

**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
Cardiorespiratory	(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

Trial	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

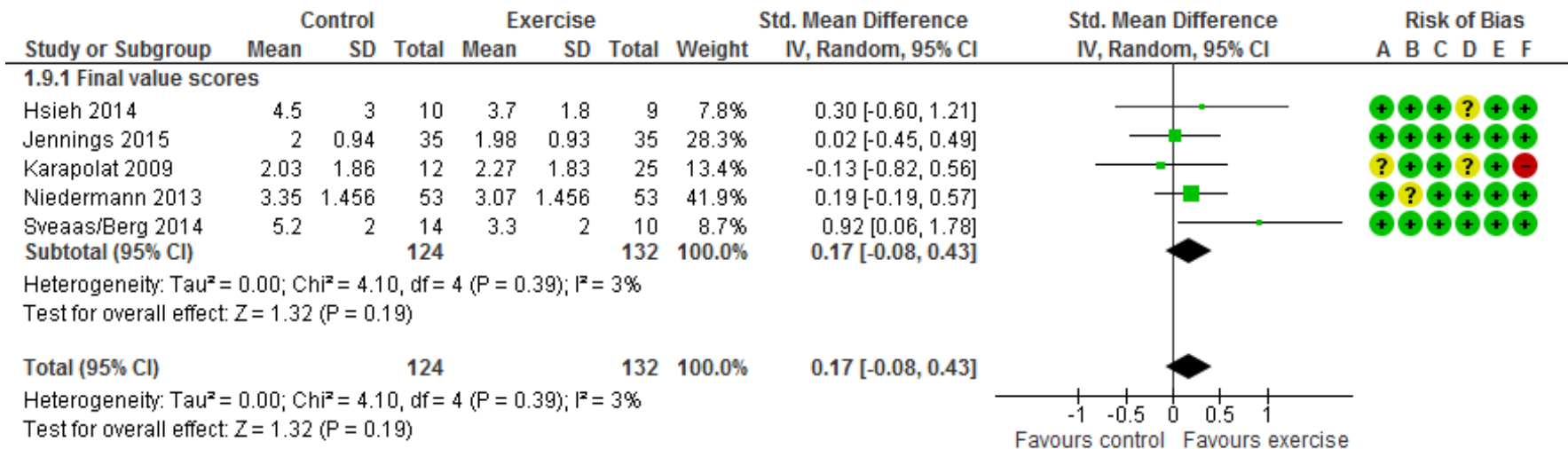
Studies included if exercise programs followed the ACSM exercise recommendations

Date of literature search: April 2016

Risk of bias

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias	Blinding (Disease Activity)
Hsieh 2014	+	+	+	?	+	+
Jennings 2015	+	+	+	+	+	+
Karapolat 2009	?	+	+	?	+	-
Niedermann 2013	+	?	+	+	+	+
Sveaas/Berg 2014	+	+	+	+	+	+

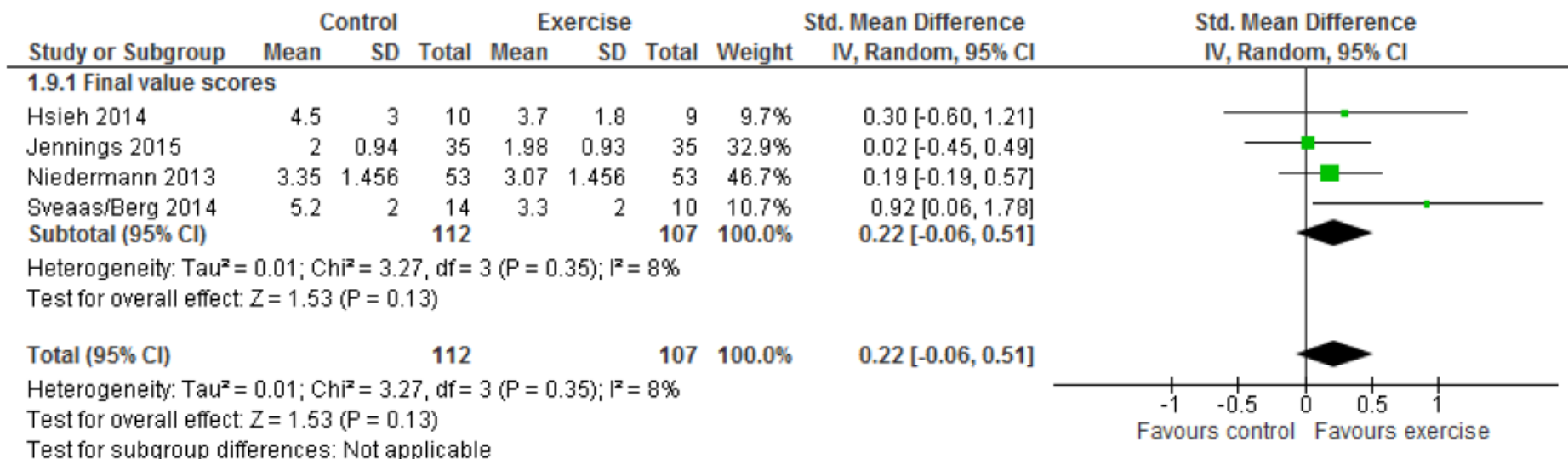
Effects of cardiorespiratory and strength exercise on disease activity (BASDAI)



