

Benefits of physical activity in Chronic Rheumatoid Disease (CRD)

Objectives: - CREER group of rheumatologists (Rh) has studied a CRD population practicing a physical activity (motivations, expectations, nature and rhythm) excluding household ones despite their quantifiable energy value (MET)
-Determine the place of physical activity in the management of an CRD.

Material and methods: 207 patients, 53 yo average, 56% (50 to 70 yo), 60% women (W), Rheumatoid arthritis (RA): 57% or Ankylosing Spondylitis (AS): 40%, low or moderate activity (66%).

Years of evolution: 10 RA/11,5 AS, corticosteroids 34/5 %, NSAIDs 15/52 %, conventional DMARDs 84/30%, biotherapies 21/43%.

Co-morbidities: 55 RA/ 44 % AS, 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. Are suggested: walking 53%, swimming/aquagym 40%, gym 19%.

The practice is regular for 60% W>M, RA=AS, more for 70% if < 40 yo and > 60 yo.

Really practiced activity: walking 46%, aquatic activities 37%, cycling 29%, home sports 19%.

Once/week minimum is followed for cycling and swimming, insufficiently for walking, largely for sport at home.

50% have been practicing for 3 years. 60% adapt the rhythm to the CRD activity. Motivations: maintain one's health, de-stress. Sport recommendations: Rh 80%/ General physician 45%. 50% patients ignore if this will improve or worsen the CRD. Hence the need for information by the Rh of the benefits of physical activity.

If 60% of patients modify their activity because of CRD, many do not participate in sport because no time, no need, no desire RA=AS.

Conclusion: The main activity practiced and advocated is walking. The patients go beyond, by mobilizing for cycling, 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.