Foot, Ankle Pain Leading Causes of OA Visits

BY SARA FREEMAN

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% in 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, who reported the findings at the annual meeting of the British Society of Rheumatology, said that he aimed to establish the baseline prevalence of ankle pain 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," he 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. 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 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.

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. ■

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