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The previous EULAR recommendations for the management of OA's hands were released in 2007. Since then, new evidence has appeared, and the task force steered to update recommendations based on the new evidence. The task forced the use of 2014 EULAR Standard Operating Procedure to develop the new guidelines. They do a systematic literature review of all evidence regarding non-pharmacologic, pharmacologic, and surgical treatment options for OA hands. An international task force of 19 clinicians, healthcare professionals, and patients from 10 European countries use their expertise in contrast with the evidence coming with 5 extra principles and 10 recommendations. 5 the charged principles of managing OA are as follows: The main goal is to control symptoms and optimization functions but so that patients can maximize activity, participation, and quality of life. Clinicians should offer information patients regarding the nature and courses of OA hands as well as education on principles of self-management and treatment options. Clinicians should individually distinguish the management of OA's hands after taking localization, semi-facto, and the commodity into account. Clinicians should base the management of the OA on a decision by the patient and clinician. The best management of OA's hands usually requires a multidiscippline approach; clinicians should consider non-pharmacy, pharmacy, and surgical treatment options. The 10 recommendations are: Clinicians should offer education and training in ergonomic principles, passing through activity, and use of assistive devices. Clinicians should consider exercise improved function, improve muscle strength, and reduce pain. Clinicians should consider these ort to rescue symptoms of patients with high-inch OA bases. Long-term ort these uses are recommended. Topic treatment should be used on systemic treatment due to safety reasons. The first choice in pharmacologic treatment subject is nonteroidal topic anti-enflammatory drugs (NSAIDs). Clinicians should consider a limited duration of oral analgesia, especially NSAIDs, for relief of symptoms. Clinicians should consider chondroitin sulfate for pain relief and the functioning improvement of patients with OA hands. Generally, intra-itemular injections of glucocorticoids should not be used in patients with OA. However, they can be considered in patients with pain interfusional joints. Clinicians should not use conventional or biological disorder-modified antirheumatic drugs for the treatment of OA. Clinicians should consider surgery in patients with structural abnormalities if other treatment methods were not sufficiently effective in pain relievers. Consider trapeziektomia in patients with high inch OA base and consider arthrodesis or arthroplasty in patients with interphalangeal OA. Clinicians should adapt long-term follow-up to patients with OA-based humans Need. The task force has also developed a research agenda for topics related to the OA's hands. They recommend placement trials that are controlled for a variety of OA treatments, including ortroitin, NSAIDs subjects, paracetamol, tramadol, glucosamine, sulfate chondroitin, intra-itemile glucocorticoids, methotrexate, and low-dose oral glucocorticoids. Other trials should be done to assess the most effective type of exercise and operation for OA hands. The task force predicts that an update following new recommendations may occur in the near future. Advances in research into OA pathfirmology as well as outcome measures increase the likelihood of finding new options that can heal, the researchers wrote. The next update should undertake when enough new data is available, either on the current treatment options, or on new therapy. follow @RheumAdvisor Kloppenburg M, Kroon FPB, Blanco FJ, et al. 2018 update to the EULAR recommendations for the management of osteoartritis [published online 28, 2018]. Ann Rheum Ten. Doi: 10.1136/annrheumdis-2018-213826 7Kloppenburg M, et①al. Ann Rheum Ten 2018;0:1–9. doi:10.1136 / annrheumdis-2018-213826Recommandation insight into the size of the effects of different interventions compared to placebo or control treatment. It is important to note that the recommendations as presented in Table 1 cannot be read and interpreted without the text accompanied, and this manuscript with the SLR separately published forms an integral part, and should be considered simultaneously. Guidelines for the management of OA from other major (inter-national) societies, including the ACR 2012 recommendations and the NICE guidelines, mainly focus on major OA joints (i.e., knee and hip).1063 However, these recommendations cannot be easily extraordinary in the situation of OA at the hand because of the unique foncation of hand compared to large joints, with emerging evidence for different risk factors and perhaps even the pathfirmological mechanism of OA in different joint sites. These recommendations are aimed at all health professionals who care for