

Development of recommendations/points to consider for physical activity in people with inflammatory arthritis and osteoarthritis

Overview of the effectiveness of exercise in SpA

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Modalities and expected outcomes

Exercise modality	Outcome
Cardorespiratory	(aerobic capacity; VO2 max), disease activity, symptoms (pain, fatigue, stiffness), physical function, CVD risk profile, inflammatory markers?
Strength	(muscle strength), disease activity, symptoms, (pain, fatigue, stiffness), physical function, CVD risk profile, inflammatory markers?
Flexibility	mobility, physical function, symptoms
Neuromuscular (balance)	physical function

Evidence of effects of cardiorespiratory and strength exercise

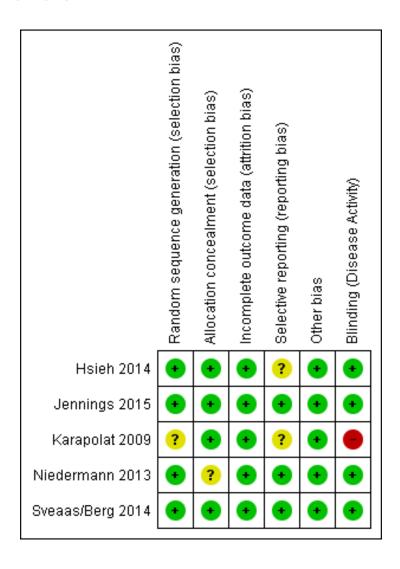
Tri	al	Patient population*	Duration and exercise mode
1.	Hsieh et al. ⁴⁰ 2014, Taiwan	19 (AS)	3 months, cardiorespiratory and strength
2.	Jennings et al. ⁴¹ 2015, Brazil	70 (AS)	12 weeks, cardiorespiratory
3.	Karapolat et al. ⁴² 2009, Turkey	37 (AS)	6 weeks, cardiorespiratory
4.	Niedermann et al. ⁴⁷ 2013, Switzerland	106 (AS)	12 weeks, cardiorespiratory
5.	Sveaas/Berg et al. ⁴⁹ 2014, Norway	24 (axial SpA)	12 weeks, cardiorespiratory and strength

Studies included if exercise programs followed the ACSM exercise recommendations

Date of literature search: April 2016



Risk of bias



Effects of cardiorespiratory and strength exercise on disease activity (BASDAI)

	(Control		E	xercise			Std. Mean Difference	Std. Mean Difference	Risk of Bias
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI	ABCDEF
1.9.1 Final value sco	res									
Hsieh 2014	4.5	3	10	3.7	1.8	9	7.8%	0.30 [-0.60, 1.21]	- •	$\bullet \bullet \bullet ? \bullet \bullet$
Jennings 2015	2	0.94	35	1.98	0.93	35	28.3%	0.02 [-0.45, 0.49]	-+ -	$\bullet \bullet \bullet \bullet \bullet \bullet$
Karapolat 2009	2.03	1.86	12	2.27	1.83	25	13.4%	-0.13 [-0.82, 0.56]		? • • ? • •
Niedermann 2013	3.35	1.456	53	3.07	1.456	53	41.9%	0.19 [-0.19, 0.57]	 • • • • • • • • • 	\bullet ? \bullet \bullet \bullet
Sveaas/Berg 2014	5.2	2	14	3.3	2	10	8.7%	0.92 [0.06, 1.78]	-	$\bullet \bullet \bullet \bullet \bullet \bullet$
Subtotal (95% CI)			124			132	100.0%	0.17 [-0.08, 0.43]	•	
Heterogeneity: Tau ² =	= 0.00; C	hi² = 4.1	0, df=	4 (P = 0	.39); i² =	= 3%				
Test for overall effect:	Z = 1.32	P = 0.	19)							
Total (95% CI)			124			132	100.0%	0.17 [-0.08, 0.43]	•	
Heterogeneity: Tau ² =	= 0.00; C	hi² = 4.1	0, df=	4 (P = 0)	.39); l² =	= 3%			1 15 1 15	
Test for overall effect:	-		-	•					-1 -0.5 0 0.5 1 Favours control Favours exercise	
- 10 1 10		•							ravours control ravours exercise	

Test for subgroup differences: Not applicable

Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Incomplete outcome data (attrition bias)
- (D) Selective reporting (reporting bias)
- (E) Other bias
- (F) Blinding (Disease Activity)



Effects of cardiorespiratory and strength exercise on disease activity (BASDAI) – 4 studies

