



Original Article

Expert Opinion of Spanish Rheumatologists About the Role of Physical Exercise in Ankylosing Spondylitis and Other Rheumatic Diseases[☆]



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ABSTRACT

Objective: To analyze the perceptions of Spanish rheumatologists, experts in spondyloarthropathies (SpA), on the role of exercise in these and in other rheumatic diseases.

Methods: A survey to 106 rheumatologists belonging to an SpA working group of the Spanish Society of Rheumatology, GRESSER, was collected. The questions were related with general aspects of professional exercise (clinical practice and generic knowledge), use of fitness in SpA (benefits, indications, contraindications, compliance, facilitators), sociodemographic characteristics and professional experience with the respondents' exercise regimen. A descriptive analysis was performed.

Results: The survey was sent to 106 rheumatologists, 44 of them answered (51% female, over 20 years of experience). Over 86% believe that their patients need exercise, but the prescription is moderate. 42% believe they do not have training to prescribe specific exercises. The physical activity education materials available consisted essentially of brochures (90%), websites (52%) and videos (23%). The therapeutic importance of exercise depends on the type of underlying disease. Most agree in decreasing the intensity of exercise during disease flares. For most cases of SpA, exercise is not a trigger of flares (66%), and may be used at any stage of the disease, depending on the type and the phase of the SpA.

Conclusions: Rheumatologists consider exercise as a fundamental part of the treatment of rheumatic patients, but greater knowledge and development of specific strategies in its prescription is required.

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Opinión de los reumatólogos españoles expertos en espondiloartritis sobre el papel del ejercicio en la espondilitis anquilosante y otras enfermedades reumáticas

RESUMEN

Objetivo: Analizar las opiniones de reumatólogos españoles expertos en espondiloartritis (EspA) sobre el papel del ejercicio en este tipo de enfermedades y en otras enfermedades reumáticas.

Métodos: Se envió una encuesta a 106 reumatólogos pertenecientes al grupo de trabajo en EspA de la Sociedad Española de Reumatología, GRESSER. Se preguntó sobre aspectos generales del ejercicio (práctica clínica habitual y los conocimientos genéricos), práctica de ejercicio en las EspA (beneficios, indicaciones, contraindicaciones, adherencia, facilitadores) y las características sociodemográficas, profesionales, experiencia con el ejercicio, del encuestado. Se realizó un análisis descriptivo.

Resultados: La encuesta se envió a 106 reumatólogos, de los que contestaron 44 (51% mujeres, y más de 20 años de experiencia). Más del 86% considera que sus pacientes necesitan realizar ejercicio, pero

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su prescripción es moderada. El 42% no tienen formación para la prescripción de ejercicios concretos. El material educativo sobre actividad física disponible consiste fundamentalmente en folletos (90%), páginas web (52%) y vídeos (23%). La importancia terapéutica del ejercicio depende del tipo y de la enfermedad de base. La mayoría coincide en disminuir la intensidad del ejercicio en los brotes de la enfermedad. Para la mayoría, en las EspA el ejercicio no es un factor desencadenante de brotes (66%) y debe utilizarse en cualquier fase de la enfermedad, el tipo depende de la fase de la EspA.

Conclusiones: Los reumatólogos consideran el ejercicio una parte fundamental del tratamiento de los pacientes reumáticos, aunque se precisa un mayor conocimiento y desarrollo de estrategias específicas de prescripción del ejercicio en Reumatología.

