Supplementary file 1: Details regarding ethics and patient recruitment in the four surveys

Ethics

Ethical approvals were obtained for all four studies:

- The effect of pain relieving pharmacy or exercise on knee joint loads, in patients with knee osteoarthritis' study was registered in the Danish Data Protection Agency, on the 22nd of June 2012.
- The 'Primary care management of Knee and Hip OA in the county of Nord-Trondelag' was approved by the Regional Committee for Medical and Health Research Ethics on the 19th of October 2011 (REK South-East B 2011/1963).
- The study "Fatores que predispõem a não adesão terapêutica em doentes com gonartrose" was approved by the Regional Health Administration (ARS-Algarve) on the 27th of July 2012 (077/12 DSPP).
- The 'Management of Osteoarthritis in Consultations Study: the development of a complex intervention in primary care (MOSAICS)' study was approved by the North West 1 Research Ethics Committee, Cheshire (REC reference: 10/H1017/76) on 26th October 2010 and was monitored by an Independent Trial Steering Committee and Data Monitoring Committee (Trial registration number ISRCTN06984617).

Setting and patient recruitment

Denmark

Baseline data from participants with knee OA enrolled in a randomised, controlled trial on pharmacological vs. exercise treatment was used in this study. The participants were recruited by 24 GPs from 12 GP practices in the region of Southern Denmark. The inclusion criteria were: age 40-70 years old, willingness to participate in exercise intervention and pharmacological intervention, fulfilment of the ACR criteria for knee OA, body mass index (BMI) < 32, and Kellgren-Lawrence grade <4. The exclusion criteria were inability to; comply with treatment schedule; fill out questionnaires; ambulate without assistive device, problems affecting the lower extremity overriding the problems from the knee, any physician-determined condition that is contraindicating use of acetaminophen, NSAIDs or exercise, already taking NSAIDs or acetaminophen in doses similar to or higher than the study dose, diagnosis of systemic arthritis, ACL reconstruction; ankle, knee or hip total joint replacement, tibial osteotomy, Within the past 6 month; knee surgery including arthroscopy; steroid injection; known ACL deficiency, and knee surgery planned for the next 6 months. Paper questionnaires were handed out and filled in as part of the baseline assessment, and they were either returned to the tester on site or returned by mail. The inclusion period lasted from May 2012 to June 2014.

Norway

Participants with knee OA were recruited by GPs at six GP practices in minor cities and their surroundings in Nord-Trondelag County in the middle of Norway.[29] Participants with radiological diagnosed OA confirmed, registered with the ICPC codes L90 (knee osteoarthritis) or L91 (osteoarthritis, other) or clinical signs and symptoms corresponding to knee OA were considered eligible. Those with inflammatory rheumatic diseases, malignant illness or other conditions considered by the GP to affect the persons' abilities to complete the questionnaire were excluded. The GPs handed out the questionnaire and a prepaid return

envelope during the consultation. Although some respondents completed the questionnaire in the GP practice waiting room, most completed the questionnaire at home and returned it by mail. The inclusion period lasted from January to October in 2012.

Portugal

Data from an observational, cross-sectional study on participants' knowledge of their OA disease according to information given by their GP's and nurses and therapeutic adherence in participants with knee OA. Subjects were recruited in four GP practices in Tavira Health Centre ACES Sotavento Algarve during November and December 2012 and in one GP practice in Faro Health Centre during spring 2013. All participants who came to consultation were recruited by their GPs according to the following inclusion criteria:

- Having a OA diagnose according to the criteria of the American College of Rheumatology ICPC-2
- Currently taking medication for OA (analgesics, nonsteroidal anti-inflammatory - (NSAIDs), opioids, agents modifying the structure of the connective tissue and potentially disease-modifying OA drugs, intra-articular therapy; Corticoids; Visco-supplementation; closed joint Cleaning) for more than 6 months and stably;

Exclusion criteria were: previous knee surgery, corticosteroid injection in the previous three months, intra-articular steroid injection such as viscosupplementation in the previous six months, rheumatoid or other inflammatory arthritis, severe degeneration of the knee joint (Kellgren and Lawrence Grade IV), other inflammatory rheumatic disease, mental or psychiatry disorder, inability to cooperate with the study requirements~~,~~ and involved in any other pharmaceutical or exercise studies at the moment. Questionnaires were handed out in paper, filled in by the participants and returned to the GPs.

United Kingdom

Participants consulting with knee, hip, hand or foot joint pain in eight general practices that were either a member of West Midlands North PCRN or a Keele Research Network Practice, UK, were recruited by an electronic computer prompt to a consultation survey as part of a larger mixed methods study on the development of a complex OA intervention in primary care (MOSAICS).[30] Eligible participants were those aged 45 years and over who consented to medical record review and further contact in an initial population survey and who subsequently consulted their GP with a knee OA diagnosis recorded in the medical records in one of the four control practices. To ensure consistency with the other country cohorts in this study, we have used only the subsample of this group who had a recorded knee OA diagnosis. Exclusion criteria were: unable to give fully informed consent (e.g. learning difficulties or dementia), history of serious disease (e.g. malignancy, terminal illness, inflammatory arthritis (e.g. Rheumatoid arthritis, Psoriatic Arthritis). The participants filled in the questionnaire at home and the first GP consultation, while data on comorbidity was acquired from the medical records. The trial was conducted from October 2010 through December 2013.