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Reduction in analgesic prescriptions following intra-articular hyaluronic acid treatment for knee osteoarthritis

A real-world study from outpatient care

Summary

Introduction: Intra-articular hyaluronic acid (HA) injections are frequently used to treat pain and functional limitations in knee osteoarthritis (KOA). However, evidence regarding their efficacy in routine clinical practice and their impact on analgesic prescribing is limited. This study investigated changes in analgesic prescribing following HA injections in a large real-world outpatient cohort.

Methods: This retrospective cohort study utilised data from the IQVIA™ Disease Analyser database in Germany. The study included patients with KOA (ICD-10: M17) who had received their first HA injection between 2011 and 2024 and for whom at least three months' follow-up data were available before and after treatment. The endpoints were (1) the proportion of patients with at least one prescription for analgesics (EPHMRA-ATC codes M01A, N02A, N02B) and (2) the change in the number of analgesic tablets prescribed in the three months before versus after the injection. Multivariable logistic regression models were used to analyse the factors associated with analgesic prescriptions following treatment and with reductions in the number of tablets.

Results: A total of 4,696 patients were included (mean age 64.5 years; 53.9% women), including 524 patients treated with Recosyn 20 mg and 4,172 patients who received other HA products. The proportion of patients prescribed analgesics fell from 28.6% before the injection to 26.2% afterwards (p = 0.004). Among patients treated with Recosyn, the proportion fell from 25.0% to 20.0% (p = 0.028). Overall, 70.8% of patients with pre-existing baseline analgesic prescriptions showed a reduction in the number of tablets of ≥10%, and 70.0% of these patients showed a reduction of ≥20%. In multivariate analyses, treatment with Recosyn was associated with a lower probability of an analgesic prescription following the injection (OR 0.67; 95% CI 0.53–0.85) and with a higher likelihood of a reduction in the number of analgesic tablets by ≥10% (OR 1.64; 95% CI 1.05–2.58).

Discussion: In routine outpatient practice, HA injections were associated with moderate reductions in analgesic prescriptions among patients with KOA. Greater reductions were observed in patients treated with Recosyn compared with those treated with other HA products.

Keywords

hyaluronic acid, Recosyn, analgesics, knee osteoarthritis, cohort study

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Knee osteoarthritis (KOA) is a chronic and progressive joint disease characterised by cartilage degeneration, subchondral bone remodelling, synovial inflammation, pain and functional limitations. It is one of the most common causes of disability worldwide and affected an estimated 595 million people in 2020. Projections indicate a significant further increase due to the ageing population (GBD 2021 Osteoarthritis Collaborators, 2023). Key risk factors for KOA include advanced age, female gender, obesity, previous joint injuries, and biomechanical and occupational stressors (Hunter & Bierma-Zeinstra, 2019). The burden of OA is considerable at both the individual and societal levels. Patients often suffer from chronic pain, reduced mobility and a diminished quality of life, which can limit their ability to cope with daily life and their capacity to work. From a healthcare system perspective, KOA is associated with increased utilisation of medical services, including outpatient visits and check-ups, imaging procedures, drug therapies, rehabilitation measures and surgical interventions. As disease-modifying treatments remain limited and joint replacement is generally reserved for advanced stages of the disease, effective strategies for symptom management are essential (Cross et al., 2014; GBD 2021 Osteoarthritis Collaborators, 2023).

>> The management of KOA generally follows a stepwise approach that combines non-pharmacological and pharmacological measures. Non-steroidal anti-inflammatory drugs (NSAIDs) and other analgesics are frequently used for pain relief (Kolasinski et al., 2020; Fransen et al., 2015; Derry et al., 2016). Intra-articular corticosteroid injections may provide short-term symptomatic relief in selected patients (Najm et al., 2021). In cases of severe disease or persistent symptoms despite conservative management, surgical interventions such as total knee replacement are available as effective but resource-intensive options.

