

Biologics Open Nonmedical Therapeutic Window

BY SARA FREEMAN

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LONDON – Biologic treatment may open a “therapeutic window” for the improved nonmedical management of rheumatoid arthritis, according to a leading Swedish physiotherapist.

The advent of biologics just over a decade ago has undoubtedly tightened disease control and improved outcomes, compared with more conventional therapies for many patients with RA.

But biologics have also made it much more possible for patients to undertake prescribed exercise regimens that are recommended for older adults with chronic diseases such as arthritis, said Christina Opava of the Karolinska Institutet and Karolinska University Hospital in Stockholm.

“Biologics do not necessarily take away the need for exercise, but they may open up a therapeutic window for people to regain and maintain their physical activity while on treatment,” she noted.

In an interview, Ms. Opava added that “everything is not about disease control. We also need to pay attention to a healthy lifestyle.”

Over the past few decades, the treatment of RA has changed dramatically, with improved medications and non-medical options. In addition, many more patients today are empowered to self-manage their condition, and have greater expectations of and worries about how treatments and their disease will affect their overall quality and duration of life.

In a recent review article, four non-pharmacologic options topped the list of strategies that have a sound evidence base: self-management interventions, exercise or a suitable physical activity program, comprehensive occupational therapy with patients who are able to work but are at risk of losing their jobs, and use of wrist and finger splints (Curr. Rheumatol. 2011;23:259-64).

More research is needed on the use of assistive devices, foot orthoses, and dietary interventions in order to determine the true effectiveness of the strategies, the review authors suggested.

Having worked as a rheumatology health care professional for more than 30 years, Ms. Opava emphasized that non-medical options should not be forgotten. Strategies to help patients self-manage their condition, for example, may include tailored patient education, behavioral and cognitive approaches, and individualized weekly action plans (Ann. Rheum. Dis. 2010;69:955-63).

Ms. Opava’s research has focused on the benefits of regular exercise in arthritis, and determining what the minimum amount of exercise could be and how this could be most effectively prescribed (Arthritis Rheum. 2003;49:428-34). Planned and structured exercise has been shown to be effective in RA, and “by now, there are enough studies to support its safety as well as its benefit,” she said.

Not all patients may be able to partake in the same level or type of exercise, which – according to the American College of Sports Medicine guidelines – can be the same for adults aged 50-64 years with a chronic condition such as arthritis and those aged 65 years or older.

“Everyone has to choose their own mode of exercise,” Ms. Opava explained, noting that health care professionals need to assess the patient’s physical ca-

capacity before prescribing any form of exercise or physical activity program. Exercise and physical activity also need to be enjoyable for patients, so that there is greater likelihood that patients will stick with their exercise regimen.

Patient education and empowerment are vital to achieving and maintaining a healthy lifestyle that includes appropriate exercise and physical activity. All health care professionals who treat patients with

arthritis should reinforce the benefits of healthy living as a central component of managing the condition, she said.

“Most of us know what a healthy lifestyle is, but it’s more difficult to lead a healthy lifestyle consistently,” she added, noting that it basically involved physical activity, a healthful diet, moderate alcohol intake, and no smoking.

Ms. Opava had no conflicts of interest to declare. ■

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