

Many With Foot, Ankle Pain Drop Out of Care

Despite wide prevalence, it remains unclear that the condition is due to musculoskeletal ills.

BY SARA FREEMAN

FROM THE ANNUAL MEETING OF THE BRITISH SOCIETY OF RHEUMATOLOGY

BIRMINGHAM, ENGLAND — Foot and ankle pain affects more women than men after age 45 years, when osteoarthritis often manifests.

A systematic review of available literature from eight studies from around the world estimated that foot and ankle pain occurs in 15%-30% of women and 10%-20% of men.

It is not clear what proportion of people who have pain have OA, said Martin J. Thomas, a research physiotherapist at the Arthritis Research UK National Primary Care Centre of Keele (England) University.

Mr. Thomas added that the aim of this review was to establish the baseline prevalence of ankle pain in the community in order to have a point of comparison for future work on the prevalence of symptomatic foot and ankle OA.

"Foot pain and foot problems are very common in primary care," said Dr. Edward Roddy, a consultant rheumatologist

at the Haywood Hospital in Stoke-on-Trent, England, and part of the research team at Keele University.

Compared with other regional pain sites, such as the knee and hand, the foot has been studied less and "is just generally less well understood," Dr. Roddy observed.

The researchers therefore plan to undertake a longitudinal study to better characterize the epidemiology of foot and ankle OA in primary care and determine the likely causes of foot pain.

Already, the team has discovered that foot pain is the most common reason for older adults to consult a general physician.

Dr. Roddy and associates looked at the reasons for musculoskeletal foot consultations in a primary care cohort of people older than 50 years.

They identified 5,706 people who were taking part in the North Staffordshire Osteoarthritis Project (NorStOP), a 3-year, population-based cohort study in which participants from three local general practices had first completed a general health survey.

Patients who reported experiencing any pain in the hands, hips, knees, or feet in the previous 12 months then completed a more specific survey about their regional pain, and their permission was sought for researchers to assess their medical records and to recontact them.

For the current analysis, the team looked at only those patients who reported foot pain or foot problems in the preceding 12 months.

After the exclusion of patients who had not actually consulted in the 18 months before being surveyed, there were 4,402 (71%) people who consented to allowing their medical records to be reviewed.

Linking the NorStOP data to an electronic consultations database revealed that 350 of 3,858 (9%) people in the general population cohort studied actually consulted for foot pain or problems after completing the regional pain survey, whereas 3,508 (91%) who had completed the survey did not subsequently consult.

Looking at the reasons why 9% of people consulted while the remainder who had completed the survey and reported foot pain or problems did not, the researchers found that experiencing foot pain was the most common reason for

presenting to a primary care doctor for a musculoskeletal problem (odds ratio, 2.04).

Frequent consultations for other health problems was another significant predictor of consulting for foot pain or problems (OR, 1.65), as was the belief that treatments were effective in controlling disease (OR, 1.54).

"We've only looked at musculoskeletal consultations, so we may have underestimated consultations," said Dr. Roddy. However, he conceded that the definition of foot pain used was very broad and that further research is needed.

Dr. Roddy said that the next challenge was to try to work out what exactly is causing the foot pain and whether this resulted from OA, another musculoskeletal condition, or perhaps another reason entirely.

The Keele researchers will be performing a study asking people who consult their primary care practitioner to not only complete a questionnaire about their foot problems, but also attend the hospital for clinical examination. ■

Disclosures: Arthritis Research UK provided financial support for the studies. Dr. Thomas and Dr. Roddy had no relevant financial disclosure or conflicts of interest.

Foot Care Falls Short in RA, Despite High Pathology Rate

BY SARA FREEMAN

FROM THE ANNUAL MEETING OF THE BRITISH SOCIETY FOR RHEUMATOLOGY

BIRMINGHAM, ENGLAND — Two-thirds of rheumatoid arthritis patients in the United Kingdom do not receive any foot care, despite a high prevalence of foot pathology known to be associated with the disease, according to new study findings.

Conservative foot treatment is often bypassed, with many patients going straight to surgery if foot problem develops, judging from data from the Early Rheumatoid Arthritis Study (ERAS), which has been collecting data since 1987 and now has over 9 years of follow-up data available.

"This is the largest study to date to look at patients with rheumatoid arthritis and conservative foot care and foot surgery on a national level," said Michael R. Backhouse, a doctoral student in musculoskeletal disease at the University of Leeds (England).

"The striking finding that two-thirds of patients did not receive any foot care is unfortunately consistent with previously described suboptimal service provision across the country," he reported.

Foot pathology is estimated to occur in up to 90% of RA patients (Foot Ankle Int. 1994;15:608-13; Acta Orthop. 2008;79:257-61), with about 10% developing foot ulcers (Arthritis Rheum. 2008;15:59:200-5) and almost half unable to perform basic foot care themselves (Musculoskeletal Care. 2009;7:57-65). Few data exist on the value of conservative and surgical foot interventions, however, with little randomized, controlled trial evidence.

Using data from the ERAS inception cohort, Mr.



Foot pathology is estimated to occur in up to 90% of patients with RA, with about 10% developing foot ulcers and close to half unable to care for their own feet.

Backhouse and associates aimed to describe the use of foot care services and surgery in patients with early RA.

The mean age of the 1,237 patients they studied was 54 years at the onset of disease, with a median disease activity score of 4.09, and with 82% ever identified as being rheumatoid factor positive.

Erosions were identified on x-ray in 79% of patients, with 34% showing evidence of rheumatoid nodules.

Follow-up data were available for all recruited patients at 3 years, for 1,123 patients (91%) at 5 years, and for 680 (55%) at 9 years.

Overall, only 36% (n = 444) of patients received foot care, of which the majority (82%) had consulted a podiatrist. The remainder had seen an orthotist or had surgery.

Within the first 9 years of follow-up, 54 foot opera-

tions were performed in 38 patients (3%). The time to surgery ranged from 7 months to 81 months, with a median of 51 months. Over half (n = 22) of the patients who received surgery, however, had never seen a podiatrist.

Over the more than 9 years of follow-up, 101 operations were performed on the feet of 71 patients (6%), with 47 patients having one operation, 19 patients having two procedures, 4 patients undergoing three surgeries, and 1 patient requiring four interventions.

The time to the first operation ranged from 7 months to 221 months, with a median time to surgery of 79 months. The location of surgery was the metatarsophalangeal joint in the majority of patients (67%), with the other locations being the soft tissue (24%), and ankle or hindfoot (9%).

More women than men accessed podiatry and surgical services, and younger patients were more likely than were older patients to undergo surgery instead of conservative therapy, "although there is no real justification for the latter," Mr. Backhouse observed.

He noted that one limitation of the study was that patient recruitment began before the publication of the U.K. guidelines on RA treatment and before the routine use of biologic therapies. However, the timing also meant that there are now long-term data on the development of foot problems and their management in this RA population. ■

Disclosures: Arthritis Research UK and the Bupa Foundation funded the ERAS study. Mr. Backhouse had no conflicts of interest to declare.