

Guidelines for Osteoarthritis OARSI vs. NICE



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NICE?

National Institute for Health and Clinical
Excellence

“NICE is an independent organisation
responsible for providing national
guidance on promoting good health and
preventing and treating ill health”



Is NICE nice?



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NICE limits options for people with rheumatoid arthritis

Publication Date: 21 July 2008

The National Institute for Health and Clinical Excellence (NICE) has today made a ruling that will prevent people with severe rheumatoid arthritis from trying a second 'anti-TNF' treatment if the first does not work for their condition.

NCC-CC

- National Collaborating Centre for Chronic Conditions (NCC-CC)
- Housed in the RCP (London)
- “Independent collaborative body”
- Funded by NICE to develop national clinical guidelines



OARSI?



- “To promote and advance research for the prevention and treatment of osteoarthritis”
- “...includes defining common criteria ... as well as encouraging dialogue with health administrators and authorities in order to prepare protocols and define common criteria”
- Funding?

OARSI vs. NICE

How are they the same?

- Methodological rigor
- Expertise
- Stakeholder involvement
- Effort

OARSI vs. NICE methodology

NICE/NCC-CC

1. develop questions
2. evidence search
3. critical appraisal
4. health economics
5. data synthesis
6. grading evidence statements
7. consensus process

OARSI

1. critical appraisal of existing guidelines
2. systematic review of recent evidence
3. consensus process
4. strength of recommendations (explicit)

Grading the evidence

level	type
1++, 1+	MA, sys reviews of RCTs, RCTs
1-	as above but with high risk of bias*
2++	sys reviews of observational studies
2+	high quality observational studies
2-	observational studies with high risk of bias/confounding*
3	
4	expert opinion

* Not used

Evidence categories

NICE

1. holistic
2. education; self-management
3. non-pharma
4. pharma
5. surgical (arthroplasty)

OARSI

1. general
2. non-pharma
3. pharma
4. surgical

Recommendation formats

NICE

- list
- ranking:
 1. core
 2. safe pharma
 3. adjunctive
 4. not recommended
- key priorities
- treatment algorithm

OARSI

- list of propositions
- LOE
- effect size for pain
- level of consensus
- strength of recommendation (95% CI)

OARSI: example recommendation

“acupuncture may be of symptomatic benefit...”

LOE: 1a
 ES: 0.5 (0.2-0.8)
 Consensus: 69%
 SOR: 59% (47-71)

NICE: example recommendations

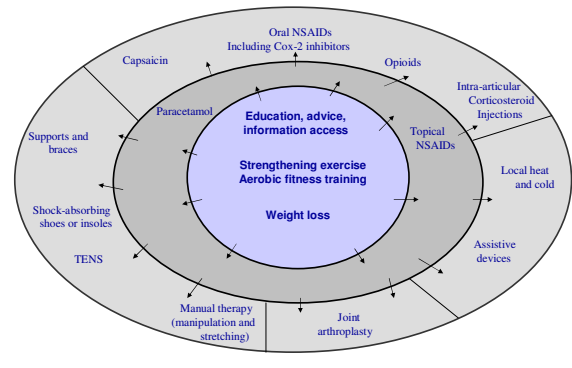
R31 Intra-articular corticosteroid injections should be considered as an adjunct to core treatment for the relief of moderate to severe pain in people with OA.

R32 Intra-articular hyaluronan injections are not recommended for the treatment of OA

NICE: Key priorities

- ✓ exercise
- ✓ paracetamol, topical NSAIDs
- ✓ COX2 or NSAID + PPI (according to cost)
- ✓ arthroplasty
- ✗ arthroscopic lavage, debridement

NICE treatment target



OARSI vs. NICE: areas of difference

- Scope
 - Knee OA vs all OA
- Cost: £15K vs 80K

OARSI vs. NICE: areas of difference

- acupuncture
- gastroprotection
- hyaluronate injections
- glucosamine/chondroitin
- surgical
 - lavage/debridement

OARSI vs. NICE: how should we use them?

- Education?
- Promulgate treatment approach?
- Public policy?
- Stimulate research?
- Resource?