Intra-articular hyaluronic acid (HA) injections are widely used as a treatment option for pain and functional limitations in KOA. HA is a natural component of synovial fluid and the extracellular matrix of cartilage and contributes to joint lubrication, viscoelasticity and shock absorption; furthermore, anti-inflammatory and chondroprotective effects are being discussed (Sherman et al., 2025). Numerous randomised trials and meta-analyses have investigated the efficacy of HA injections and generally report

moderate but statistically significant improvements in pain and function compared with placebo or baseline values, although the assessment of treatment effects varies considerably between studies (Familiari et al., 2023; Gazendam et al., 2021; Migliorini et al., 2025a; Cao et al., 2025; Glinkowski et al., 2025). There is also evidence that formulation characteristics such as molecular weight or the injection protocol may influence treatment outcomes (Migliorini et al., 2025b; Sherman et al., 2025). Further clinical trials are investigating alternative injection regimens, such as single injections of highly concentrated HA (Falkowski et al., 2025). Other intra-articular approaches, including platelet-rich plasma administration, have also been investigated (Gupta et al., 2025).

Despite the growing number of randomised clinical trials and meta-analyses, evidence from routine clinical practice remains limited. Clinical trials are typically conducted under controlled conditions with strict inclusion and exclusion criteria, which may not fully reflect the heterogeneity of patients encountered in everyday clinical practice. Real-world studies are therefore important for evaluating treatment outcomes in broader patient populations.

The aim of this study was to investigate the real-world efficacy of intra-articular 20-mg HA injections in patients with knee osteoarthritis within routine outpatient care in Germany. The study analysed whether the initiation of HA injections is associated with a reduction in analgesic prescriptions and whether these reductions differ between patients treated with the HA product Recosyn® 20 mg (Recordati) and those who received other HA preparations.

Methods

Data source

The data for this study were drawn from the IQVIA™ Disease Analyser database, which contains anonymised longitudinal patient information from general practitioners and specialists in Germany. The database comprises routinely collected data on diagnoses, prescriptions and basic demographic characteristics from the electronic health records of participating practices. Patient data is transmitted monthly from the participating practices to IQVIA via standardised interfaces and anonymised prior to inclusion in the database. The Disease Analyser database has already been used extensively for epidemiological and pharmacoepidemiological research and is considered representative of the German outpatient population (Rathmann et al., 2018).

Study design and endpoints

This retrospective cohort study constitutes a real-world evidence analysis based on routine outpatient care data. The study included patients diagnosed with knee osteoarthritis who had received their first hyaluronic acid injection between 2011 and 2024 (index date). Two endpoints were assessed for these patients:

- Prescription of painkillers/analgesics (EPHMRA-ATC codes: M01A, N02A, N02B), assessed as a binary endpoint (yes/no) within three months of the index date compared with the three preceding months.
- Total number of analgesic/pain relief tablets per patient within three months of the index date, compared with the three preceding months.

Prescriptions for analgesics were used as a clinically relevant endpoint reflecting clinicians' treatment decisions in response to patients' pain symptoms. Analyses were carried out for all patients receiving HA injections and subsequently stratified by HA product type (Recosyn vs. other products), gender (women vs. men) and age group (<60, 60–69, ≥70 years).

Statistical analysis

As a first step, the McNemar test was used to compare the proportion of patients with at least one analgesic prescription within three months before versus three months after the HA injection.

To assess the change in tablet prescriptions between the observation periods, paired differences in the total number of analgesic tablets prescribed were analysed using the sign test.

For patients with at least one analgesic prescription within three months prior to the injection, the proportion of patients with any reduction in the number of tablets, as well as reductions of at least 10% and at least 20% in the number of tablets, was also determined. Multivariate logistic regression models were used to investigate associations between patient characteristics and the probability of an analgesic prescription following the HA injection. The models were adjusted for premedication, age, gender, health insurance status (statutory vs. private), specialist discipline (orthopaedic surgeon vs. general practitioner) and Recosyn treatment.

A two-sided p-value < 0.05 was considered statistically significant. All statistical analyses were performed using SAS® Version 9.4 (SAS Institute, Cary, NC, USA).

