

The perceived benefit and harm of active exercise, physical therapy and modalities 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) combine 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. Besides medical treatment, active exercise (AE), physical therapies (PT) and modalities (MO) are important parts in the management of AS. Therefore, our objectives were to assess the subjective benefit and harm of AE, PT and MO from the point of view of a cohort of patients with AS attending the GHG.

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 diseases 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. The AE group included: AS training (i.e. group training with different forms of physical exercises), swimming, cycling, other sports, stretching and strength training. The PT items consisted of physiotherapy, osteopathy and supervised strength training, and the MO were heat therapy (e.g. sauna), radon baths, lymphatic drainage, and massage. The answer format was on a VAS scale (0=no benefit/harm, 10=max. benefit/harm).



Pic 1: Gastein Healing Gallery Clinic.



Pic 2: Treatment area in the Gallery.

Results:

In total 333 patients responded (=25,0%). The mean age of the cohort was 53,9 years (SD \pm 10,0) and 65,0% 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). 56,2% had experiences with biologics. Concerning the Be and Ha of the treatments below, the patients indicated (Be/Ha): AS training 8,6/0,5, swimming 7,4/0,6, cycling 6,2/1,6, other sports 7,5/0,8, stretching 8,4/0,5 (female patients indicated a significant greater benefit) and strength training 7,4/1,1; physiotherapy 8,6/0,5, osteopathy 6,5/0,3 (female patients indicated a significant lower harm, and a not significant higher benefit) and supervised strength training 8,4/0,5; heat therapy 8,1/0,2, radon baths 8,5/0,3, lymphatic drainage 6,4/0,4, massage 8,3/0,4.

Conclusions:

In our large cohort of patients with long term AS with spine pain regularly attending the GHG the listed non-medical therapeutical methods were rated, in most cases, as highly beneficial with minimal harm potential. This results in a very good benefit-harm ratio and potentially lead to a better compliance with therapy. To conclude the above listed methods have a considerable value in the therapeutic management of this cohort of AS patients.