



Lifestyle habits as an integral part of care management in patients with established Rheumatoid Arthritis

K. Malm^{1,2}, S. Bergman^{1,3}, A. Bremander^{1,4,5}, I. Larsson^{1,6}, M. L. Andersson^{1,4} on behalf of The BARFOT study group
¹Spenshult Research and Development Center, Halmstad, Sweden ²Rheumatology, Capio Movement, Halmstad, Sweden

³Primary Health Care Unit, Department of Public Health and Community Medicine, Institute of Medicine, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

⁴Department of Clinical Sciences, Section of Rheumatology, Lund University, Lund, Sweden ⁵School of Business, Engineering and Science, Halmstad University, Halmstad, Sweden ⁶School of Health and Welfare, Halmstad University, Halmstad, Sweden

Conclusion

Less than half of the patients reported to have had discussions concerning their lifestyle. Discussions were more often held with patients that already met healthy lifestyle recommendations.

Discussions concerning lifestyle habits should be an integral part of care management and an interactive process.

Background

Rheumatoid arthritis (RA) is associated with an increased risk of developing comorbidities which are known to be associated with lifestyle-related habits; a sedentary lifestyle, having an unhealthy diet, smoking, and over-consumption of alcohol.

In 2017, the European League Against Rheumatism (EULAR) updated their general guidelines on risk management in patients with RA, in which health professionals are encouraged to prioritize discussions with patients regarding their lifestyle.

Objectives

To study if lifestyle habits; physical activity, diet, smoking and alcohol had been discussed with patients having RA during any healthcare visits.

Methods

A cross-sectional postal survey in 2017 included 1542 eligible patients from the BARFOT (Better Anti-Rheumatic Pharmacotherapy) study.

All patients received a questionnaire including lifestyle habits (physical activity, diet, smoking and alcohol), and whether these habits had been discussed during any of their healthcare visits including rheumatology departments and general practitioners.

For each of the four lifestyle habits there was also a question regarding whether the patients would have wanted such a discussion.

Results

1,061 patients (68%) responded to the survey (mean age 67 years (SD 13); 73% women).

- *Physical activity* was discussed with 49% of the patients (figure 1A). Those who reported that they were active on a health-enhancing level were more likely to have discussed physical activity with health professionals.
- *Diet* had been discussed with 23% of the patients (figure 1B). Patients who reported a non-traditional mixed diet were more likely to have discussed diet.
- *Smoking* was discussed with 25% of the patients (figure 1C). Current smokers had more often discussed smoking habits with healthcare professionals compared with never smokers (32% vs.17%; p=0.000).
- *Alcohol* had been discussed with 17% of the patients (figure 1D). Of the patients with hazardous drinking habits, 77% had not had a discussion regarding alcohol.

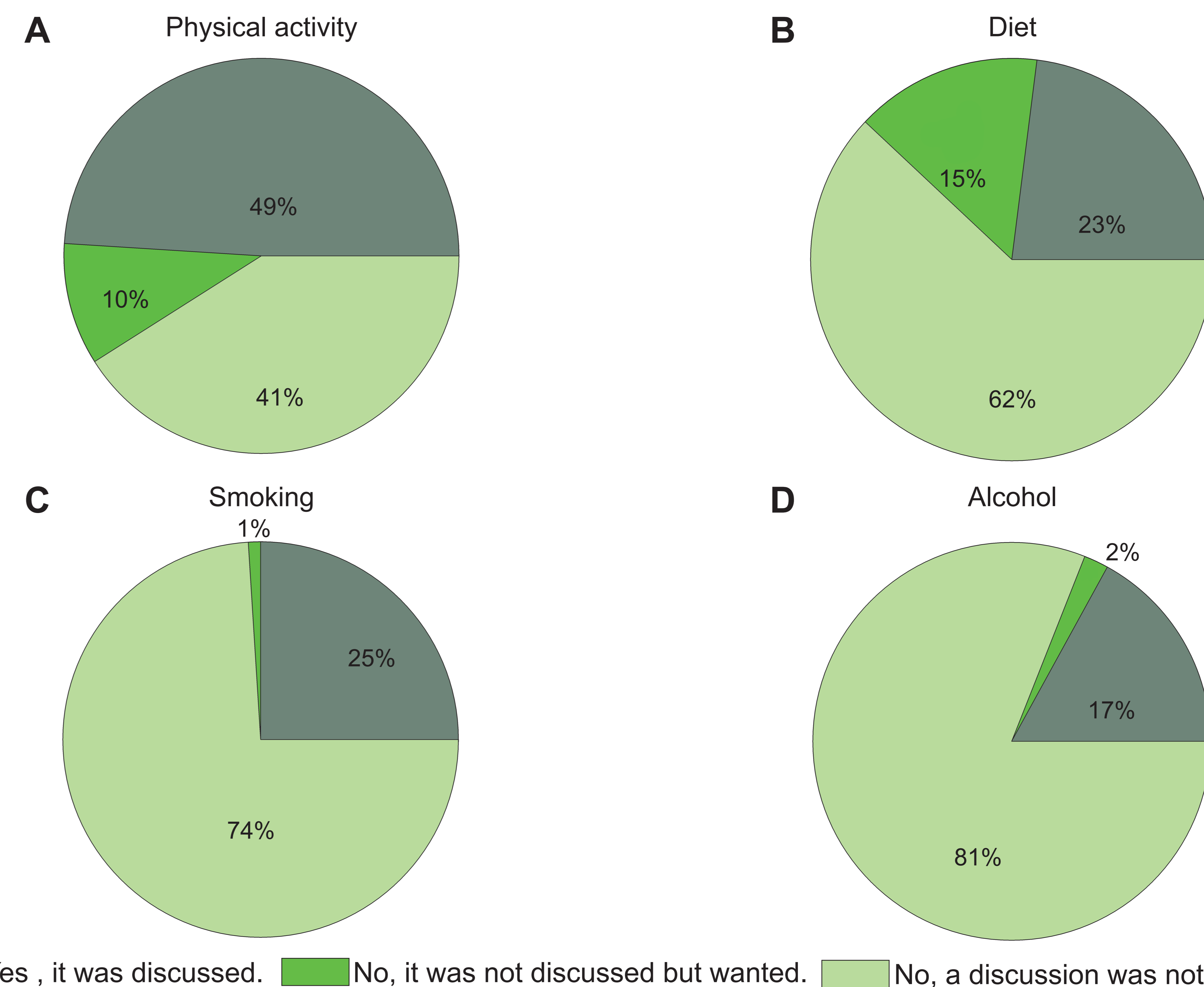


Figure 1. Percentage of patients reporting that they had had a discussion regarding lifestyle habits and whether they had wanted to have a discussion.