Results

Baseline characteristics

A total of 13,003 patients received their first HA injection (20 mg) between 2011 and 2024. Of these patients, 5,951 had a follow-up period of at least three months prior to the index date and at least three months of follow-up thereafter. Of the total cohort, 4,696 patients had a diagnosis of knee osteoarthritis (ICD-10: M17, osteoarthritis of the knee) and were included in the final analysis. A total of 524 patients received Recosyn, whilst 4,172 patients were treated with other HA products. The number of injections prescribed was the same in both groups (median: 5.0; IQR: 0.0).

Baseline-Charakteristika der Studienpopulation

Variable	HA-Patienten gesamt (n=4.696)	Recosyn (n=524)	Andere HA-Medikamente (n=4.172)	p-Wert
Alter (Mittelwert, SD)	64,5 (13,5)	65,7 (13,1)	64,3 (13,6)	0,030
Alter < 60 Jahre	1.576 (33,6)	171 (32,6)	1.407 (33,7)	0,001
Alter 60-69 Jahre	1.258 (26,8)	119 (22,7)	1.139 (27,3)	
Alter >70 Jahre	1.860 (39,6)	234 (44,7)	1.626 (39,0)	
Frauen	2.530 (53,9)	348 (66,4)	2.182 (52,3)	<0,001
Männer	2.166 (46,1)	176 (33,6)	1.990 (47,7)	
GKV	2.267 (48,3)	441 (84,2)	1.826 (43,8)	<0,001
PKV	2.429 (51,7)	83 (15,8)	2.346 (56,2)	
Behandlung durch Hausarzt	680 (14,5)	61 (11,6)	610 (14,8)	0,050
Behandlung durch Orthopäde	4.016 (85,5)	463 (88,4)	3.553 (85,2)	

Table 1: Baseline characteristics of the study population. Proportions of patients are given in %, unless otherwise stated. SD: standard deviation. Own illustration.

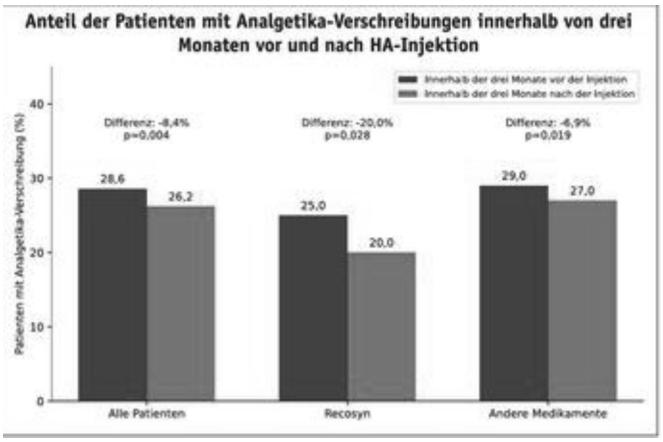


Fig. 1: Proportion of patients with analgesic prescriptions within three months before and after HA injection. Own illustration.

Among the 4,696 patients, the mean age was 64.5 years (SD 13.5). Patients treated with Recosyn were, on average, slightly older (65.7 ± 13.1 years) than those treated with other HA products (64.3 ± 13.6 years). In the overall population, 33.6% were younger than 60 years, 26.8% were aged between 60 and 69 years, and 39.6% were aged 70 years or older. Women accounted for 53.9% of all patients, including 66.4% in the Recosyn group and 52.3% in the other HA group (p < 0.001). Statutory health insurance wasdocumented **in** 48.3% of all patients **before and after treatment** ; of these, 84.2% were Recosyn-treated patients and 43.8% were patients in the comparison group receiving other products (p < 0.001) (Table 1).

Analgesic prescriptions as a binary endpoint

Figure 1 shows the proportion of patients who received at least one analgesic prescription in the three months before and after the first HA injection. In the overall population, the proportion fell from 28.6% before the injection to 26.2% afterwards, corresponding to a relative reduction of 8.4% (McNemar p = 0.004).

Among patients treated with Recosyn, the proportion of patients with analgesic prescriptions fell from 25.0% before to 20.0% after the injection (relative reduction: 20.0%; p = 0.028). For other HA products, the proportion changed from 29.0% before to 27.0% after the injection (relative reduction: 6.9%; p = 0.019).