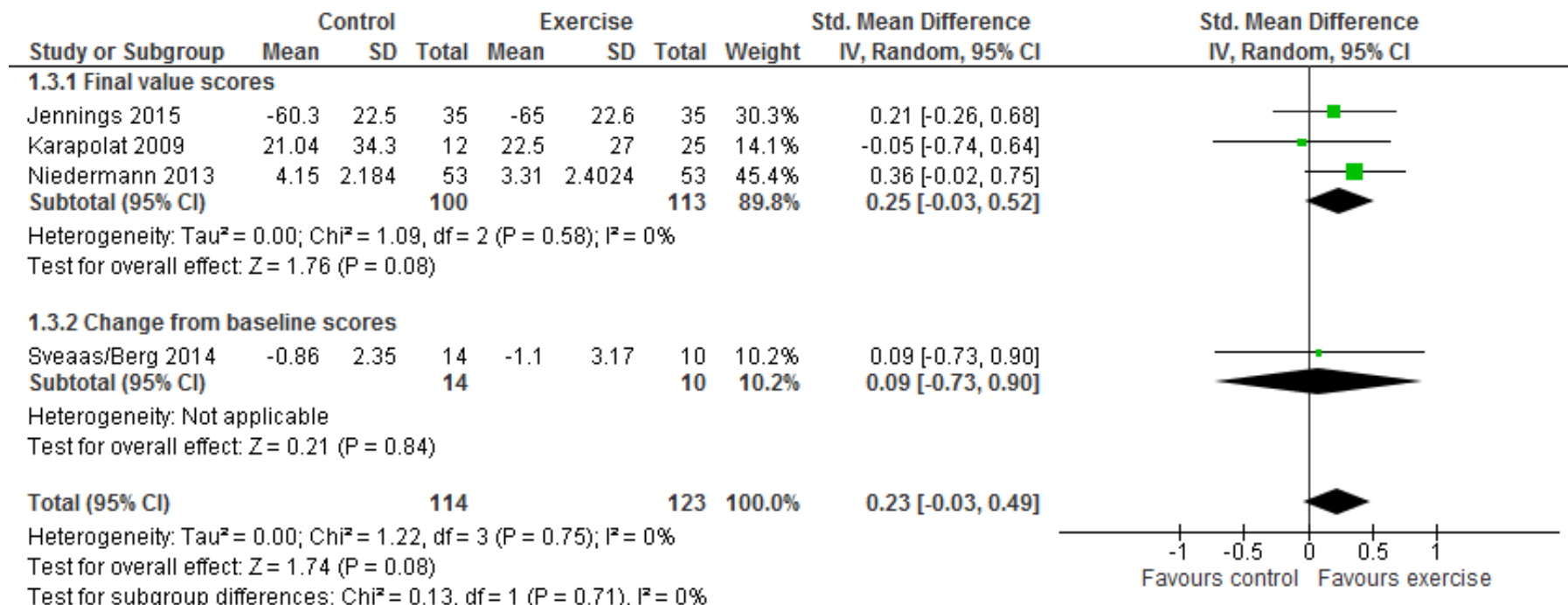
Risk of bias legend

- (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)

