Clinical assessment of symptomatic osteoarthritis in older people

SIR—We believe that osteoarthritis (OA) is frequent but often overlooked in clinical examination of older people. They are in need of a simple approach that identifies persons with symptomatic OA who would benefit from intervention, with targeted goals of pain relief, preservation of function, and quality of life. In this study our aim was to validate a simple screening question and nurse clinical assessment for the presence of symptomatic OA in older people. A sample of 100 patients aged ≥65 years was selected from the day hospital. A nurse asked each patient the following question, ‘Do you suffer from pain or swelling in your joints?’ Each patient was assessed independently by the nurse and a doctor for the presence of OA using the American Rheumatism Association (ARA) clinical criteria [1–3]. Mean age (SD) was 80 (± 6.94) years, and 77 were females. Fifty-seven patients answered, ‘Yes’, of whom 32 had clinical OA. Forty-three patients answered, ‘No’, of whom 38 had no clinical OA. Sensitivity of the question was 86.5% (95% confidence interval (CI), 79.8–93.2%) and specificity was 60.3% (95% CI, 50.7–69.9%). Answering, ‘Yes’ was 2.2 times more likely to occur in patients with OA than in those without. Positive predictive value was 56.1% (CI 46.4–65.9%), and negative predictive value was 88.4% (CI 82.1–94.7%). Nurse assessment was evaluated against doctor assessment. Sensitivity of nurse assessment was 64.9% (95% CI, 55.5–74.2%) and specificity was 87.3% (95% CI, 80.8–93.8%). A nurse’s diagnosis of OA was 5.1 times more likely to occur in those with OA than in those without. The positive predictive value was 75.0% (95% CI, 66.5–83.5%), and negative predictive value was 80.9% (95% CI, 73.2–88.6%). Some studies have characterised those who self reported arthritis as having either arthritis or OA [4]. We put no time limit on the pain question to maximise its sensitivity and avoid missing true cases. The ACR criteria question for knee OA ‘Have you had knee pain on most days of the last month?’ is more specific but less sensitive [5]. Using the ACR criteria question alone may therefore miss a population with significant morbidity. In a postal questionnaire study [6] containing questions on knee symptoms to determine if screening for OA could be done without radiographs, all instruments had higher sensitivity but lower specificity when used for older subjects (age > 60). None of the questionnaire instruments was adequate as a single step evaluation of the presence of symptomatic OA [6]. This emphasises the importance of clinical examination in addition to a questionnaire to increase specificity. We conclude that a simple pain question has the potential to detect symptomatic OA in older people and a trained nurse can confirm this.

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Letters to the Editor