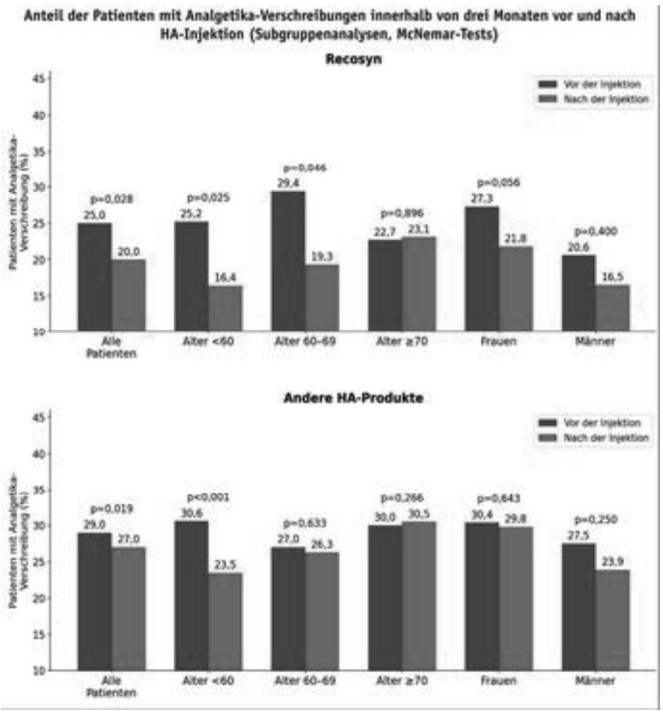


Fig. 2: Proportion of patients with analgesic prescriptions within three months before and after HA injection (subgroup analyses, McNemar's tests). Own illustration.

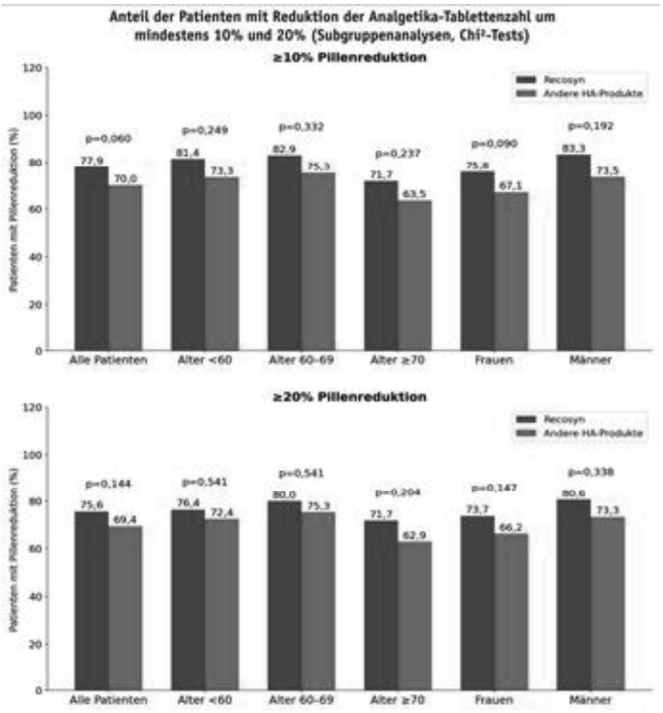


Fig. 3: Proportion of patients with a reduction in the number of analgesic tablets of at least 10% and 20% (subgroup analyses, chi-square tests). Own illustration.

Figure 2 shows the age-specific patterns. Among patients under 60 years of age, the proportion of analgesic users fell from 30.0% to 22.8% (relative reduction: 24.0%; p < 0.001). Among patients aged between 60 and 69, the figures were 27.3% before and 25.6% after the injection (relative reduction: 6.2%; p = 0.288). Among patients aged ≥70 years, the proportion rose slightly from 28.2% before to 29.6% after the injection (p = 0.274). Among women, the proportions were 30.0% before and 28.7% after the injection (–4.3%; p = 0.264), whilst for men they were 26.9% before and 23.3% after the injection (–13.4%; p = 0.262).