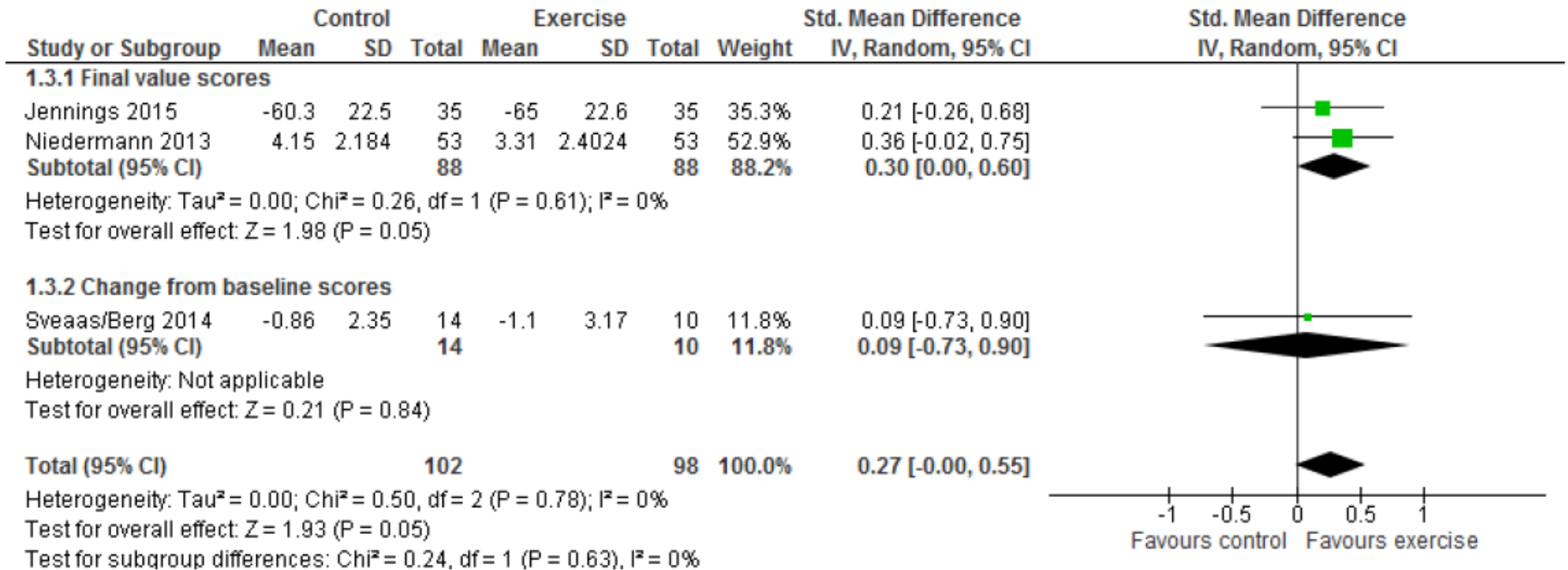
Effects of cardiorespiratory and strength exercise on disease activity (BASDAI) – 4 studies



