

Patients’ experiences of reasons to being physically active in early rheumatoid arthritis
- a mixed methods study

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Conclusion:

Knowledge of reasons to being physically active in patients with RA is important to facilitate and support the patients. Joint pain seems to be an issue for patients with sick-leave. This could be associated to fear of movement and in this aspect these patients need to be supported. Time could be a limiting issue for working patients, which need to be highlighted and solved for these patients.



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Background

The importance of physical activity in rheumatoid arthritis (RA) is well known and patients are informed about the importance of being physically active. Despite this knowledge there is a lack of compliance to this advice. Studies comparing physical activity in different groups of patients with RA and reasons influencing physical activity are needed.

Objective

The objectives were to compare physical activity (PA) in workers, retired and patients with sick-leave with early RA and further to explore reasons to being physically active in these patients.

Methods

A total of 66 patients with early RA were included in the study. A sequential explanatory mixed methods design was used. The groups were compared with clinical data as: disease activity (DAS28); pain (VAS 0-100, best to worst); health-related quality of life (EQ5D, -0.594-1 worse to best) and a physical function (HAQ, 0-3 best to worst). ESR and CRP. Patients were dichotomized as being active on recommended levels of PA (MVPAre; physically active on a moderate level ≥150min/week (MPA) or on an intense level ≥75min/week (VPA)) or not (sedentary). The patients were grouped on self-reported working ability; workers, patients with sick-leave and retired patients. Qualitative data was collected by a questionnaire with open-ended questions about reasons influencing PA. The qualitative data was analysed with a manifest qualitative content analysis to gain a greater understanding of patients’ experiences of PA in early RA.

Results

There were no significant differences between the groups in disease activity, physical function, swollen joints, health-related quality of life or inflammatory parameters (ESR, CRP). Patients on sick-leave had more tender joints, table 1. Workers reported higher intensity of pain, though not significant. Retired patients fulfilled MVPA criteria to a higher rate (86%) than workers (42%) or patients with sick-leave (40%), p=0.010. The qualitative content analysis resulted in three categories. Reasons to being physically active in patients with early RA were; limitations (pain, physical function, stiffness, limited strength and fatigue), awareness as motivation (fear of movement and health benefits) and external environment (weather, transports to activity, economy and time, especially for workers).

Table 1. Patient characteristics by occupation at inclusion (n=43)

Variables	Total median (min-max)	Working median (min-max)	Sick leave median (min-max)	Retired median (min-max)	P-values
	43	12	10	21	
Age	63 (29-90)	52 (25-64)	59 (35-76)	71 (64-90)	<0.001
Gender (women, %)	58	58	70	52	0.649
DAS28	4.34 (2.17-7.54)	4.31 (3.10-7.54)	4.58 (3.32-7.07)	4.34 (2.17-5.85)	0.713
PatGAVAS	49 (1-98)	50 (9-98)	34 (4-100)	53 (1-98)	0.243
PainVAS	52 (6-100)	70 (13-99)	31 (6-93)	52 (6-100)	0.340
FatigueVAS	64 (0-99)	76 (0-99)	48 (8-78)	52 (1-98)	0.303
Swollen joints	4 (0-20)	4 (2-12)	4 (1-16)	3 (0-10)	0.168
Tender joints	4 (0-20)	4 (0-20)	9 (2-18)	3 (0-10)	0.013
ESR	22 (5-98)	12 (5-69)	22 (6-93)	27 (6-98)	0.333
CRP	14 (1-189)	7 (1-98)	15 (2-125)	19 (3-189)	0.099
HAQ	1.25 (0-2.25)	1.25 (0.25-2.00)	1.32 (0-2.25)	1.25 (0.38-2.13)	0.920
EQ-5D	0.65 (-0.17-1)	0.42 (-0.02-0.76)	0.67 (-0.02-0.80)	0.66 (-0.17-1.00)	0.529
BMI	26.5 (17.1-35.9)	24.7 (20.3-30.0)	26.4 (20.1-35.0)	26.6 (17.1-35.9)	0.689
ACPA pos (%)	55	64	67	43	0.474
RF pos (%)	58	58	66	55	0.840