

EDITORIAL

Musculo-Skeletal Issue

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As we come to the end of the Bone and Joint Decade, (the website for which is <http://www.boneandjointdecade.org/>) the SMJ offers in this edition an eclectic mix of papers on musculo-skeletal topics, showing links between primary care, public health, surgery and rheumatology. Musculo-skeletal problems are common and may occupy up to 30% of primary care consultations while new and innovative methods of dealing with demand in secondary care have encouraged the burgeoning of new types of practice involving physiotherapists, occupational therapists and specialist nurses. Attempts to improve access to specialist services have led to suggestions that prior investigations in primary care, including the use of MRI, will shorten the patient journey. Yet, as Morley et al show, investigation in primary care may not alter the need for a referral but simply gives the patient a second visit to hospital, which may be at some expense in terms of time and resources. The need for referral may not be altered or may indeed be deferred if waiting for investigation results. Improvements in access seem more likely to accrue if secondary care specialists had more immediate access to specialist imaging when the patient attends the clinic.

At such consultations, the "well informed" patient may learn that they have been misinformed due to the lack of quality controls on internet sites as shown by Ogunwale et al. In spite of this, it is not uncommon for patients now to demand procedures such as resurfacing arthroplasty and to view it as a consumer choice rather than a matter to be discussed with the operating surgeon. With unanswered questions about the immunologic response to metal-on-metal resurfacing, such patients require more counselling rather than less. Equally while obesity generates much interest in both the lay and medical press, Abu-Rajab et al debunk the commonly held notion that patients lose weight after arthroplasty. Persuading patients to lose weight before arthroplasty has the most benefit for osteoarthritis of the knee, both as a primary treatment and to mitigate the chances of early failure of arthroplasty. Yet, in the current political climate clinicians are subject to complaint from patients who object to being called obese in spite of there now being clear definitions of what that means.

The best way of preventing hip fractures is to stop falling, yet the alcohol abuser is not only more likely to fall but to suffer precocious hip fractures due to alcoholic bone disease, as Stearns et al show. It is reassuring to know that internal fixation with preservation of the femoral head remains worthwhile although, as with obesity, the need for a public health solution is clear. Regrettably, measures to reduce calorie and alcohol

intake are unlikely to gain votes for the government which promotes them, and medical intervention comes a poor second to the prevention of preventable disease.

Patients often ask about the hazards of steroids but two papers here show the difference between locally acting depot preparations and systemic use. Anything which reduces the need for surgery to carpal tunnel syndrome would be of value but with a short follow-up of three months, Gurcay et al are right to state the need for more investigation into this. They do demonstrate that non-operative methods may have a place in the management of this common condition particularly for milder variants. Watchful waiting may however be easier to sell to the patient if "something is done" and as they say a placebo control group would have given more information. After gaining a bad press due to potential cancer and thrombo-embolic risks doctors and patients will be reassured to learn that HRT still has indications beyond the treatment of peri-menopausal symptoms and this will be of value in those already on concomitant steroids and HRT and those intolerant of bisphosphonates.

Frozen shoulder remains a slightly obscure condition with even contemporary surgical releases failing to yield uniformly good results so it is encouraging to know that some improvement can be obtained by simpler methods. Treating it as a day case with outpatient physiotherapy dictates that the patient must be able to reach the physiotherapist and may therefore not be applicable outwith large conurbations.

Issues of access relate not only to speed but also to logistics. Basu and Steven indicate that the rural issues in Scotland raised in the Kerr report, have not disadvantaged rheumatology patients in one rural area. What they have not done however is to put this work into the economic context of patient travel and peripheral clinic activity which brings us back to the starting point of Morley et al whose work on investigations showed that apparently "better" care by organising early radiology might actually disadvantage patients by forcing additional hospital visits and thus time off work and transport and other costs.

This collection of papers may seem disparate yet they have common threads of public health issues whether to do with patient factors such as alcohol and obesity or management issues of rurality and access to care. That orthopaedic surgeons are contributing to such matters rather than the minutiae of technical procedures suggests not only how important they are, but also the need for more committed central government initiatives to improve health rather than to treat ill-health.