Correspondences


Keywords: Rheumatoid arthritis; Rehabilitation therapy; Physical exercise; Dynamic; Reconditioning

To the Editor

Editorials usually offer comments on original articles published in the same issue of the journal. In the January 2008 issue of Joint, Bone, Spine, there is an editorial [1] and a review article [2] on dynamic exercise for patients with rheumatoid arthritis (RA). Oddly enough, A. Mayoux-Benhamou [1] simply mentions, but does not analyze, the review article by P. Gaudin et al., at the end of her editorial [2]. The reason for the enthusiasm that A. Mayoux-Benhamou shows for dynamic exercise is not obvious from the content of the article by P. Gaudin et al. From the outset, the interrogative form of the title suggests a need for caution. Based on their excellent literature review, P. Gaudin et al. conclude that the effects of dynamic exercise on the articular status of patients with RA are less than impressive: there is no increase in disease activity but the exercises fail to improve functional capacity or radiological lesion progression, and no data are available on pain. Interestingly enough, the articles selected for the literature review are not the same as those mentioned in the editorial. Furthermore, the time after which the radiographs are analyzed, although not specified, seems short (“more than 3 months” in three articles). Aerobic capacity improves, as with healthy individuals. However, articular status is the main concern in patients with diseases such as RA. The muscle strength increase found in three studies may indirectly benefit the musculoskeletal system but does not seem to warrant the statement by A. Mayoux-Benhamou that “Dynamic exercises improved muscle performance and aerobic capacity, thereby preventing loss of function”. Could overworking the joints have the opposite effect? A number of manual jobs and sporting activities that generate articular loads similar to those seen with dynamic exercises are associated with deformities and functional loss [3].

A careful analysis of these two articles indicates that it would be premature to recommend dynamic exercises in RA. Clearly, opinions on this point differ between rheumatologists [2,3] and physiatrists [1,4]. The difference involves the factors that improve with rehabilitation. Although improvements in physical condition, with their beneficial effects on mood, are always welcome, rheumatologists are concerned about the effects of exercise on the joints. Exercise “does not ensure control of basal disease activity and probably has no effect on pain, although there are no deleterious effects, except when damaged joints are loaded. An individually tailored program limits the risk of harm [4].” Has this been convincingly established? In the current state of our knowledge, to get moving is not enough: we should move cautiously, within the confines of well-designed studies. Indeed, further work is needed, as indicated by P. Gaudin et al., before dynamic exercise can be recommended, most notably in patients with advanced RA (with all three articles agreeing on this point).

References


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Reply to the letter by Paul Le Goff about the editorial entitled “Get moving! Dynamic exercise therapy for rheumatoid arthritis”

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To the Editor,

I have read the comments by P. Le Goff with careful attention. In my opinion, an editorial serves to introduce a topic and to turn the spotlight on the corresponding article. I have read editorials written with those objectives in mind.