Change in the number of tablets

In the overall population, the median number of tablets was 0 (IQR: 0–20) before and 0 (IQR: 0–7) after the injection. The sign test indicated a statistically significant change in the number of tablets between the two time periods (test statistic = –44; p = 0.044). In the Recosyn subgroup, both the pre- and post-injection medians were 0, with the sign test showing a significant change of –16 (p = 0.018). For other HA products, however, the median did not change significantly (p = 0.184).

For a reduction in the number of tablets of ≥10%, 70.8% of all patients with a baseline prescription for analgesics achieved this level. Among patients treated with Recosyn, 77.9% showed a reduction of ≥10%, compared with 70.0% for other HA products (p = 0.060). For a reduction of ≥20%, the overall proportion was 70.0%; 75.6% of patients treated with Recosyn and 69.4% of patients treated with other product groups reached this threshold (p = 0.144) (Fig. 3).

Regression analysis

A prescription for analgesics in the three months prior to the injection was associated with a higher probability of a prescription following the injection (OR: 2.86; 95% CI: 2.48–3.30). Patients aged ≥70 years were more likely to receive a post-injection analgesic prescription than patients aged <60 years (OR: 1.45; 95% CI: 1.23–1.71). Men were less likely than women (OR: 0.75; 95% CI: 0.65–0.86). When treated by orthopaedic surgeons, the likelihood was lower than when treated by GPs (OR: 0.41; 95% CI: 0.34–0.49). Treatment with Recosyn was associated with fewer analgesic prescriptions following the injection (OR: 0.67; 95% CI: 0.53–0.85) (Table 2).

The treatment was associated with higher odds of a reduction in the number of tablets by at least 10% (OR: 1.64; 95% CI: 1.05–2.58) and with a similarly higher, though statistically non-significant, probability of a reduction of at least 20% (OR: 1.51; 95% CI: 0.97–2.34).

Discussion

This real-world study investigated changes in analgesic prescribing behaviour before and after intra-articular hyaluronic acid injections in just under 4,700 patients with knee osteoarthritis in German general practices.

Assoziation zwischen Baseline-Merkmalen, Recosyn-Therapie und Analgetika-Verschreibung nach dem Index-Datum

Variable	Odds Ratio (95%-KI)	p-Wert
Analgetika-Verschreibung in den drei Monaten vor der Injektion	2,86 (2,48–3,30)	<0,001
Alter < 60 Jahre	Referenz	
Alter 60-69 Jahre	1,18 (0,99–1,43)	0,065
Alter >70 Jahre	1,45 (1,23–1,71)	<0,001
Frauen	Referenz	
Männer	0,75 (0,65–0,86)	<0,001
GKV	Referenz	
PKV	0,99 (0,86–1,14)	0,882
Behandlung durch Hausarzt	Referenz	
Behandlung durch Orthopäde	0,41 (0,34–0,49)	<0,001
Andere HA-Medikamente	Referenz	
Recosyn	0,67 (0,53–0,85)	0,001

Table 2: Association between baseline characteristics, Recosyn treatment and analgesic prescribing after the index date (multivariate logistic regression model). Own illustration.

Overall, HA injections were associated with moderate but significant reductions in both the proportion of patients prescribed analgesics and the volume of analgesic tablets prescribed in the three months following treatment. These reductions were consistently more pronounced in patients treated with Recosyn than in those receiving other HA preparations across several endpoints, both in descriptive analyses and in multivariable models. Treatment with Recosyn showed a consistent and independent association with a lower probability of analgesic prescriptions, as well as a higher probability of a clinically relevant reduction in the number of analgesic tablets. The observed differences in favour of Recosyn could indicate product-specific properties, particularly given the consistent effects across multiple analyses. At the same time, differences in patient selection or in the healthcare setting cannot be ruled out.

The direction of these findings is consistent with the existing evidence from randomised trials and meta-analyses. This evidence shows that viscosupplementation can bring about symptomatic improvement in knee osteoarthritis, although the extent of the benefit varies between studies. A systematic review and meta-analysis by Pereira et al. (2022) reported statistically significant improvements in pain and function compared with placebo, but emphasised that the average effect sizes are moderate. The present findings, which originate from routine outpatient practice and use analgesic prescriptions as a proxy endpoint, fit within this broader evidence base and expand it with important data from real-world clinical practice.

