

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.

Intervention(s)	Sources of evidence (see key below)	Results	Making sense of the evidence								
Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis	<table border="1"> <tr> <td>RCT</td> <td>SR</td> <td>MA</td> <td>CSR</td> </tr> <tr> <td></td> <td></td> <td></td> <td>✓</td> </tr> </table>	RCT	SR	MA	CSR				✓	<ul style="list-style-type: none"> • There were a wide variety of interventions in the studies analysed. Interventions for preventing job loss included: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> - 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
	RCT	SR	MA	CSR							
			✓								
Hoving et al (2014) Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis [link]											

		studies fit the inclusion criteria to be analysed)									
Occupational therapy (OT) intervention	<table border="1"> <thead> <tr> <th>RCT</th> <th>SR</th> <th>MA</th> <th>CSR</th> </tr> </thead> <tbody> <tr> <td></td> <td>✓</td> <td></td> <td></td> </tr> </tbody> </table> <p>Ekelman et al. Occup Ther Health Care 2014; 28 (4): 347-361. [link]</p>	RCT	SR	MA	CSR		✓			<p>A review of 6 systematic reviews (2007-2013) found good evidence to support the efficacy of:</p> <ul style="list-style-type: none"> • Exercise • joint protection education • splinting <p>delivered by OTs for adults with RA.</p> <p>Splinting, although having lower level evidence, can improve pain and grip strength (although can reduce dexterity).</p> <p>A systematic review of educational interventions found:</p> <ul style="list-style-type: none"> • Level I evidence for pain management, psychosocial interventions and a combination of educational techniques • Level II evidence for joint protection and energy conservation 	<p>There is sufficient evidence to support the use of:</p> <ul style="list-style-type: none"> - therapeutic exercise - pain management - psychosocial intervention - joint protection education, and - splinting (for pain, inflammation and improved grip strength) <p>delivered by OT's.</p> <ul style="list-style-type: none"> - We recommend reading Ekelman et al, 2014 for more specific information regarding parameters of these interventions found to be effective.
	RCT	SR	MA	CSR							
		✓									
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	✓										

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