CRD AND SPORT

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Introduction : In order to study the state of mind of patients with chronic inflammatory rheumatic disease (CRD) regarding physical/sports activity, excluding household activities despite their quantifiable energy value (MET), the CREER group produces this study.

Objectives: -Analyze a population in the Ile-de-France region with CRD practicing a physical activity (their motivations, expectations, nature and rhythm).
-Determine the place of physical activity in the management of an CRD by the rheumatologist (Rh).

Patients and methods: 207 patients, 53 yo average, 56% between 50 and 70 years, 60% are women; 97% of the CRD, Rheumatoid arthritis (RA): 57%) or Ankylosing Spondylitis (AS): 40%, low or moderate activity (66%).
10 years evolution (RA) and 11.5 years (AS), corticosteroids RA/AS as follows (34/5 %), NSAIDs (15/52 %), conventional DMARDS (84/30%) or biotherapies (21/43%).
Co-morbidities are found for RA/AS in 55% vs 44%, includes high blood pressure 20%, overweight 21%, tobacco 13.5%, other 19%.

Results: 7/10 patients are encouraged to engage in physical activity, regardless of gender, age, RA or AS. The most common activity proposed is walking (53%), followed by swimming and/or aquagym (40%) and gym (19%). The practice is regular in 60% more by women, RA=AS, more before 40 yo and after 60 years old (70%).
The activity actually practiced is: 1- walking 46.4%, 2- aquatic activities 37%, 3- cycling 29%, 4- home sports 19%.

Once/week minimum is good for cycling and swimming, insufficient for walking, very good for sport at home.
50% have been practicing for 3 years. 60% adapt the rhythm to rheumatism. Their motivations are: to maintain one's health, to de-stress. A discordance exists between Rh/General physician that advise sport 8 times/10 vs 4.5/10. Nevertheless 50% ignore whether he or she is getting worse or better, hence the need for information. Rh needs to communicate more about the interest of physical activity and the absence of deleterious effect on CRD which one patient over two ignores. If 60% of patients modify their activity with CRD, many do not participate in sports because no time, no need, no desire RA=AS. If the activity is supervised, adapted, prescribed is well-known, its application is confidential due to lack of coaches, and of qualified centers.
Conclusion : If the main activity practiced by patients and advocated by Rh is walking, the patients go beyond this framework by mobilizing for cycling, walking, swimming and gym. But the reluctance persists and we must, through therapeutic education convince of the benefits of the activity on CRD and its co-morbidities, unknown to 50% of patients. To map lesions, judge the ability and desires are necessary to set goals for duration and frequency of activity. Using connected tools improves compliance. Finally, walking which does not require neither schedule nor equipment (otherwise a cane) should become a first-line prescription.