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Assoziation zwischen Baseline-Merkmalen, Recosyn-Therapie und der Wahrscheinlichkeit einer Analgetika-Reduktion

Variable	Reduktion ≥10%: OR (95%-KI)	p-Wert	Reduktion ≥20%: OR (95%-KI)	p-Wert
Tablettenzahl vor Injektion (je 10 Tabletten)	0,98 (0,96–1,00)	0,041	0,97 (0,96–0,99)	0,006
Alter < 60 Jahre	Referenz		Referenz	
Alter 60-69 Jahre	1,14 (0,82–1,59)	0,436	1,20 (0,86–1,67)	0,282
Alter >70 Jahre	0,67 (0,55–0,88)	0,005	0,70 (0,53–0,92)	0,012
Frauen	Referenz		Referenz	
Männer	1,37 (1,07–1,75)	0,014	1,41 (1,10–1,81)	0,007
GKV	Referenz		Referenz	
PKV	0,96 (0,74–1,25)	0,765	0,98 (0,75–1,26)	0,851
Behandlung durch Hausarzt	Referenz		Referenz	
Behandlung durch Orthopäde	2,28 (1,71–3,04)	<0,001	2,26 (1,70–3,00)	<0,001
Andere HA-Medikamente	Referenz		Referenz	
Recosyn	1,64 (1,05–2,58)	0,032	1,51 (0,97–2,34)	0,068

Table 3: Association between baseline characteristics, Recosyn therapy and the likelihood of a reduction in analgesic use. Author's own table.

The observed reductions in analgesic prescriptions are likely to be clinically relevant and indicative of an improved quality of life, particularly in older patients with knee osteoarthritis, who frequently present with multimorbidity and polypharmacy. The long-term use of analgesics, particularly non-steroidal anti-inflammatory drugs (NSAIDs) and opioid agents, is associated with increased risks of adverse drug events and drug interactions (Bally et al., 2017; Petersen et al., 2025). Strategies to reduce the need for analgesics are therefore beneficial both clinically and in terms of health economics.

The more pronounced reductions in analgesic prescriptions among patients treated with Recosyn could be partly explained by differences in the characteristics of the HA formulations. Product-specific reviews indicate that the molecular weight, concentration and structural properties of HA preparations influence their viscoelastic behaviour and intra-articular retention time (Altman et al., 2016; Ferkel et al., 2023). In particular, preparations with a higher molecular weight can improve mechanical lubrication and shock absorption within the joint, thereby contributing to symptomatic improvement (Lu et al., 2023).

Several limitations should be borne in mind when interpreting the present findings. Firstly, the database contains information on prescribed medicines but does not record over-the-counter (OTC) analgesics. Secondly, the database is based on routine documentation and ICD-10 coding, which do not allow for a detailed assessment of clinical

parameters such as pain intensity, functional status or radiological stage of the disease. Thirdly, the database covers outpatient care and therefore may not include events treated exclusively in an inpatient setting. Finally, the pre-post observational design, which lacks an untreated control group, limits the possibility of drawing causal conclusions.

Despite these limitations, the present study provides data from routine clinical practice on treatment outcomes following HA injections in a large outpatient population.

In summary, it can be stated that intra-articular hyaluronic acid injections were consistently associated with reductions in analgesic prescriptions in routine clinical practice, with more pronounced reductions consistently observed in patients treated with Recosyn in both descriptive and multivariate analyses. <<

Authors' declaration

K. Kostev and S. Kluge are employees of IQVIA. M. Konrad is a professor at the FOM University of Economics & Management. The study on which this article is based was designed and conducted in its entirety by the authors independently. Following completion of the study, Recordati acquired the finalised study from IQVIA. The authors declare that Recordati did not, at any time, exert any influence on the study design, data collection, analysis, interpretation of the results or the preparation of the manuscript. Furthermore, there are no other potential conflicts of interest.

Citation

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Intra-articular hyaluronic acid in knee osteoarthritis: A real-world study on the reduction of analgesic prescriptions in outpatient care

Introduction: Intra-articular hyaluronic acid (HA) injections are widely used to treat pain and functional impairment in patients with knee osteoarthritis (KOA). However, evidence regarding their effectiveness in routine clinical practice and their impact on the prescribing of analgesics remains limited. This study examined changes in analgesic prescriptions following HA injections in a large real-world outpatient cohort.