	C	Control		E	kercise			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.9.1 Final value sco	res								
Hsieh 2014	4.5	3	10	3.7	1.8	9	9.7%	0.30 [-0.60, 1.21]	
Jennings 2015	2	0.94	35	1.98	0.93	35	32.9%	0.02 [-0.45, 0.49]	
Niedermann 2013	3.35	1.456	53	3.07	1.456	53	46.7%	0.19 [-0.19, 0.57]	 •
Sveaas/Berg 2014 Subtotal (95% CI)	5.2	2	14 112	3.3	2	10 107	10.7% 100.0%	0.92 [0.06, 1.78] 0.22 [-0.06, 0.51]	
Heterogeneity: Tau² =			7, df=	3 (P = 0	.35); l² =		100.0%	0.22 [-0.00, 0.01]	
Test for overall effect	Z = 1.53	P = 0.	13)						
Total (95% CI)			112			107	100.0%	0.22 [-0.06, 0.51]	•
Heterogeneity: Tau ^z =	= 0.01; Cl	$hi^2 = 3.2$	7, df=	3(P = 0)	.35); l² =	= 8%		_	1 05 0 05 1
Test for overall effect	Z = 1.53	P = 0.	13)						-1 -0.5 0 0.5 1 Favours control Favours exercise
Toot for outgroup dif	foroncoo	· Not on	لطممناه						Tavours control Tavours exercise

Test for subgroup differences: Not applicable

Effects of cardiorespiratory and strength exercises on pain

	C	ontrol		E	xercise			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.3.1 Final value scor	es								
Jennings 2015	-60.3	22.5	35	-65	22.6	35	30.3%	0.21 [-0.26, 0.68]	
Karapolat 2009	21.04	34.3	12	22.5	27	25	14.1%	-0.05 [-0.74, 0.64]	
Niedermann 2013 Subtotal (95% CI)	4.15	2.184	53 100	3.31	2.4024	53 113	45.4% 89.8%	0.36 [-0.02, 0.75] 0.25 [-0.03, 0.52]	•
Heterogeneity: Tau ^z =	0.00; CI	ni = 1.0	9. df=	2(P = 0)	.58); l ² =	0%			
Test for overall effect:		•	08)						
1.3.2 Change from ba	aseline s	cores							
Sveaas/Berg 2014 Subtotal (95% CI)	-0.86	2.35	14 14	-1.1	3.17	10 10	10.2% 10.2%	0.09 [-0.73, 0.90] 0.09 [-0.73, 0.90]	
Heterogeneity: Not ap Test for overall effect:	•		84)						
Total (95% CI)			114			123	100.0%	0.23 [-0.03, 0.49]	•
Heterogeneity: Tau² =	0.00; CI	$ni^2 = 1.2$	2. df=	3 (P = 0	.75); l²=	0%		_	
Test for overall effect:				•					-1 -0.5 0 0.5 1
Test for subgroup diff		•		f= 1 (P	= 0.71) J	z = ∩%			Favours control Favours exercise

Effects of cardiorespiratory and strength exercises on pain – 4 studies

	C	ontrol		E	xercise			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
1.3.1 Final value scor	es								
Jennings 2015	-60.3	22.5	35	-65	22.6	35	35.3%	0.21 [-0.26, 0.68]	- • -
Niedermann 2013	4.15	2.184	53	3.31	2.4024	53	52.9%	0.36 [-0.02, 0.75]	
Subtotal (95% CI)			88			88	88.2%	0.30 [0.00, 0.60]	•
Heterogeneity: Tau²=	0.00; Ch	$ni^2 = 0.2$	6, df=	1 (P = 0)	.61); l ^z =	0%			
Test for overall effect:	Z = 1.98	(P = 0.1)	05)						
1.3.2 Change from ba	aseline s	cores							
Bveaas/Berg 2014	-0.86	2.35	14	-1.1	3.17	10	11.8%	0.09 [-0.73, 0.90]	
Subtotal (95% CI)			14			10	11.8%	0.09 [-0.73, 0.90]	
Heterogeneity: Not ap	plicable								
Test for overall effect:	Z = 0.21	(P = 0.5)	84)						
Total (95% CI)			102			98	100.0%	0.27 [-0.00, 0.55]	•
Heterogeneity: Tau²=	0.00; Ct	ni = 0.5	0, df=	2 (P = 0)	.78); l ^z =	0%		_	-1 -0.5 0 0.5 1
Test for overall effect:	Z = 1.93	(P = 0.1)		-1 -0.5 0 0.5 1 Favours control Favours exercise					
Test for subgroup diff	erences:	Chi ² =	0.24, d	f=1 (P	= 0.63), I	² =0%			ravouis control Pavouis exercise

