

Supplemental materials for:

Paskins Z, Sanders T, Croft PR, Hassell AB. The identity crisis of osteoarthritis in general practice: a qualitative study using video-stimulated recall. *Ann Fam Med*. 2015;13(6):537-544.

Supplemental Appendix Quotations to illustrate themes

Theme	Subtheme		Example quotations
Complexity	Providing structure with multiple complaints	Q1	“Hang on, you've mentioned two things, you've mentioned your hip and you've mentioned your waterworks, tell us about your hip first.” GP E
	‘Topic shifts’	Q2	[GP A] “And we may need to increase {painkillers} but let’s, er, get that x-ray...” [Patient 1, talking over GP] “Just as a, a very minor thing. I had a mole, a cancerous mole removed from my neck”. <i>Extract from Consultation 1</i>
	Interaction between comorbid conditions	Q3	[Patient 3] “Even lying in bed sometimes I wake up and my leg, my knees ache. I was wondering if that's arthritis. And I'm not getting rid of this weight”. [GP C] “I think your knees may well be arthritis but it's quite important, isn't it, not to get weight on there for all reasons. You're still an ex-smoker, is that right?”  it's a vicious circle - if I do much exercise I get the {chest} pain, ache which reduces my aptitude for exercising so I don't do as much exercise as I used to <i>Patient 3, in interview</i>
	Normalising and down playing	Q4	“[Patient 7] I don't know whether it's that {thyroid problem} that is causing the joints to hurt. On my knee, well sometimes on my knee and sometimes on that hip it's...I can hear it go sort of like a clonk and then, but then it goes”. [GP E] “Right you've probably got the start of some wear and tear in that. As long as it doesn't limit you in what you do want to do you're safe to just, you know...” [Patient 7] “Carry on” [GP E]...”keep an eye on it.” <i>Extract from Consultation 7</i>
		Q5	“‘Wear and tear’ is the mild, degenerative. And then we kind of get to mild arthritis when we get to moderate changes on the x-ray.” GP J
		Q6	[Patient 1] “I’m a bit fed up really. I mean, you’d, sort of, said it was ‘early onset’. Well, I think my, my question would be, well, God help me when it’s late onset”. <i>Extract from Consultation 1</i>
Dissonance resulting from GP emphasis on reassurance	Lack of clear diagnosis and language	Q7	“I want somebody to say whether I have got osteoarthritis or arthritis, or whatever, you know. Just to, sort of, know what’s going on really”. <i>Patient 7, in interview</i>  “The trouble is.... people will lump all arthritises together,

		<p>Q8</p> <p>Q9</p> <p>Q10</p> <p>Q11</p>	<p>so they will have an experience of a great aunt who had a nasty rheumatoid arthritis. If you tell them they've got osteoarthritis, before you know it they think that's what they're going to end up like." <i>GP H</i></p> <p>"You may actually be using {wear and tear} as an ice breaker or a warning shot. As a softer term than saying you've got osteoarthritis, you've got COPD, you've got heart failure." <i>GP L</i></p> <p>[GP G] "And she {previous GP} told you you had some arthritis of your hip?" [Patient 9] "She didn't say arthritis, she just said it was a worn hip, so I don't..." [GP G] "Okay, okay, I think that's probably what that means." <i>Extract from Consultation 9</i></p> <p>"I didn't think the two were connected, I thought arthritis was people in a lot of pain." <i>Patient 9, in interview.</i></p> <p>"When they send you for blood tests and things, they come back with nothing showing, so it's just stopped there and then. Nothing ever shows up, so they don't do nothing." <i>Patient 16.</i></p>
		<p>Q12</p> <p>Q13</p> <p>Q14</p> <p>Q15</p>	<p>[Patient 8] "Yeah, I'm sort of worried long term, with me continually standing and working on my feet all day". [GP F] "I can't give you a timeframe". <i>Extract from consultation 8</i></p> <p>[GP M] "So that the main stay of this is that you should probably be taking some pain killers, because pain is limiting you isn't it..." [Patient 18] "Yes, but I don't really want to be doing that." <i>Extract from Consultation 18</i></p> <p>"I'm a fairly definite person you see, I always think okay, we've got a problem here, we've got to get a solution, how can we make things better for you? ...sometimes what I think they need is perhaps not what they need, or what they want". <i>GP M</i></p> <p>"And in terms of leaflets, about what is wear and tear or arthritis, what is osteoarthritis, I don't give them out and nobody asks for them either....I think people resign themselves to it, it's just, you know, 'I'm 80 and I'm worn out. My joints are worn out, part of me's worn out'. I suppose the idea that it's just, it's a wearing of a joint, doesn't need any more explanation in their mind for them. They don't come and say, you know, 'Oh, tell me what it is.'" <i>GP C</i></p> <p>"So I haven't got any particular knowledge to say oh this will happen, in two years' time you'll need a replacement or whatever." <i>GP H</i></p>

Dissonance resulting from unmet information needs		Q16	"I'm perhaps just a bit frustrated that I've still got the pain and all it seems to be is paracetamol" Patient 1, in interview
Dissonance as a result of perceived management that was not active enough	Views on the importance of joint pain	Q17	"I feel they suspect...in their mind they think it's, 'Me getting old.' And that's why they, they'll just drop it in at the end." GP J, in interview
Prioritisation	Assumptions and reasons for raising OA late on in the consultation	Q18 Q19	"Sometimes patients actually give us information that they don't want us to do anything with". GP E in interview.  "{The GP} might send me to have my knees examined and I thought that would lead to surgery so I didn't really want that so I was a bit anxious about it". Patient 4
	GP strategies for prioritisation	Q20	"{I tried to} concentrate on what I thought I could do to help her. Rather than keep going back through old issues like neck pain and shoulder pain, where clearly she'd seen lots of people and nobody could help her". GP B