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Introduction

The World Health Organization considers physical inactivity to be a risk factor for mortality and, thus, recommends an active role for health professionals in promoting exercise.¹

In spondyloarthritis (SpA), not only has exercise been shown to relieve symptoms of disease and improve functional capacity and quality of life, it could prevent the development of deformities. The importance of exercise in these processes has led to the inclusion of specific recommendations for performing physical activity in different consensus statements on the management of SpA issued by international organizations.^{2–6}

The response to exercise is determined by a number of components (frequency, intensity and duration), but also depends on the patient's adherence to, or compliance with, the prescribed program.^{7–12} The results of a Cochrane review show that exercise programs in ankylosing spondylitis (AS) fail to comply with the current recommendations, that the measurement of the efficacy is inadequate and that adherence is evaluated in few cases.¹³ Although compliance varies depending on the definition and the means used to measure it, some studies report it to be around 50% in AS.¹⁴

Poor adherence to exercise regimens by patients is multidimensional. In addition to their low expectations, little motivation and limited understanding of the exercises, other possible factors are the pain they experience and their lack of time, aspects that should be taken into account when prescribing any program.^{15,16} Patient compliance can also be affected by the difficulties faced by the physiotherapists themselves, who need to resolve the confrontation between accepted patient care standards and those that each professional judges to constitute best clinical practice. Thus, the main problems stemming from this lack of agreement is the professional's freedom and the need to individualize physiotherapy.¹⁷

In contrast to the approach to disease prevention in healthy young individuals, the range of options for the therapeutic management of physical activity in patients with chronic diseases may be limited. When prescribing exercise, physicians should be familiar with the physiological mechanisms and the underlying principles that enable an exercise regimen to act on the organism, as well as with the barriers that impede patients from carrying it out. On the other hand, the adaptation of the exercise program should be based on the patient's physical status and on establishing, together with the patient, the program of goals to achieve. Despite the available evidence,^{5,10,12,18} rheumatologists are not trained in techniques related to physical activity and sports.^{19,20} Their recommendations to patients concerning the need to exercise are usually general, without a prescription based on clear guidelines; rather they are substantiated by their own experience. Thus, it is important to record and analyze the opinions of rheumatologists regarding exercise in general and programs specific for SpA in order to improve the prescription of individualized programs and promote adherence to them.

The objective of this report is to know the opinions, perceptions and assumptions of Spanish rheumatologists, experts in SpA, concerning the role of exercise in diseases of this type and in other rheumatic diseases. The results of this study will make it possible to define criteria for the prescription of adequate exercise programs in patients with SpA and to develop effective prescribing strategies.

Material and Methods

Design

We carried out a survey, designed on the basis of educational material and consensus statements on exercise provided by the department of rheumatology and rehabilitation of Hospital Universitario Fundación Alcorcón in Madrid, Spain. This survey was sent by e-mail, using an online platform (SurveyMonkey), to the 106 rheumatologists that make up the SpA working group of the Spanish Society of Rheumatology (GRESSER).

Variables

With respect to the variables, the survey, shown in its entirety in Banexo [Appendix A](#) (available online), is made up of 2 large blocks of questions regarding different aspects of exercise, both general and for rheumatic diseases, and specific for SpA, in addition to a third block on the characteristics of the professional being surveyed. There are different types of responses: dichotomous (yes/no), categorical and scores obtained from a Likert scale ranging from 0 to 10.

The information to be extracted from each of the blocks of questions was focused on the following subjects: (a) *general aspects of exercise* (routine clinical practice in relation to exercise) such as the number of patients who need exercise, the type of exercise prescribed, qualifications of the rheumatologist to recommend exercise, specialists or related professionals to whom the patients are referred (rehabilitation providers, physical therapists, etc.), degree of accessibility of these specialists or professionals, and availability of material utilized in exercise; (b) *generic knowledge regarding exercise, independent of routine clinical practice*: definitions of exercise and physical activity, factors related to exercise performance, the impact of the latter on different chronic rheumatic diseases, effect of stretching and strength training, effect of exercise on specific symptoms of chronic rheumatic diseases, management during flares and factors that improve compliance; (c) *opinion on performance of physical activity in SpA*: moments or stages of the disease in which patients should exercise, beneficial effects in SpA, indication and contraindication for specific exercises depending on the stage or moment of the disease; (d) *characteristics of the survey respondents*: sociodemographic (age and sex), position in the present department, personal experience with exercise and with other professionals whose specialties are related to it, etc.

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