

## Time Needed to Treat (TNT) to implement UK recommendations on corticosteroid injections for trigger finger

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Please note that the estimates are rough and should be interpreted with caution.

**Table 1a**

Time needed to improve the outcome for one person	Time needed to provide the intervention for all eligible in a practice of 2000 people	Time needed as proportion of time available
0.5 h of GP time would be needed for one person to avoid surgery.	0.1 h of GP time would be needed to provide the intervention to all eligible in a GP practice of 2000 people.	0.009% of total GP time available with patients (for all causes) would be needed to implement the recommendation.

### How TNT estimates were derived (more details available in Table 1b below):

Since no guideline on trigger finger were available from NICE, we used the guideline from British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST), (available here: [https://www.bssh.ac.uk/userfiles/pages/files/professionals/BEST%20Guidelines/BEST%20trigger%20finger%20PUBLISHED\(1\).pdf](https://www.bssh.ac.uk/userfiles/pages/files/professionals/BEST%20Guidelines/BEST%20trigger%20finger%20PUBLISHED(1).pdf)).

10 minutes of GPs time for 0.03% of the population per year.

In a GP practice of 2000 people this means:

0.03% of 2000 people = 0.6 people

10 minutes x 0.6 = 6 minutes = 0.1 h of GP time per year

Time needed as proportion of time available is thereby;  $0.1 / 1128 = 0.009\%$

The guideline report that even though a considerable proportion of people who receive a corticosteroid injection will not have adequate reduction of symptoms from the intervention, it is still recommended as a first line of treatment because it is simple and cheap, have limited potential for harm, and results in that fewer people need surgery. We assumed that the main rationale for injection is to avoid surgery. The guideline report NNT to 3.4 and 2 patients (from 2 different studies) and judge the evidence to be of moderate certainty (although they found only two small RCTs). For simplicity, we base our estimates on the mean TNT between the two studies;  $3.4 + 2 / 2 = 2.7$ .

The time needed to improve the outcome for one person was thereby calculated as follows: 10 minutes x 2.7 = 27 minutes = 0.5 h.

**Table 1b.**

Recommendation	Category of healthcare personnel	Time needed to provide the intervention to each person	Population eligible	Proportion of total population	Time needed per personnel category for all eligible
In the absence of contraindication and with patient's agreement, the first line of treatment for an adult trigger	GPs	Not specified. We assume 10 minutes (i.e. injection would require	Specified by BEST as follows:  Trigger digit has a reported	0.03%	10 minutes for 0.03% of the population per year.

<p>digit should be a single injection of steroid and local anaesthetic.</p> <p>A referral to secondary care for surgical treatment (percutaneous or open depending on the available expertise) should be made if the triggering recurs after injection.</p>		<p>10 minutes more than referring the patient for surgery directly)</p>	<p>incidence of 28 cases per 100,000 subjects annually.</p>		
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