatively and immediately post-operatively for hip and knee joint replacement surgery for people with OA?
6	What are the best techniques to control longer term chronic pain and improve long term function following hip and knee replacement?
7	What are the long-term outcomes of non surgical treatments compared with operative treatment for patients with advanced knee/hip OA?
8	What is the most effective pre- and post-operative patient education support and advice for improving outcomes and satisfaction for people with OA following hip/ knee replacement?
9	What is an ideal post-operative follow up period and the best long term care model for people with OA who have had hip/knee replacement?
10	What is the best way to protect patients from the risk of thrombotic (blood clots, bleeding) events associated with hip/knee replacement?

These 10 top priorities provide guidance for researchers and funding bodies to ensure that future research addresses questions that are important to patients, carers and clinicians.

The Final Workshop Report, together with more information about this PSP, is available at <http://www.ndorms.ox.ac.uk/hipkneepriorities.php>

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