Boletín de la Sociedad Española de Hidrología Médica

ISSN: 0214-2813 Vol. 33, Supl. 1 2018

43rd World Congress of the International Society Medical Hydrology (ISMH)

20th Congress of the Spanish Society of Medical Hydrology (SEHM)

11th Congress of the Portuguese Society of Medical Hydrology (SPHM)

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Long-term efficacy of spa therapy in patients with rheumatoid arthritis

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Our previous crossover randomized trial suggested that spa therapy added to usual pharmacotherapy provides benefits that lasted 6 months over pharmacotherapy alone in rheumatoid arthritis patients. We now extend, and report the long-term results of that study. In the crossover trial, patients were randomized to spa therapy first group or control first group (first assignment, period 1, 6 months); after this period and washout phase (9 months), they crossed over to the other arm (second assignment, period 2, 6 months). In this long-term study, we now analyze the 15-month results of the first assignment, and 12-month results of the second assignment in the opposite side with a 6-month extension of the follow-up period. The clinical outcome measures were pain, patient and physician global assessment, Health Assessment Questionnaire, and Disease Activity Score-28. The 15-month results of first assignment revealed no statistically significant differences between the groups in any of the efficacy outcomes ($p > 0.05$ for all). The 12-month results for the second assignment after crossover revealed a statistically significant decrease between the groups regarding the patient global assessment scores ($p = 0.016$), physician global assessment scores ($p = 0.003$) and swollen joints counts ($p = 0.030$); however, no statistically significant difference was found between the groups in any of the other efficacy outcomes ($p > 0.05$ for all). The short- and medium-term beneficial effects of the 2-week spa therapy added to the usual pharmacotherapy observed through the initial 6-month evaluation period may be maintained mildly to moderately to the 12-month mark in rheumatoid arthritis patients receiving conventional disease-modifying antirheumatic drugs. Further studies with a larger sample size are needed for the confirmation of the study results.

ISSN: 0214-2813
DOI: 10.23853/bsehm.2018.0577

Spa therapy in rheumatoid arthritis: a crossover trial

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Objective: This study aims to investigate whether 2-week spa therapy, as an adjunct to usual pharmacological therapy, has any beneficial effect in patients with rheumatoid arthritis (RA).

Methods: In this single-blind crossover study, 50 patients were randomly assigned in a 1:1 manner to receive usual pharmacological therapy plus 2-week spa therapy or usual pharmacological therapy alone (period 1.6 months); after a 9-month washout, patients were crossed over to the opposite assignment (period 2.6 months). Spa therapy program included a daily saline balneotherapy session at 36–37 °C for 20 min except Sundays. The clinical outcomes were evaluated at baseline, after spa therapy (2 weeks) and 3 and 6 months after the spa therapy in both period and were pain (Visual Analogue Scale (VAS)), patient and physician global assessments (VAS), Health Assessment Questionnaire (HAQ), and Disease Activity Score (DAS28).

Results: Spa therapy was superior to control therapy in improving all the assessed clinical outcomes at the end of the spa therapy. This superiority persisted significantly in physician global assessment ($p = 0.010$) and with a trend in favor of spa group in patient global assessment ($p = 0.058$), function ($p = 0.092$), and disease activity ($p = 0.098$) at 3 months. Statistically significant improvements were found in spa therapy compared to control in disease activity ($p = 0.006$) and patient ($p = 0.020$) and physician global ($p = 0.011$) assessments, and a trend toward improvements in pain ($p = 0.069$) and swollen joints ($p = 0.070$) at 6 months.

Conclusion: A 2-week spa therapy adjunct to usual pharmacological therapy provided beneficial clinical effects compared to usual pharmacological therapy alone, in RA patients treated with traditional disease-modifying antirheumatic drugs. These beneficial effects lasted for 6 months.

ISSN: 0214-2813
DOI: 10.23853/bsehm.2018.0579