

Regenerative Health Programme

Role of Complementary Therapies, Self-Help Approaches and Health Coaching in:

Arthritis



Dixon K E, Keefe F J, Scipio C D, Perri L M, Abernethy A P. **Psychological interventions for arthritis pain management in adults: a meta-analysis.** Health Psychology 2007; 26(3): 241-250

Abstract

CONTEXT: The psychosocial impact of arthritis can be profound. There is growing interest in psychosocial interventions for managing pain and disability in arthritis patients.

OBJECTIVE: This meta-analysis reports on the efficacy of psychosocial interventions for arthritis pain and disability.

DATA SOURCES: Articles evaluating psychosocial interventions for arthritis were identified through Cochrane Controlled Trials, EMBASE, Ovid MEDLINE, and Ovid PsycINFO data sources.

STUDY SELECTION: Randomized controlled trials testing the efficacy of psychosocial interventions in arthritis pain management were reviewed.

DATA EXTRACTION: Twenty-seven randomized controlled trials were analyzed. Pain intensity was the primary outcome. Secondary outcomes included psychological, physical, and biological functioning.

DATA SYNTHESIS: An overall effect size of 0.177 (95% CI=0.256-0.094) indicated that patients receiving psychosocial interventions reported significantly lower pain than patients in control conditions (combined $p=.01$). Meta-analyses also supported the efficacy of psychosocial interventions for the secondary outcomes.

CONCLUSIONS: These findings indicate that psychosocial interventions may have significant effects on pain and other outcomes in arthritis patients. Ample evidence for the additional benefit of such interventions over and above that of standard medical care was found.

<http://www.ncbi.nlm.nih.gov/pubmed/17500610?dopt=Abstract>

Francis J. Keefe, PhD, Tamara J. Somers, PhD, and Lynn M. Martire, PhD
Psychological Interventions and Lifestyle Modifications for Arthritis Pain Management. Rheum Dis Clin North Am. 2008 May; 34(2): 351–368.

This article provides an overview of self-management interventions used to manage pain in patients with arthritis. The article is divided in two major sections. In the first section, we review psychological interventions used to manage arthritis pain including pain coping skills training/cognitive behavioral therapy for pain management, emotional disclosure interventions, and partner-assisted interventions. In the second section, we address lifestyle behavioral weight loss interventions used to reduce arthritis pain. In

each section we briefly describe the rationale and nature of the interventions, present data on their efficacy, and highlight potential future research directions.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603303/>

[Keefe FJ, Abernethy AP, C Campbell L.](#) **Psychological approaches to understanding and treating disease-related pain.** *Annu Rev Psychol.* 2005; 56:601-30.

Psychologists are increasingly involved in the assessment and treatment of disease-related pain such as pain secondary to arthritis or cancer. This review is divided into four sections. In the first section, we provide a conceptual background on this area that discusses the limitations of the biomedical model of disease-related pain and traces the evolution of psychosocial theories of pain. In the second section, we discuss special issues and challenges involved in working with persons having disease-related pain, including the reluctance of some persons to report pain and to become involved in psychological treatments for pain. Section three provides an overview of psychosocial research conducted on arthritis pain and cancer pain that addresses both psychosocial factors related to pain and psychosocial interventions for pain management. In the final section, we describe important future directions, including strategies for disseminating psychosocial treatments and disparities in pain management.

<http://www.annualreviews.org/doi/abs/10.1146/annurev.psych.56.091103.070302>

Lee YH, Woo JH, Choi SJ, Ji JD, Song GG. **Effect of glucosamine or chondroitin sulfate on the osteoarthritis progression: a meta-analysis.** Database of Abstracts of Reviews of Effects (DARE).

Conclusion Chondroitin sulphate (800mg/day for two years or more) or glucosamine sulphate (1,500mg/day for three years or more) may delay the natural progression of osteoarthritis of the knee.

<http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=12010001164>

Christensen R, Bartels EM, Astrup A, Bliddal H. **Effect of weight reduction in obese patients diagnosed with knee osteoarthritis: a systematic review and meta-analysis.** DARE structured abstract; April 2010

Conclusion Professionals who treat people with osteoarthritis of the knee should encourage overweight patients to reduce weight.

<http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=12007001351>

Iwamoto J, Sato Y, Takeda T, Matsumoto H. **Effectiveness of exercise in the treatment of lumbar spinal stenosis, knee osteoarthritis, and osteoporosis.** *Aging - Clinical and Experimental Research* 2010; 22(2):116-122.

Abstract

BACKGROUND AND AIMS: Lumbar spinal stenosis (LSS), osteoarthritis (OA) of the knee, and osteoporosis are major locomotive diseases in the elderly population. The aim of this study was to examine the effectiveness of exercise in these three diseases.

METHODS: We reviewed the relevant literature, i.e., systematic reviews and meta-analyses searched with PubMed.

RESULTS: There is not sufficient evidence to draw conclusions regarding the effectiveness of exercise for LSS. However, muscle strengthening and aerobic exercises are effective in reducing pain and improving physical function in patients with mild to

moderate OA of the knee. On the other hand, aerobics, weight bearing and resistance exercises are effective in increasing the bone mineral density of the spine in postmenopausal women, and walking is effective for the hips. Muscle strengthening, balance training and traditional Chinese Tai Chi reduce the risk of falls in the elderly. CONCLUSIONS: Based on a review of the literature, appropriate exercises should be emphasized for elderly patients, especially for those with mild to moderate OA of the knee or osteoporosis.