Effects of cardiorespiratory and strength exercises on fatigue

	(Control		E	xercise			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	I IV, Fixed, 95% CI
1.4.1 Final value scor	es								
Jennings 2015	-59.6	21.7	35	-62.7	24.1	35	35.6%	0.13 [-0.34, 0.60]]
Niedermann 2013	4.29	2.3296	53	3.73	2.3296	53	53.6%	0.24 [-0.14, 0.62]] -
Sveaas/Berg 2014 Subtotal (95% CI)	5.79	2.61	14 102	3.7	2.21	10 98	10.8% 100.0%	0.82 [-0.03, 1.67] 0.26 [-0.02, 0.54]	
Heterogeneity: Chi² = Test for overall effect:	•			²= 0%					
1.4.2 Change from ba	seline s	scores							
Subtotal (95% CI)			0			0		Not estimable	9
Heterogeneity: Not ap	plicable								
Test for overall effect:	Not app	licable							
Total (95% CI)			102			98	100.0%	0.26 [-0.02, 0.54]	1
Heterogeneity: Chi²=	1.97, df	= 2 (P = 0)	0.37); l³	²= 0%					-2 -1 1 2
Test for overall effect:	Z = 1.85	i(P = 0.0)	6)						Favours control Favours exercise
Test for subgroup diff	erences	: Not app	licable						Tavodio control Tavodio exercico

Effects of cardiorespiratory and strength exercises on stiffness

	Control Exercise							Std. Mean Difference	Std. Mean Difference				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI				
1.6.1 Final value scor	es												
Niedermann 2013	0.46	2.05	50	0.06	2.01	50	54.0%	0.20 [-0.20, 0.59]	- ■				
Sveaas/Berg 2014 Subtotal (95% CI)	6.36	1.55	14 64	2.8	2.25	10 60	46.0% 100.0%	1.84 [0.85, 2.83] 0.95 [-0.65, 2.56]					
Heterogeneity: Tau² =	1.20; CI	ni² = 9.	.13, df=	= 1 (P =	0.003)); I² = 89	9%						
Test for overall effect: Z = 1.16 (P = 0.25)													
1.6.2 Change from baseline scores Subtotal (95% CI) Heterogeneity: Not applicable Test for overall effect: Not applicable													
Total (95% CI)			64			60	100.0%	0.95 [-0.65, 2.56]					
Heterogeneity: Tau² =	1.20; CI	hi = 9.	.13, df=	= 1 (P =	0.003)	; I² = 89	9%	-	-2 -1 0 1 3				
Test for overall effect:	Favours control Favours exercise												
Test for subgroup diff	erences	: Not a	pplical	ole					. areare contact. I areare exercise				

Cardiovascular risk factors

Waist circumference

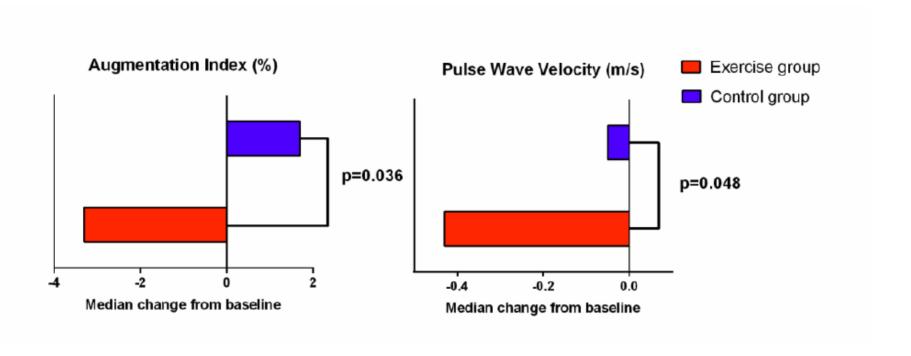
	C	Exe	ercis	е	Std. Mean Difference		Std. Me	Risk of Bias				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	IV, Random, 95% CI	IV, Random, 95% CI			CI	ABCDEF
Sveaas/Berg 2014	101.3	10.1	14	91.2	6.8	10	1.10 [0.22, 1.98]				00000	
								-4 -2 0 2		1 4	_	
								Favoi	urs (contr	oll Favour	s fexercis	sel

Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Incomplete outcome data (attrition bias)
- (D) Selective reporting (reporting bias)
- (E) Other bias
- (F) Blinding (Disease Activity)