Methods: This retrospective cohort study utilised data from the IQVIA™ Disease Analyzer database in Germany. Patients with KOA (ICD-10: M17) who received their first HA injection between 2011 and 2024 and had at least three months of observation time before and after treatment were included. The endpoints were (1) the proportion of patients with at least one analgesic prescription (EPHMRA-ATC codes M01A, N02A, N02B) and (2) the change in the number of prescribed analgesic tablets in the three months before versus after the injection. Multivariable logistic regression models were used to analyse factors associated with analgesic prescriptions following treatment and with reductions in tablet counts.

Results: A total of 4,696 patients were included (mean age 64.5 years; 53.9% female), comprising 524 patients treated with Recosyn 20 mg and 4,172 patients who received other HA products. The proportion of patients with analgesic prescriptions decreased from 28.6% before the injection to 26.2% afterwards (p = 0.004). Among patients treated with Recosyn, the proportion fell from 25.0% to 20.0% (p = 0.028). Overall, 70.8% of patients with analgesic prescriptions at baseline showed a ≥10% reduction in tablet count, and 70.0% showed a ≥20% reduction. In multivariable analyses, treatment with Recosyn was associated with a lower likelihood of receiving an analgesic prescription after the injection (OR 0.67; 95% CI 0.53–0.85) and with a higher likelihood of achieving a ≥10% reduction in the number of analgesic tablets (OR 1.64; 95% CI 1.05–2.58).

Discussion: In routine outpatient practice, HA injections were associated with moderate reductions in analgesic prescribing among patients with KOA. Larger reductions were observed in patients treated with Recosyn compared with those receiving other HA products.

Keywords

Keywords: Hyaluronic acid, Recosyn, analgesics, knee osteoarthritis, cohort study

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ACTION ALLIANCE FOR PATIENT SAFETY

New Executive Board elected at the Action Alliance for Patient Safety (APS) – Setting the course for the future

The Action Alliance for Patient Safety (APS) has elected a new executive board, thereby setting the course for its future direction. With a wealth of specialist expertise, many years' experience and extensive networks within the healthcare sector, the new leadership team is taking up its post to further strengthen and strategically develop patient safety in Germany.

The following were elected:
Chair: Dr Heidemarie Haeske-Seeberg
2nd Deputy Chair: Prof. Dr Albrecht Stier
3. Secretary-General: Dr Franziska Diel, MPH

The new Executive Board represents both continuity and a new beginning: existing initiatives are to be consistently pursued, whilst at the same time new impetus is to be provided and the social and political relevance of patient safety further enhanced.

Interview with the Chair, Dr Heidemarie Haeske-Seeberg



Patient safety must become a guiding principle

Dr Haeske-Seeberg, what motivated you to stand for election?

For over 35 years, I have been actively involved in the fields of quality management, quality assurance, clinical risk management and ethics. I would now like to contribute this commitment more fully at a time when I can put my experience to comprehensive use on a voluntary basis. Patient safety remains a field with great potential for development – both structurally and culturally.

What initiatives would you like to drive forward within the APS?

Alongside traditional topics, future-oriented areas such as AI in medicine, sustainability and resilience are playing an increasingly important role. We must address these issues and learn to identify the key risks to patient safety.

Where do you see the key areas of focus?

Strengthening the spirit of collaboration is important to me. The APS's working groups and expert panels always play a key role in this. But I also wish to foster dialogue with political decision-makers, our funders, project partners, the Board of Trustees, the Advisory Board and patient representatives. Last but not least, I would like to expand knowledge transfer through conferences and virtual formats.

Interview with the Deputy Chair, Prof. Dr Albrecht Stier



Quality and safety are inextricably linked

Professor Stier, what drives you?

After more than 40 years in clinical practice, academia and association work, I would like to contribute my experience to the APS in a targeted manner. Patient care benefits from a safety structure and culture. This link must be embedded even more firmly in everyday practice.

What role does collaboration play?

