

QUICK REFERENCE GUIDE

Rheumatoid arthritis

Medical, social and organisational aspects of treatment (excluding surgery and drugs)

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OBJECTIVES

To limit the consequences of rheumatoid arthritis (RA) in terms of pain, joint and muscle dysfunction, functional capacity, and quality of life.

- To define the indications
 - for physical and rehabilitation treatment
 - for educational and psychological interventions
 - for other non-drug treatments
- To adapt social and professional management
- To define the organisational aspects of global management

1. NON-DRUG TREATMENT

Treatment of rheumatoid arthritis requires global management. Non-drug treatment should be systematically considered regardless of disease activity or stage. It should be an adjunct to drugs or surgery, and is not a substitute for them.

Types of non-drug interventions for RA:

- physical treatments: physiotherapy, occupational therapy, chiropody, podology
- rehabilitation and especially adaptation of the environment
- therapeutic patient education and psychological interventions
- other interventions, especially dietary

A thorough clinical examination and multidisciplinary medical collaboration enable the objectives and indications for non-drug treatment to be defined and the benefits of treatment to be monitored (Table 1).

Key points

- Dynamic and aerobic physical activities are recommended (grade B)
- Therapeutic patient education is recommended (grade B)
- Non-drug management frequently requires the intervention of many professionals, if possible coordinated by a physician specialising in physical and rehabilitation medicine, in collaboration with the general practitioner (GP) and rheumatologist (professional agreement).

Table 1. Indications for non-drug interventions as a function of therapeutic objectives

| Interventions | | | | | | | | |
|---|--|---|---|--|--|---|---|--|
| Non-drug intervention | for the purposes of analgesia | targeting the joints | targeting the muscles | for functional purposes | for educational purposes | for psychological purposes | for social & professional purposes | with other objectives |
| Recommended¹ for all patients | - | Home-exercise (hands++) ^C | Aerobic activities ^B Home-exercises ^{PA} | Aerobic activities ^B | Information ^{PA} Therapeutic education (joint protection++) ^B | Assessment of psychological status ^{PA} | Request for 100% health insurance cover (long-term disease) ^{PA} | Provision of contact details of patients' associations ^{PA} |
| Recommended on the basis of clinical findings, social or professional assessment | Orthoses ^C Chiroprody-podology including footwear | Techniques to increase amplitude ³ incl. balneotherapy ^P _A Orthoses ^C Chiroprody-podology ^{PA} | Dynamic and/or isometric muscular strengthening ^B Adaptation of aerobic activities with or without load-bearing, incl. balneotherapy ^C | Adaptation of aerobic activities ^B Occupational therapy ^{PA} Orthoses ^C Functional physiotherapy ⁴ programmes ^C Chiroprody-podology ^{PA} Assistive devices ^C Adaptations of environment ^{PA} | - | Psychological intervention ^{PA} (psychodynamic or cognitive-behavioural) | Meeting with social worker, workplace doctor ^{PA} Adaptation of work conditions ^{PA} Social security measures | Dietetary measures ^{PA} |
| Possible adjuvant treatment² | Balneotherapy ^C Massage ^{PA} Physical therapy ^{PA} Acupuncture ^{PA} | Massage ^{PA} Physical therapy ^{PA} Posture therapy ^{PA} | - | Spa treatment ^C | - | - | - | - |

¹ Grading of the recommendations: ^A: grade A ; ^B: grade B ; ^C: grade C ; ^{PA} : professional agreement

² Adjuvant treatment: medicinal or non-medicinal treatment combined with the recommended treatment in the case of insufficiency, failure or intolerance of the latter, or if it facilitates the use of the recommended treatment.

³ Techniques to gain amplitude: autopostures, active aided mobilisations, passive mobilisations; postures if the former have failed.

2. SOCIAL AND PROFESSIONAL STRATEGIES

When to initiate these strategies?

- **100% health insurance cover for chronic conditions (ALDs in France)**
 - ▶ implement the request for relief of payment of patient contributions as soon as rheumatologist confirms eligibility to the ALD scheme
- **Procedures for professional planning**
 - ▶ approach workplace doctor as soon as the disease has a notable and persistent impact on the patient's work life
 - ▶ advise the patient to request certification of disabled worker status as soon as they can no longer ensure their employment or apply for work, without there being a need to adapt working hours or the job environment
- **Arrange a meeting with a social worker**
 - ▶ when the social situation of the patient is precarious or difficult, particularly in cases when complementary insurance cover is lacking
 - ▶ in cases of absence from work over an expected period of more than 3 months
 - ▶ in cases where a request is made for certification of disabled worker status, invalidity or premature retirement
 - ▶ in cases of lasting problems in carrying out the activities of daily life

Patient associations

Every patient with RA should be informed of the existence of patients' associations as soon as the diagnosis has been formally established. They should be given the contact details if they wish.

3. ORGANISATION

■ Role of health professionals

Each patient is monitored jointly by a rheumatologist and by a GP.

They establish a treatment plan adapted to the patient's needs in agreement with the patient.

The specialist in physical and rehabilitation medicine coordinates, as far as is possible, the implementation of non-drug treatment when the intervention of several professionals is required.

■ Multidisciplinary management

Access to multidisciplinary management is recommended when the patient's clinical status requires the intervention of numerous professionals.

■ Health networks

Health networks form one of the organisational methods to implement the multidisciplinary management of RA.