

Incorporating education in exercise programs increases benefits for arthritis patients

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Arthritis is the nation's most common cause of disability. The number of adults with doctor-diagnosed arthritis is projected to increase to 67 million by 2030, and a large proportion of U.S. adults will limit their activity as a result, according to the Centers for Disease Control and Prevention. Now, in a new study, University of Missouri researchers found that adults with arthritis who received exercise interventions that included educational components significantly increased their physical activity levels and experienced improvements in pain and physical functioning.

"Many researchers examine the effectiveness of exercise classes to encourage people with arthritis to start exercising, but these studies don't examine what the classes are teaching people and if those people continue exercising after the class is over," said Marian Minor, professor in the MU Department of Physical Therapy in the School of Health Professions. "All exercise programs should include educational components that teach people how to stay active for life. We know from other studies that exercise reduces pain and improves physical functioning and mental health, but if people stop exercising, the benefits will go away."

The researchers found that patients with arthritis who learned exercise habits through physical activity interventions reported decreases in pain and increases in physical functioning, compared to patients who did not participate in interventions. Educational components helped patients maintain increased physical activity levels. Patients reported additional

benefits, including increased muscle strength and better mental health, said Vicki Conn, lead author of the study, professor and associate dean of research in the MU Sinclair School of Nursing.

"Educational components can be incorporated into exercise programs in any setting that are currently suggested by physicians, nurses and other care providers," Conn said. "We found various tactics for educating patients that are effective, including one-on-one discussions with care providers or group interventions, providing self-monitoring advice, providing feedback to subjects regarding their performance, goal-setting, and problem-solving."

The researchers completed a meta-analysis incorporating data from 4,111 participants in 28 studies; participants included people with osteoarthritis, knee arthritis and rheumatoid arthritis. Only studies that measured physical activity after the completion of the intervention were included.

"Health care providers have a responsibility to educate patients and help them maintain effective physical activity habits. It is important that people diagnosed with arthritis have someone to look to for education and help with managing their symptoms. This is a public health priority, and health providers need to teach people to take control of their own health and improve their lives," Minor said.

Source: University of Missouri-Columbia

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