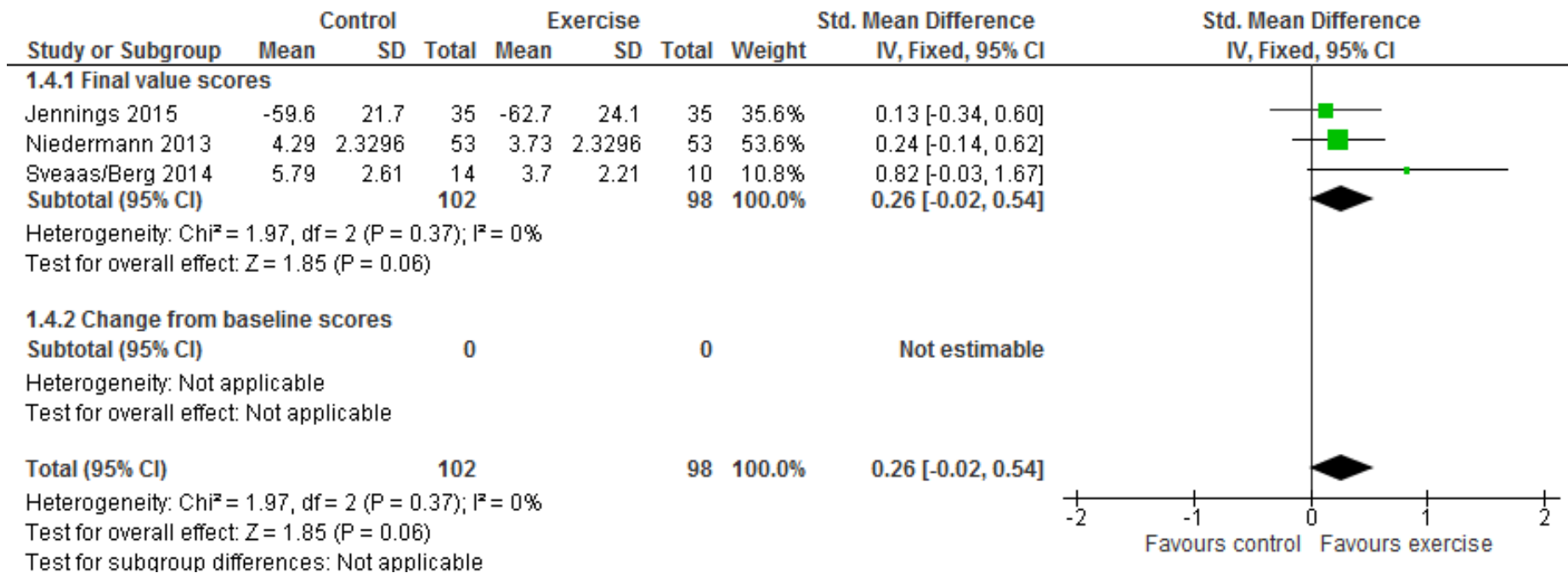
Effects of cardiorespiratory and strength exercises on pain



Effects of cardiorespiratory and strength exercises on pain – 4 studies

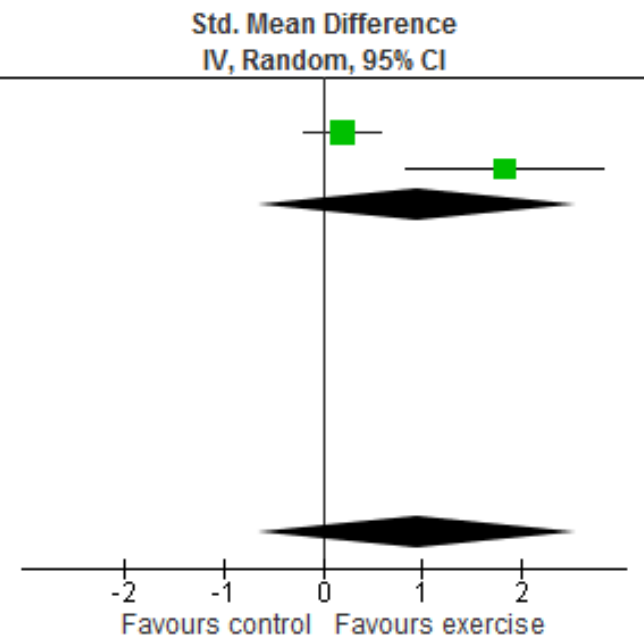


Effects of cardiorespiratory and strength exercises on fatigue



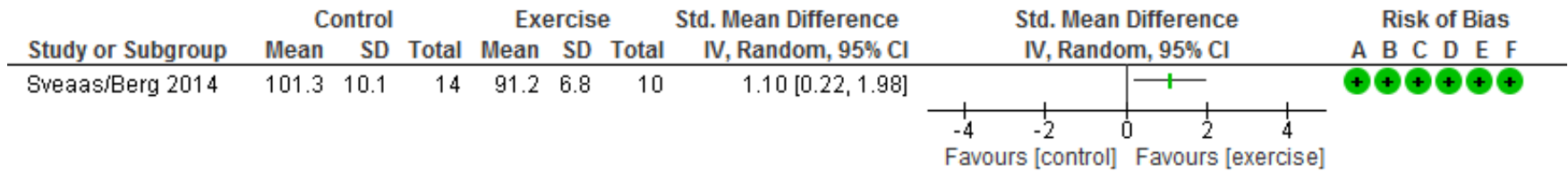
Effects of cardiorespiratory and strength exercises on stiffness

