

The experiences and non-surgical management of people living with OA ankle

Purpose:

Osteoarthritis (OA) of the ankle joint is painful and disabling and is associated with life-long joint pain if not properly managed. This often impacts on an individual's physical functioning and quality of life. Recent OARSI reviews of the year have emphasised the dearth of research in the treatment of painful ankle OA compared to knee and hip OA. The aim of this qualitative study was to explore the experiences of people living with painful OA ankle and their views about the non-surgical management of this condition. Gaining an understanding of their experiences and the impact it has will help inform future research into the management of this condition.

Methods:

Design: A qualitative study, using semi-structured interviews.

Sample: Nine participants were recruited from an orthopaedic clinic at a NHS (National Health Service) hospital in the UK and the general population. All participants had a clinical and radiographic diagnosis of OA ankle. All had either received non-surgical treatments or were on a waiting list to receive surgical treatment.

Data Analysis: Interviews were digitally recorded and transcribed verbatim. Thematic analysis undertaken to identify emerging themes and concepts that surfaced across the transcripts of the participants.

NHS and University ethical approval was obtained.

Results:

Nine semi-structured interviews were undertaken. Eight of the participants were male, median age = 55 years (IQR = 42.5 - 64.5). Mechanism of onset was due to trauma (falls, repeated inversion injuries or road traffic collisions) (n = 7), or the effects of haemophilia (n = 2). The median duration of symptoms was 2 years (IQR = 1.5 - 10). Data saturation was achieved. Four themes were identified:

- Symptoms.

- Impact on function, social activities and quality of life (QoL).
- Impact on mental wellbeing & self-identity.
- Management and treatment.

Symptoms:

The findings indicate that OA ankle pain had a substantial negative impact on a person's physical and mental wellbeing, with many participants describing their pain in emotive terms such as 'terrible' and 'horrendous'. Pain was the main issue for all participants in terms of the type, intensity and persistence of the pain. All participants reported symptoms of swelling and instability of the ankle.

Impact on function, social activities and quality of life:

The symptoms the participants experienced impacted on their function and social life. Additionally, the anticipation of these symptoms stopped them participating in social activities with friends and family, which adversely affected these relationships and had a negative impact on their QoL. Participants who also had concomitant painful OA hip or knee, felt that the greatest impact on their QoL was due to their ankle pain.

Impact on mental wellbeing & self-identity:

The pain experienced from OA ankle appeared to affect the participants' mental wellbeing, with most reporting feelings of anxiety and depression related to their pain and the impact on their function and social life. Participants discussed how living with OA ankle impacted on their self-identity, perceiving this as a loss of self-worth, which led to feelings of depression.

Management and treatment:

All participants had received various non-surgical interventions including heat, exercise, external ankle supports, orthoses, medication and corticosteroid injections. The response to these interventions were mixed with some finding them helpful, for others this was of limited, or short-lived benefit.

Participants in this study, whose radiological changes were not substantial, felt that their condition was not taken seriously by their medical team and that few treatment

options were offered. They all highlighted the need for an effective non-surgical treatment.

Conclusions

This is the first study to explore the experiences of people with symptomatic OA ankle. Our findings suggest that those with OA ankle suffer with severe pain, which has a substantial negative impact on a person's physical and mental wellbeing. Although there are a wide range of conservative interventions available, there is little evidence of their clinical effectiveness to inform the management of this condition. The participants' mixed experience of the non-surgical management of their OA ankle was likely due to an absence of guidance on its treatment.

It is widely reported that there is discordance between radiological findings and patient symptoms, therefore, people presenting with painful OA ankle and minimal radiological changes, should be treated with conservative rehabilitation and pain management. The findings of this study should be used to inform future research.