Health professionals’ perceptions of the effects of exercise on joint health in rheumatoid arthritis patients II; a follow-up focus group study

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Presenter Disclosure Information:
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Introduction

• **Exercise** has been shown to be an important factor in the treatment and management of RA (e.g. Ekblom, et al., 1975; van den Ende et al., 2000; Häkkinen et al., 2003; Häkkinen et al., 2005; Lemmey et al., 2009)

• However:
  – Patients with pre-existing damage should avoid high-intensity weight-bearing exercises (Munneke et al., 2005)
  – Greater increase in damage of the large joints in the training group of patients who already had damaged joints (De Jong et al., 2003)

• Follow-up study concluding **no difference in the rate of damage** between the exercise and non-exercise group (De Jong et al., 2009)
Introduction

- High-intensity weight-bearing exercise did not lead to damage in the joints of the hands and the feet (Häkkinen et al., 2001; Häkkinen et al., 2004)

- Resistance exercise in RA is safe and effective (Baillet et al., 2012)
Introduction

• Law et al. (2010) investigated patient perceptions specifically relating to exercise and joint health
  – Patients perceived health professionals to lack certainty and clarity about exercise recommendations and the occurrence of joint damage (Law et al., 2010)

• Our questionnaire study indicated that health professionals and patients had conflicting perceptions
Qualitative Methods

• Four moderated focus groups with MDT’s

• Three key question areas:
  1. What are your thoughts about exercise and joint health in your RA patients?
  2. What do you tell your RA patients about exercise?
  3. What are your thoughts about the following quote?

‘RA health professionals perceive that exercise is beneficial for their RA patients and are confident in their knowledge and ability to prescribe effective exercises. However, RA patients perceive that health professionals lack certainty and clarity regarding exercise and joint health’
Participant demographics

- 19 females, 5 males
- 30 - 60 years; mean age 48.5 years
- Duration working with RA: 3 - 32 years; mean 14.9 years

Multidisciplinary team members included:

- Registrar: 1
- Podiatrist: 1
- Nurse: 8
- Rheumatologist: 5
- Occupational Therapist: 4
- Physiotherapist: 5
Results

• Recordings were transcribed and subsequently analysed using Framework Analysis (Ritchie & Spencer, 1994)

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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>1</td>
<td><strong>Familiarisation</strong> Reading notes and transcripts and listening to tapes</td>
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<tr>
<td>2</td>
<td><strong>Identifying a thematic framework</strong> Development of a coding system</td>
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<td>3</td>
<td><strong>Indexing</strong> Application of the code to the data</td>
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<td>4</td>
<td><strong>Charting</strong> Rearranging the data to allow comparisons</td>
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<td>5</td>
<td><strong>Mapping and interpretation</strong> Defining concepts, finding associations and providing explanations</td>
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• Discussions with other researchers consolidated validation at different stages of the analysis process
‘Exercise is beneficial’

“From a professional point of view... exercise is very important, an integral part of the treatment and management.” [Rheumatologist; 2; 19]

“So it’s just what you tell the general population, with the added things specific to RA.” [Occupational therapist; 2; 2]

Exercise is beneficial

- Exercise is an important part of RA treatment
- Exercise is essential for joints
- There are general physical and psychological benefits of exercise
‘Patients have barriers to exercise’

“Their two main obstacles are pain and fatigue normally.” [Rheumatologist; 1; 16]

“They say that they haven’t got time to exercise.” [Nurse; 1; 20]

“I think also teaching them about the use of analgesia and anti-inflammatory drugs prior to exercise.” [Nurse; 3; 9]

RA patients don’t exercise because of joint pain

RA patients have other disease related barriers

It is hard to prescribe exercise to anyone whether they have RA or not

It sometimes feels like exercise promotion will fall on deaf ears

There are ways of combating patient barriers
‘Concerns about damage to joints’

“I think a lot of patients are quite worried when you talk about exercise because they think it’s actually going to damage their joints.”
[Occupational therapist; 2; 2]

“Try and explain the different types of pain to them between muscle ache and acute sharpness, impingement...what to avoid and what’s OK.”
[Physiotherapist; 1; 24]

RA patients worry that exercise will damage their joints

Patients need education

Concerns about damage to joints
‘Concerns about damage to joints’

“I tend to say there is no evidence to suggest that exercise damages your joints.” [Rheumatologist; 1; 16]

“...carry on doing it as long as it's not heavy weight-bearing exercise that might cause damage.” [Nurse; 3; 9]

“I think quite often we get them to exercise in water...it is one way they can get more mobility and not do any more damage to their joints.” [Physiotherapist; 3; 21]
‘Health professional knowledge differs’

“For a long time there wasn’t a great deal of research to say whether load-bearing exercise was beneficial or detrimental to joints. I think the difficulty is when you haven’t got a solid evidence base… it’s quite hard for you to then pass on [information] to patients.” [Physiotherapist; 2; 18]

“And sometimes I have directed people towards local leisure centres and the feedback has been that the people there have actually been advising them not to do too much... because they don’t know enough about arthritis.” [Nurse; 1; 17]
‘Patients may think service delivery is vague’

“But if you’re telling me that [you treat people differently], I could perceive that you weren’t confident in what you were telling me because you were varying it so much.” [Nurse; 1; 17]

“We all know what our roles are and where our levels of expertise are... If I don’t understand something about the drugs, it’s not that I don’t have the certainty and clarity, it’s just not my role, and I would defiantly pass back to who I see the experts are.” [Physiotherapist; 2; 18]
Conclusions

• Health professionals demonstrated acute awareness of the benefits of and barriers to RA patients in relation to exercise

• Uncertainty regarding weight-bearing exercise attributed to lack of solid evidence base

• Complexity of RA treatment and management impacts on exercise prescription
Implications

• Health professionals’ **positive perceptions of exercise** needs to be **reinforced** and **encouraged**

• Further research is warranted to **address uncertainties of health professionals’** regarding exercise and joint health
Thank you to the four multidisciplinary teams who took part in the focus groups

Any questions?