Cardiovascular risk factors

Arterial stiffness



Effects of flexibility exercises on disease activity and pain

Disease activity

	Ex	ercise)	C	ontrol			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Altan et al. 2012	2.1	2	29	3.1	1.7	24	19.2%	-0.53 [-1.08, 0.02]	-
Durmus et al. 2009	1.42	0.86	38	3	2.4	13	16.4%	-1.11 [-1.78, -0.44]	
Durmus et al. 2009 (2)	1.35	0.78	25	2.34	1.01	18	16.7%	-1.10 [-1.75, -0.45]	
Maseiro et al. 2013	2.7	1.6	22	3	2.1	23	18.3%	-0.16 [-0.74, 0.43]	
Rodriguez-Lozano et al. 2013	2.85	2.3	381	3.33	2.3	375	29.4%	-0.21 [-0.35, -0.07]	
Total (95% CI)			495			453	100.0%	-0.56 [-0.95, -0.16]	•
Heterogeneity: Tau² = 0.13; Chi	² = 13.84	, df = 4	4 (P = 0)	i.008); P	e 719	6		+	
Test for overall effect: Z = 2.75 (P = 0.00	6)						-2	Favours [trening] Favours [kontroll]

Pain

	Ex	ercise		Control			!	Std. Mean Difference	Std. Mean Difference			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI			
Durmus et al. 2009	1.68	1.8	28	3	2.34	13	14.3%	-0.65 [-1.33, 0.02]	-			
Durmus et al. 2009 (2)	0.78	0.12	25	0.69	0.18	18	15.8%	0.60 [-0.02, 1.22]	 •			
Kraag et al. 1990	37.4	21.1	25	33.5	28.8	27	18.2%	0.15 [-0.39, 0.70]	- •			
Maseiro et al. 2013	11.6	15.8	22	18.4	21.1	23	16.8%	-0.36 [-0.95, 0.23]				
Rodriguez-Lozano et al. 2013	2.74	2.8	381	3.26	3	375	34.9%	-0.18 [-0.32, -0.04]				
Total (95% CI)			481			456	100.0%	-0.09 [-0.42, 0.23]				
Heterogeneity: $Tau^2 = 0.07$; $Chi^2 = 9.52$; $df = 4$ (P = 0.05); $I^2 = 58\%$												
Test for overall effect: $Z = 0.56$ (-1 -0.5 0 0.5 1 Favours (trening) Favours (kontroll)			

Effects of flexibility exercises on physical function and mobility

Physical function

	Ex	ercise)	C	ontrol		,	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Altan et al. 2012	1.7	1.6	29	2.3	1.7	24	17.2%	-0.36 [-0.90, 0.19]	
Durmus et al. 2009	1.55	1.44	19	2.97	2.71	13	11.6%	-0.68 [-1.40, 0.05]	
Durmus et al. 2009 (2)	1.25	1.07	25	2.3	1.32	18	14.1%	-0.87 [-1.51, -0.24]	
Maseiro et al. 2013	2.1	1.2	22	3	2	23	15.4%	-0.53 [-1.13, 0.06]	
Rodriguez-Lozano et al. 2013	3.06	2.5	381	3.49	2.6	375	41.7%	-0.17 [-0.31, -0.03]	-
Total (95% CI)			476			453	100.0%	-0.42 [-0.70, -0.13]	•
Heterogeneity: Tau² = 0.05; Chi	² = 7.27,	_	1 15 1 1						
Test for overall effect: Z = 2.85 (P = 0.00	4)							-1 -0.5 0 0.5 1 Favours [trening] Favours [kontroll]

M	ol	oi	lit	y
		_		

IVIODIIILY									
	Exercise		Control		Std. Mean Difference		Std. Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Altan et al. 2012	4.5	2	29	4	1.2	24	42.3%	0.29 [-0.25, 0.84]	- •
Durmus et al. 2009	4.33	1	19	3.42	0.99	13	22.7%	0.89 [0.15, 1.63]	
Maseiro et al. 2013	4.5	1.5	22	3.5	1.8	23	35.0%	0.59 [-0.01, 1.19]	-
Total (95% CI)			70			60	100.0%	0.53 [0.18, 0.89]	
Heterogeneity: Tau² = Test for overall effect	-				= 0.43)); l² = 0°	%		-1 -0.5 0 0.5 1 Favours [kontroll] Favours [trening]

Neuromuscular (balance)

No RCTs identified

Conclusion

- Cardiorespiratory and strength exercises (according to the ACSM exercise recommendations) may reduce symptoms and cardiovascular risk factors without increasing disease activity. Cardiorespiratory and strength exercises are safe and beneficial for patients with SpA
- Flexibility exercise programs may improve mobility and physical function (BASFI) and reduce disease activity (BASDAI), but have no effect on pain