Interventions evidence table – Occupational intervention for preventing job loss in people with RA

The following table provides a summary of level I or II evidence (according to the NHMRC evidence hierarchy) for interventions in RA published between January 2012 and June 2015. Interpreting the evidence can be complex. RAP-eL users should consider the following:

- Many studies include patients with mixed pathologies (e.g. inflammatory arthritides as a heterogeneous group) so it is difficult to separate the effects of some interventions for people the RA as a specific group.
- There are no current studies investigating the effects of occupational therapy interventions on early versus late rheumatoid arthritis.
- Further research is needed into the efficacy and cost-effectiveness of interventions to prevent job loss in patients with inflammatory arthritides.
- It is important to note that the interventions studied are done so in isolation, so the evidence refers to the effect of the single intervention, and not the effect of a multimodal intervention.

<table>
<thead>
<tr>
<th>Intervention(s)</th>
<th>Sources of evidence (see key below)</th>
<th>Results</th>
<th>Making sense of the evidence</th>
</tr>
</thead>
</table>
| Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis | RCT SR MA CSR | - There were a wide variety of interventions in the studies analysed. Interventions for preventing job loss included:  
  ○ vocational counselling and education  
  ○ workplace visits  
  ○ occupational physician input  
  ○ OT input  
  ○ work place evaluations  
  ○ implementing adaptations  
  
- There was a high risk of bias in some of the studies (only 3 | - There is low quality evidence to support job loss prevention interventions  
- Effects of these interventions on time off work and work function are unclear  
- More high quality research is needed to support these strategies (in terms of efficacy and cost effectiveness), but they are potentially effective |
<table>
<thead>
<tr>
<th>Occupational therapy (OT) intervention</th>
<th>RCT</th>
<th>SR</th>
<th>MA</th>
<th>CSR</th>
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</table>

A review of 6 systematic reviews (2007-2013) found good evidence to support the efficacy of:
- Exercise
- joint protection education
- splinting delivered by OTs for adults with RA.

Splinting, although having lower level evidence, can improve pain and grip strength (although can reduce dexterity).

A systematic review of educational interventions found:
- Level I evidence for pain management, psychosocial interventions and a combination of educational techniques
- Level II evidence for joint protection and energy conservation

There is sufficient evidence to support the use of:
- therapeutic exercise
- pain management
- psychosocial intervention
- joint protection education, and
- splinting (for pain, inflammation and improved grip strength) delivered by OT’s.

- We recommend reading Ekelman et al, 2014 for more specific information regarding parameters of these interventions found to be effective.

**Key To Evidence Sources:**
Randomised Controlled Trial (RCT)
Systematic Review (SR)
Meta-Analysis (MA)
Cochrane Systematic Review (CSR)
List of Table Abbreviations:
ADL’s – Activities of Daily Living
DAS28 – Disease activity score calculator for Rheumatoid arthritis [click here for link to PDF]
DASH – “Disabilities of the Arm Shoulder and Hand” outcome measure
HEP – Home Exercise Programme
HRQ – Health Risk Questionnaire
JP – Joint Protection
LBP – Lower Back Pain
OA - Osteoarthritis
OT – Occupational Therapy
QOL – Quality Of Life
RA – Rheumatoid Arthritis
RCT – Randomised Controlled Trial
TENS – Transcutaneous Electrical Nerve Stimulation
US - Ultrasound
1st MTPJ – 1st Metatarsophalangeal Joint