<http://www.ncbi.nlm.nih.gov/pubmed/19920410>

Devos-Comby L, Cronan T, Roesch SC. **Do exercise and self-management interventions benefit patients with osteoarthritis of the knee: a meta-analytic review.** DARE structured abstract; Jan 2010.

OBJECTIVE: Osteoarthritis (OA) is the most prevalent health condition among seniors and it causes significant pain and disability. We assessed the influence of patient education and exercise regimens on the well-being of patients with knee OA.

METHODS: A metaanalysis was conducted on 16 studies reporting exercise and/or self-management interventions for patients with knee OA. The effects on physical and psychological well-being were assessed immediately after the interventions. RESULTS: Compared to control conditions, exercise regimens led to improvement in physical health (by self-report and direct measures) and in overall impact of OA. Perceived psychological health remained unchanged by the exercise programs. Although the effect sizes for the self-management programs were significant for psychological outcomes and for the overall effect of OA, there was a significant difference between self-management and control groups only in psychological outcomes. CONCLUSION: Overall, both patient education and exercise regimens had a modest, yet clinically important, influence on patients' well-being.

<http://www.jrheum.org/content/33/4/744.abstract>

Manheimer E, Cheng K, Linde K, Lao L, Yoo J, Wieland S et al. **Acupuncture for peripheral joint osteoarthritis.** Cochrane Database Syst Rev 2010;

Background

Peripheral joint osteoarthritis is a major cause of pain and functional limitation. Few treatments are safe and effective.

Objectives To assess the effects of acupuncture for treating peripheral joint osteoarthritis.

Authors' conclusions Sham-controlled trials show statistically significant benefits; however, these benefits are small, do not meet our pre-defined thresholds for clinical relevance, and are probably due at least partially to placebo effects from incomplete blinding. Waiting list-controlled trials of acupuncture for peripheral joint osteoarthritis suggest statistically significant and clinically relevant benefits, much of which may be due to expectation or placebo effects.

<http://www.library.nhs.uk/MUSCULOSKELETAL/ViewResource.aspx?resID=341705&tabID=289>

Ernst E, Lee MS. **Acupuncture for rheumatic conditions: an overview of systematic reviews.** Rheumatology (Oxford) 2010 Oct;49(10):1957-61.

Abstract

Objective Several systematic reviews (SRs) have assessed the effectiveness of acupuncture for rheumatic conditions, often with contradictory conclusions. Our aim is to

provide a critical evaluation and summary of these data.

Methods Electronic searches were conducted in 15 databases to locate all SRs on acupuncture for rheumatic conditions published since 2000. Data were extracted by the authors according to pre-defined criteria.

Results We found 30 SRs that met our inclusion criteria. They related to the following rheumatic conditions: FM, low back pain, lateral elbow pain, musculoskeletal pain, orthopaedic diseases, OA, RA, shoulder pain, frozen shoulder, neck disorder, AS and sciatica. Their conclusions were in several instances contradictory. Relatively clear evidence emerged to suggest that acupuncture is effective for OA, low back pain and lateral elbow pain and ineffective for FM and RA.

Conclusion Many SRs have recently been done. Only for OA, low back pain and lateral elbow pain is the evidence sufficiently sound to warrant positive recommendations of this therapy in routine care of rheumatic patients.

<http://www.library.nhs.uk/musculoskeletal/viewResource.aspx?resID=380102>

[Rosenbaum CC, O'Mathúna DP, Chavez M, Shields K. Antioxidants and antiinflammatory dietary supplements for osteoarthritis and rheumatoid arthritis. *Altern Ther Health Med.* 2010 Mar-Apr;16\(2\):32-40.](#)

Abstract

OBJECTIVE: To review efficacy studies of antioxidant and antiinflammatory dietary supplements used to manage osteoarthritis (OA) and rheumatoid arthritis (RA) and make conclusions about their place in therapy. Glucosamine, chondroitin, and methyl sulfonyl methane were excluded.

CONCLUSIONS: Three studies support cat's claw alone or in combination for OA, and two studies support omega-3 fatty acids for the treatment of RA. We cannot recommend use of vitamin E alone; vitamins A, C, and E in combination; ginger; turmeric; or Zyflamend (New Chapter, Brattleboro, Vermont) for the treatment of OA or RA or omega-3 fatty acids for OA. Whether any of these supplements can be effectively and safely recommended to reduce nonsteroidal antiinflammatory drug or steroid usage is unclear and requires more high-quality research.

<http://www.ncbi.nlm.nih.gov/pubmed/20232616>

Lee M S, Pittler M H, Ernst E. **Tai chi for osteoarthritis: a systematic review.**

Database of Abstracts of Reviews of Effects (DARE).

Conclusions Overall findings suggested that tai chi may be effective for controlling pain associated with knee osteoarthritis, but here was no convincing evidence for pain reduction or improvement of physical function.

<http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=12008103369>