

## Arthritis Self-Management Program

The Arthritis Self-Management Program is designed to help people with arthritis adapt to their condition and gain confidence and control over their lives. The program, developed at Stanford University, is an interactive workshop series in which participants learn techniques—such as effective problem-solving and communication—to address their specific physical and psychological needs. Workshops include educational sessions and group discussions. Participants are encouraged to practice the techniques they learn on their own.

### Selected References

Lorig K, Lubeck D, Kraines RG, Seleznick M, Holman HR. Outcomes of self-help education for patients with arthritis. *Arthritis and Rheumatism*. 1985;28(6):680–685. PMID: 4004977.

Lorig KR, Mazonson PD, Holman HR. Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs. *Arthritis and Rheumatism*. 1993;36(4):439–446. PMID: 8457219.

Lorig K, Ritter PL, Plant K. A disease-specific self-help program compared with a generalized chronic disease self-help program for arthritis patients. *Arthritis and Rheumatism*. 2005;53(6):950–957. PMID: 16342084.

Osborne RH, Wilson T, Lorig KR, McColl GJ. Does self-management lead to sustainable health benefits in people with arthritis? A 2-year transition study of 452 Australians. *The Journal of Rheumatology*. 2007;34(5):1112–1117. PMID: 17343319.

Barlow J, Turner A, Swaby L, Gilchrist M, Wright C, Doherty M. An 8 year follow-up of arthritis self-management programme participants. *Rheumatology*. 2009;48(2):128–133. PMID: 19036778.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at [www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf](http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf) on October 26, 2012.

### Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Lorig K, Lubeck D, Kraines RG, et al. (1985)	4-month RCT with 20-month followup	286 participants	Outcomes sustained at 20 months: ↑ knowledge ↑ recommended behaviors ↓ pain
Lorig KR, Mazonson PD, Holman HR. (1993)	4-year followup to RCT	343 participants	Outcomes at 4 years: ↓ pain by 20% ↓ physician visits by 40%
Lorig K, Ritter PL, Plant K. (2005)	Pre-post study comparing ASMP and CDSMP for arthritis Outcomes at 4 months and 1 year	355 participants with arthritis as primary disease	ASMP participants had slightly better quality of life, health behavior, and self-efficacy outcomes at up to 1 year
Osborne RH, Wilson T, Lorig KR, et al. (2007)	Pre-post longitudinal follow-up study Outcomes at 6 months and 2 years	452 participants across Australia	Outcomes at 6 months: ↓ pain, fatigue, health distress ↑ self-efficacy ↑ health behaviors (e.g., exercise) Changes sustained at 2 years
Barlow J, Turner A, Swaby L, et al. (2009)	8-year longitudinal followup to RCT	125 ASMP participants from previous RCT in England	Outcomes sustained at 8 years: ↓ anxiety, depression ↓ pain, fatigue ↑ cognitive symptom management
CDC (2011)	Meta-analysis of 4–6 month and 12-month outcomes	24 studies, RCTs and longitudinal 6,812 participants, mostly of the English-speaking small group delivery mode	Outcomes sustained at 12 months: ↑ self-efficacy ↓ health distress, depression, anxiety ↓ fatigue ↑ cognitive symptom management