

The perceived benefit and harm of mild radon hyperthermia, rehabilitation and medications from the point of view of a large cohort of patients with ankylosing spondylitis (AS) attending the Gastein Healing Gallery

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Context:

The Gastein Healing Gallery (GHG) (Pic 1 and 2) combines several treatment factors such as low level radon exposure, high humidity and mild hyperthermia in a moderate altitude above sea level. Every year well over 2500 patients with AS seek treatment in this health facility. Our objectives were to assess the perceived benefit and harm of gallery sessions (GS), inpatient rehabilitation (Rehab), the combination of both and medications (Meds) from the point of view of a cohort of patients with AS attending the GHG regularly.

Methods:

We conducted an anonymous online survey with AS patients attending the GHG in Bad Gastein. In this health facility approximately 12,000 patients with a variety of disease are treated annually. Of those, 1311 patients with AS were invited by email to fill out the survey. Socio-demographics and disease related variables (e.g. development of health condition until and since gallery sessions, pain, etc.) were assessed, including questions regarding benefit (Be) and harm (Ha) of different treatments: gallery sessions (GS) only, gallery sessions with inpatient rehab (GSwRehab), Rehab only, Meds including biologics (Bio), DMARDs (DM) (e.g. methotrexat), cortison (Cor), non-steriodals (Ns) (e.g. ibuprofen). The answer format was on a VAS scale (0=no benefit/harm, 10=max. benefit/harm).

Results:

In total 333 patients responded (=25,0%). The mean age of the cohort was 53,9 years (SD \pm 10) and 65% were male. The current pain level was 4,3 (SD \pm 1,9) on a VAS (range 0-10). Diagnosis was made 16,6 years (SD \pm 10,6) ago, patients have been suffering from spine pain for 25,7 years (SD \pm 10,7). The majority attended the gallery once every year (60,4%), not regularly (3,0%), several times a year (7,5%) or every 2 years (25,5%). Marked or moderate improvement of health condition until first gallery session was indicated by 32,1% and since by 80,2% of patients. The mean number of gallery stays was 10,3 (SD \pm 8,0; median 8,0; range 1-57). 56,2% had experiences with biologics. Concerning the Be and Ha items the patients indicated (Be/Ha): GS 8,1/0,6, GSwRehab 9,3/0,4, Rehab 3,4/2,1. Having experiences with biologics made no significant difference in the prior ratings. Concerning Meds patients reported the following (Be/Ha): Bio 7,9/4,0, DM 4,4/4,4, Cor 5,6/5,7, and Ns 6,9/4,0.

Conclusions:

In our large cohort of patients with long-term AS with spine pain regularly attending the GHG, GS with Rehab was rated highest in respect of benefit, followed by GS only and Rehab only. The latter only received a low rating concerning benefit. From the patients point of view the harm of all three treatments was pretty low, exhibiting an excellent benefit-harm ratio for GS and GS with inpatient Rehab. In the Meds group the picture was different. Although in the biologics group the benefit was also rated high, the harm was however viewed as moderate resulting in a modest benefit-harm ratio. The other Meds were considered on a moderate level almost equally beneficial as well as harmful. To conclude gallery sessions alone or in combination with inpatient rehabilitation have a significant value and exhibit at the same time a negligible harm for this cohort of AS patients.



Pic 1: Gastein Healing Gallery Clinic.



Pic 2: Treatment area in the Gallery.

COI: Dr. Offenbächer is employed by the Gastein Healing Gallery Company