Study or Subgroup	Control			Exercise			Weight	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
1.6.1 Final value scores								
Niedermann 2013	0.46	2.05	50	0.06	2.01	50	54.0%	0.20 [-0.20, 0.59]
Sveaas/Berg 2014	6.36	1.55	14	2.8	2.25	10	46.0%	1.84 [0.85, 2.83]
Subtotal (95% CI)			64			60	100.0%	0.95 [-0.65, 2.56]
Heterogeneity: Tau ² = 1.20; Chi ² = 9.13, df = 1 (P = 0.003); I ² = 89%								
Test for overall effect: Z = 1.16 (P = 0.25)								
1.6.2 Change from baseline scores								
Subtotal (95% CI)			0			0		Not estimable
Heterogeneity: Not applicable								
Test for overall effect: Not applicable								
Total (95% CI)			64			60	100.0%	0.95 [-0.65, 2.56]
Heterogeneity: Tau ² = 1.20; Chi ² = 9.13, df = 1 (P = 0.003); I ² = 89%								
Test for overall effect: Z = 1.16 (P = 0.25)								
Test for subgroup differences: Not applicable								



Cardiovascular risk factors

Waist circumference

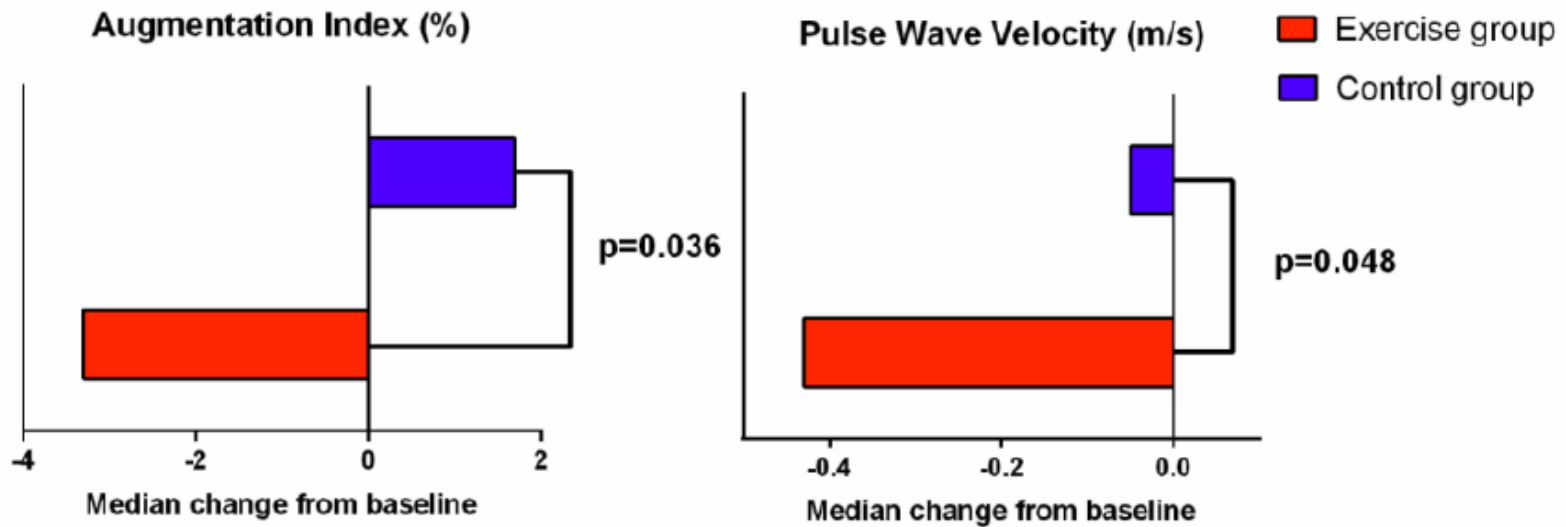


Risk of bias legend

- (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

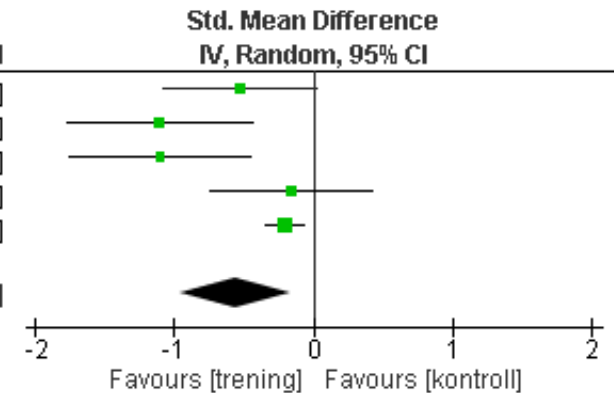


Effects of flexibility exercises on disease activity and pain

Disease activity

Study or Subgroup	Exercise			Control			Weight	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
