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	RCT: ; SR: ; MA: ; CSR: ✓ Hoving et al (2014) Non-pharmacological interventions for preventing job loss in workers with inflammatory arthritis [link]	• There were a wide variety of interventions in the studies analysed. Interventions for preventing job loss included: o vocational counselling and education o workplace visits o occupational physician input o OT input o work place evaluations o 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

		studies fit the inclusion criteria to be analysed)	
Occupational therapy (OT) intervention	<table><tr><th>RCT</th><th>SR</th><th>MA</th><th>CSR</th></tr><tr><td></td><td>✓</td><td></td><td></td></tr></table> Ekelman et al. Occup Ther Health Care 2014; 28 (4): 347-361. [link] <table><tr><th>RCT</th><th>SR</th><th>MA</th><th>CSR</th></tr><tr><td></td><td></td><td></td><td>✓</td></tr></table> Steultjens et al (2004) OT for RA. [link]	A review of 6 systematic reviews (2007-2013) found good evidence to support the efficacy of: • Exercise • joint protection education • splinting delivered by OT's for adults with RA. More specifically: • patient-specific resistance exercises improve general health and joint defects at all stages of RA • aerobic exercises improve function, pain, aerobic fitness and quality of life • education improves am stiffness, pain and function • splinting, although having lower level evidence, can improve pain and grip strength (although can reduce dexterity)	There is sufficient evidence to support the use of: - therapeutic exercise - joint protection education, and - splinting (for pain, inflammation and improved grip strength) delivered by OT's. - Steultjens et al (2004) also found strong evidence for joint protection education. - 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