

The impact of lifestyle intervention in rheumatoid arthritis

June 17 2024



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EULAR—The European Alliance of Associations for Rheumatology—has previously made recommendations for lifestyle interventions in people with rheumatic and musculoskeletal diseases,

including rheumatoid arthritis (RA). The overarching principles define the need for a healthy lifestyle, with specific recommendations that emphasize the importance of a healthy, balanced diet.

Now, [new work shared](#) at the 2024 EULAR congress in Vienna is expanding on this, with data from a [randomized controlled trial](#).

The 16-week Plants for Joints trial investigated the effects of a multidisciplinary lifestyle intervention in people with RA, as compared to usual care. The intervention was based on a whole-food, [plant-based diet](#)—alongside [physical activity](#) and stress management.

Previous reports showed this intervention significantly reduced the 28-joint disease activity score (DAS28) compared to usual care alone. To expand on this, the researchers wanted to determine the long-term effectiveness of the intervention, specifically with regards to disease activity after two years.

After the initial 16-week randomized period, the control group also received the intervention, and participants were followed for two years with biannual visits and six adherence-promoting webinars annually.

People with DAS28

In total, 62% of the original trial completers also completed the two-year follow-up. Those who discontinued most often indicated that this was because they were too busy, unreachable, or did not give permission for the second year of the extension study.

The long-term results showed that improvement in DAS28 was maintained for two years after completing the [intervention](#)—and was significantly lower compared to baseline.

Tender joint count and general health components of the DAS28 also improved significantly, although there was no significant difference in

the erythrocyte sedimentation rate and swollen joint count compared to baseline. Results were similar in people who completing the two-year extension study versus those that discontinued prematurely.

Of the 39 participants who completed their follow-up and used disease-modifying antirheumatic medication, 44% were able to decrease or stop, 26% had stable usage, and 31% had increased medication. Of those with stable or decreased medication compared to baseline, 65% had improved DAS28.

After the two-year follow-up, HDL-cholesterol was increased and C-reactive protein (CRP) remained significantly lower compared to baseline values—although there was no longer a significant difference in weight, waist circumference, LDL-cholesterol, or HbA1c.

These findings indicate that intensive lifestyle modifications can be effective in the long term for people with RA.

More information: C. Wagenaar et al, OP0330-HPR Long-term effectiveness of a lifestyle intervention for rheumatoid arthritis: Two-year follow-up after the "Plants for Joints" randomized clinical trial, *Health Professionals in Rheumatology Abstracts* (2024). [DOI: 10.1136/annrheumdis-2024-eular.885](https://doi.org/10.1136/annrheumdis-2024-eular.885)

Provided by European Alliance of Associations for Rheumatology (EULAR)

Citation: The impact of lifestyle intervention in rheumatoid arthritis (2024, June 17) retrieved 26 June 2024 from <https://medicalxpress.com/news/2024-06-impact-lifestyle-intervention-rheumatoid-arthritis.html>

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