

Improving uniformity and quality of care for people undergoing intra-articular injection

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Intra-articular therapies (IAT) are frequently used to treat joint conditions such as gout, rheumatoid arthritis, or osteoarthritis. The procedure involves inserting a needle into the space between the bones

of the joint to deliver a drug. The types of injectables used in IAT techniques vary, from steroids to radiopharmaceuticals.

Although IAT is commonly performed, there is variation in how, why, and where it is done. EULAR aimed to help standardize the way IAT is delivered, and explain to people what they can expect from the treatment. A EULAR taskforce was set up to develop a set of new recommendations to give guidance and advice on best practice for IAT.

The taskforce included doctors, nurses, surgeons, and other health professionals, as well as patients. The taskforce looked at the evidence on IAT. Because there is little published evidence, the taskforce also conducted two surveys to collect [information](#). The first was sent out to patients to get their perspectives on what it is like to have IAT, and the second went to [healthcare providers](#) to collect information about how IAT is done in different clinics and settings. After looking at the evidence, they developed five overarching principles, and eleven individual recommendations.

The principles say that IAT is recommended and widely used in the management of joint diseases, and that the technique aims to improve patient-centered outcomes. They also emphasize that contextual factors are important and contribute to the effect of IAT. As such, IAT should be offered as part of a full set of individualized information and a shared decision-making process. Finally, they acknowledge that a variety of [health professionals](#) are able to perform these procedures routinely. The individual recommendations cover information about the kind of support and advice people undergoing IAT should expect to get from their healthcare team. They also set out the minimum for clinic operating procedures, such as making sure IAT is done in a clean, quiet room, and maintaining good aseptic technique to prevent infections.

EULAR hopes these new recommendations will be included in different

educational programs, used by patient associations, and put into practice via [scientific societies](#) to help improve uniformity and quality of care when performing IAT.

More information: Jacqueline Uson et al, EULAR recommendations for intra-articular therapies, *Annals of the Rheumatic Diseases* (2021). DOI: [10.1136/annrheumdis-2021-220266](https://doi.org/10.1136/annrheumdis-2021-220266)

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