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]

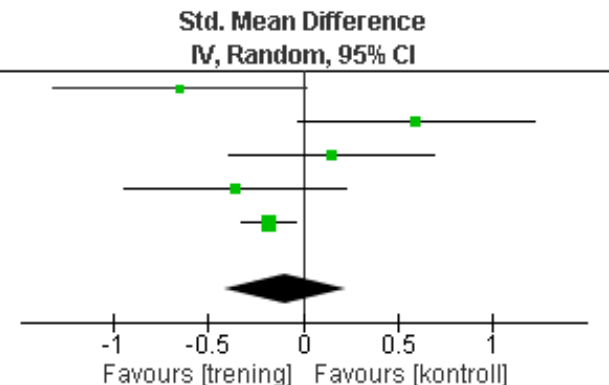
Heterogeneity: $\tau^2 = 0.13$; $\chi^2 = 13.84$, $df = 4$ ($P = 0.008$); $I^2 = 71\%$
 Test for overall effect: $Z = 2.75$ ($P = 0.006$)



Pain

Study or Subgroup	Exercise			Control			Weight	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
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: $Z = 0.56$ ($P = 0.57$)



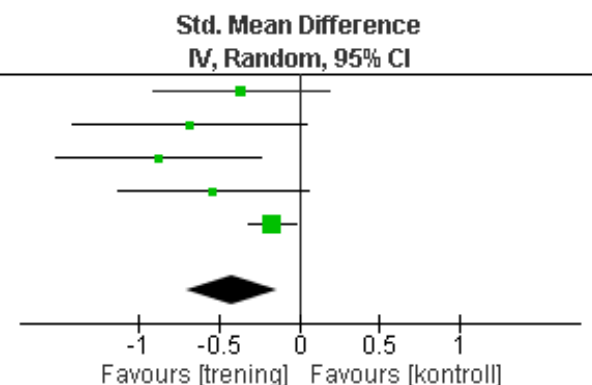
Effects of flexibility exercises on physical function and mobility

Physical function

Study or Subgroup	Exercise			Control			Weight	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
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: $\tau^2 = 0.05$; $\chi^2 = 7.27$, $df = 4$ ($P = 0.12$); $I^2 = 45\%$

Test for overall effect: $Z = 2.85$ ($P = 0.004$)

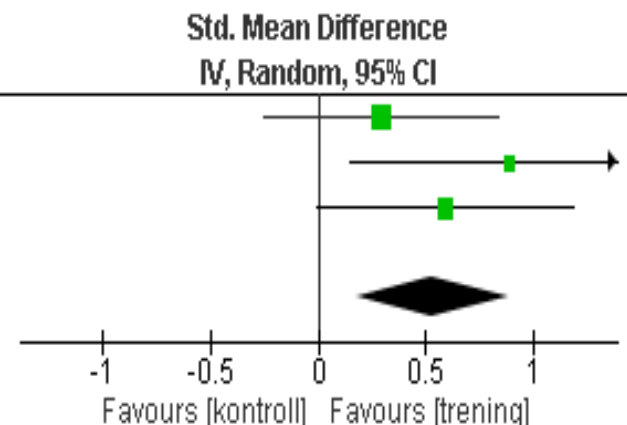


Mobility

Study or Subgroup	Exercise			Control			Weight	Std. Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
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: $\tau^2 = 0.00$; $\chi^2 = 1.68$, $df = 2$ ($P = 0.43$); $I^2 = 0\%$

Test for overall effect: $Z = 2.95$ ($P = 0.003$)



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