A crucial one. I see great potential in closer collaboration with professional societies and partner organisations. The aim is to harness synergies and jointly develop sustainable solutions.

What challenges are the focus?

The changes in the healthcare sector – such as the shift towards outpatient care, digitalisation and changing professional roles – require new responses. Here, I would like to help develop sustainable strategies for greater safety.

Interview with Secretary-General Dr Franziska Diel, MPH



Patient safety requires commitment, collaboration and clear objectives

Dr Diel, what motivates you in your new role?

As a doctor and public health expert with a wide range of experience, I would like to give something back. For me, patient safety is the key priority in the healthcare system – and I want to drive it forward more effectively, in a way that inspires others and across all sectors.

What skills do you bring to the role?

My background ranges from quality management and health economics to policy advice and legislation. I place particular importance on combining technical expertise, management skills and a broad network.

What are your key priorities?

I think in terms of three levels: embedding patient safety in policy (macro), strengthening collaboration (meso) and providing targeted support for healthcare professionals and patients (micro).

Digitalisation, transparency and realistic targets play a central role in this.

Voices from the extended Executive Board (non-voting members)

Six dedicated individuals will be contributing their expertise to the APS in future.

Dr Anke Jentzsch



Head of the Nursing Development Unit & nursing researcher with experience in clinical practice, management and education.

What is your focus?

Strengthening patient safety through structured, patient-centred processes and collaboration. In doing so, I specifically bring the nursing perspective to bear on further development.

Prof. Dr Silke Kuske



Professor at Fliedner University of Applied Sciences, specialising in healthcare and implementation research, particularly quality and patient safety research.

What would you like to contribute?

To strengthen patient safety by linking research and practice, and through sustainable implementation. As a long-standing member of the APS, I contribute my interdisciplinary expertise in a targeted manner.

Sibylle Malinke



Economist, who has worked for the Association of Supplementary Health Insurance Funds for almost 25 years, including over 15 years at the Centre of Excellence for Medicine.

What is important to you?

Strengthening patient safety through interdisciplinary collaboration and improving health literacy in this area. I also place a strong emphasis on raising awareness of sepsis and incorporating the perspectives of patients and their relatives.

Frederik Meilwes



Managing Director of Gesellschaft für Risiko-Beratung mbH (GRB). Experience in consultancy on clinical risk management as well as in clinical and pre-clinical practice, complemented by management expertise.

What issues drive you?

Strengthening patient safety in emergency care and in digital healthcare. With foresight, driving forward concrete improvements where they make the greatest contribution to safe care.

Prof. Dr Stefan Schröder



Head of the Department of Anaesthesiology, Intensive Care Medicine, Emergency Medicine and Pain Management at Artemed Klinikum in Düren and, since 2023, a member of the APS Executive Board.

What do you stand for?

I am committed to Safety II: rather than focusing solely on avoiding errors, this approach places the emphasis on success. I want to understand and strengthen successful processes in order to improve patient and staff safety in the long term and promote resilience within the healthcare system.

Prof. Dr Hanna Seidling



Pharmacist and Head of the Clinical Pharmacy Collaboration Unit at Heidelberg University Hospital.

Your main focus?

Strengthening medication safety as a central component of patient safety. I have been involved with the APS for many years (co-leader of the AMTS working group)

Conclusion

With this broad-based leadership structure, the APS is committed to both continuity and innovation. The new Executive Board brings together diverse perspectives and areas of expertise – with the shared aim of further embedding patient safety as a core principle within the healthcare system.

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Message

Dear colleagues, dear readers,

Patient safety thrives on the shared commitment of many people within the healthcare sector. For me, it is precisely this collaboration, open dialogue and learning from one another that are key prerequisites for ensuring that care is safe and sustainable for the future. Together with the newly elected Executive Board of the Alliance for Patient Safety, we aim to build on tried-and-tested approaches, provide fresh impetus and embed patient safety even more firmly in policy, practice and society. Of particular importance to me are practical solutions, the transfer of knowledge and the joint exploration of future-oriented topics such as digitalisation, AI, sustainability and resilience.

Yours, Dr Heidemarie Haeske-Seeberg, Alliance for Patient Safety, Berlin, Germany