patients with OA hands. Since the OA hand is a preva-gripe disease encountered by a variety of health care providers in primary and secondary care, this not only includes rheumatolo-gists, but also for example general practitioners, orthopaedic surgeons and plastics, occupational therapists and physicians and reha-bilitation physicians. In addition, these recommendations aim to inform patients about their disorders support sharing decision-making, as well as students. Other targeted interests include pharmaceutiical industries, political musicians and health insurance companies. Efforts to implement these recommendations will be made by disemination across national societies, online and by presentations of (enter)national congress and education sessions for health care providers. A slippery package pile facilitates dissemination on the EULAR website. optimal evidence application is lacking and this has been highlighted in the search agenda. Although a relatively long period passes between the first set of recommendations and the current update, it is expected that the next update of recommendations may be needed sooner, as the field in OA's hands grows. Advances in research in OA pathophysiology as well as result measurements, increase the likelihood of finding new options that can be cured. The next update should undertake when enough new data is available, either on the current treatment options, or on new therapy. Author affiliations1Department of Rheumatology, Leiden University Medical Center, Leiden, The Netherlands2Department of Clinical Epidemiology, Leiden University Medical Center, Leiden, The Netherlands3Department of Rheumatology, INIBIC-Complejo Hospitalario Universitario de A Coruña, A Coruña, Spain4Division of Rheumatology, Orthopaedics and Dermatology, School of Medicine, University of Nottingham, Nottingham City Hospital, Nottingham, UK5Institute for Primary Care and Health Sciences, Arthritis Research UK Primary Care Centre, Keele University , Keele, UK6National Advisory Unit on Rehabilitation in Rheumatology, Department of Rheumatology, Diakonhjemmet Hospital, Oslo, Norway7Department of Rheumatology, Instituto de Investigación Sanitaria Fundación Jimenez Díaz, Universidad Autónoma de Madrid, Madrid, Madrid, Spain8Department of Rheumatology, Landspitalinn University Hospital, University of Iceland, Reykjavik, Iceland9Department of Rheumatology, AP-HP, St Antoine Hospital, Paris, France10Rheumatology Unit, Department of Medicine DIMED, University of Padova, Padova, Italy11Department of Plastic Surgery , VU University Medical Center, Amsterdam, Netherlands12Division of Rheumatology, Department of Medicine 3, Medical University of Vienna, Vienna, Austria13Section for Research Results, Center for Medical Statistics, Computer and Smart Systems, Medical University of Vienna, Vienna, Austria14Department of Rhematology, Medical University of Vienna, Vienna, Austria14Department of Rhematology, Medical University of Vienna, Vienna, Austria14Department of Rhematology, Medical University of Vienna, Austria14Department of Rhematology, Medical University of Vienna, Austria14Department of Rhematology, Medical University of Vienna , Vienna, Austria14Department of Rhematology, Medical University of Vienna, Vienna, Austria14Depart of Rhematology, Medical University of Vienna, Austria Statistics, Computational and Smart Systems, University Medical University of Debrecen, Faculty of Medicine, Debrecen, Hungary15Department of Rheumatology, University Hospital Ghent, Ghent, Belgium16Instituto de Salud Musculoesqueléquetica, Madrid, SpainContributors FPBK makes the systematic literature review, supervised by MK and LC. All the authors were part of the Task Force, which completed an online survey before face-to-face meeting with voters on the level of agreement. MK, FPBK, FJB, KSD, EG, IKH, GH-B, HJ, CYCLE, EM, MJPFR, WSS, JS, TAS, RW and LC attend face-to-face meetings. FPBK and MK wrote the manuscript, with contributions and approval from all couthors. EULARDIsclaimer opinions expressed in this paper are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. Competing interest the individual declaration of conflicts of interest is available on demand of the EULAR secretary and is summarized below: MK has received consultant fees/fees as local in driving industry trials from AbVie, GlaxoSmithline, Merck, Levicept (all in institutions) and received research funding (via the institution) from Pfizer and APPROACH-IMI. 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Konsantman pasyan yo pa obligatwa. Pwouve ak revizyon kanmarad pa komisyone; eksten kanmarad yo te revize. References 1 Branco JC, Rodrigues AM, Gouveia N, et al. Prevalans nan rimatis ak misk maladi nan misk ak enpak yo sou bon jan kalite ki gen rapo ak lavi, fizik BEAUMARCHAIS. Pwoteje pa copyright. sou 2 septanm 2018 pa Emmanuel MAHEU4 BOUL Rheum Dis: premye pibliye kom 10.1136 / annrheumdis-2018-213826 sou 28 Out 2018. Telechaje soti nan

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