

ABSTRACT SUBMISSION AIC 2016: #73

1. Title:

Barriers and facilitators to general practitioner use of exercise and weight-loss interventions for managing knee osteoarthritis

2. Author(s):

Thorlene Egerton, Rachel Nelligen, Jenny Setchell, Lou Atkins, Kim Bennell

3. Key words:

Qualitative study, general practitioners, knee osteoarthritis, barriers

4. Abstract text:

a. Background and aims

Osteoarthritis (OA) is a highly prevalent and costly chronic condition, and is the 8th most-managed problem by Australian GPs. The knee is the most commonly affected lower-limb joint. There is now strong evidence for self-management through strengthening exercise and weight loss for treating knee OA. However, Australian studies have shown that GPs tend to under-emphasise these options in favour of drug and surgical management. This qualitative study was performed to determine the reasons for the miss-match between recommended and current GP practice.

b. Methods

Eleven GPs participated in telephone-based semi-structured interviews. Interview questions focused on gaining an understanding of the perceived barriers, facilitators, and the knowledge/beliefs that may act as barriers or facilitators, to 1) diagnosing knee OA clinically (without imaging), 2) communicating the diagnosis and recommended management, and 3) promoting exercise and weight-loss as first-line treatments. We used deductive thematic analysis anchoring the data to the COM-B behavioural analysis framework (Capability/Opportunity/Motivation-Behaviour).

c. Results

Themes identified were: 1) inaccurate or inadequate knowledge of disease processes and progression, effective exercise and weight-loss treatments, and facilitation of lifestyle changes (psychological capability), 2) system-related barriers and insufficient patient resources (physical opportunity), 3) habit and uneasiness (automatic motivation), and 4) influence of patient expectations, assumptions about patients, and the relative ease of delivering traditional management (reflective motivations). Facilitators included knowledge, longer consultations and software solutions.

d. Conclusion

The barriers may contribute to feelings of pessimism among GPs when managing knee OA. Implementation interventions should target these barriers.