

## Physiotherapy interventions evidence table – Managing psychological factors

The following table provides a summary of level I or II evidence (according to the NHMRC evidence hierarchy) for physiotherapy-relevant interventions in RA published between January 2012 and June 2015. Interpreting the evidence can be complex. RAP-eL users should consider the following:

- There are no current studies investigating the effects of managing psychological factors in early versus late rheumatoid arthritis.
- Further research is needed into the optimal content, format, mode of delivery (face to face, internet, phone), duration and frequency of programmes aimed at improving management of psychological factors.
- It is important to note that the interventions studied are done so in isolation, so the evidence refers to the effect of the single intervention, and not the effect of a multimodal intervention.

Physiotherapy-related intervention(s)	Sources of evidence (see key below)	Results	Making sense of the evidence								
<b>Mindfulness training</b>	<table border="1"> <tr> <td>RCT</td> <td>SR</td> <td>MA</td> <td>CSR</td> </tr> <tr> <td>✓</td> <td></td> <td></td> <td></td> </tr> </table> <p>Fogarty FA et al. Ann Rheum Dis 2015;74:472– 474  <a href="#">[PubMed link]</a></p>	RCT	SR	MA	CSR	✓				<p>Mindfulness based training can:</p> <ul style="list-style-type: none"> <li>• Improve psychological wellbeing in people with RA.</li> <li>• Reduce disease activity as measured by DAS28, morning stiffness and pain scores.</li> </ul>	<ul style="list-style-type: none"> <li>- Mindfulness-based meditation may be a suitable co-intervention for people with RA, delivered via trained facilitators either 1-1 or in a small group format.</li> <li>- For more information and practice tools on mindfulness, refer to <a href="#">painHEALTH</a>.</li> </ul>
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<b>Managing depression and anxiety in patients with rheumatoid arthritis (RA)</b>	<table border="1"> <thead> <tr> <th>RCT</th> <th>SR</th> <th>MA</th> <th>CSR</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Ferwerda et al. Pain 2017; 158: 868–878 <a href="#">[link]</a></p>	RCT	SR	MA	CSR	✓				<ul style="list-style-type: none"> <li>• Cognitive behavioural therapy significantly reduced depression (3 studies) and anxiety (1 study).</li> <li>• There is some evidence (<a href="#">Wang, 2008</a>; <a href="#">Neuberger, 2007</a>) to show reduced depression with physical activity-based treatment when compared with control interventions (no exercise/usual care Neuberger (2007); an RA education and stretching exercise group of comparable length to the exercise/tai chi intervention in Wang, 2008).</li> </ul>	<ul style="list-style-type: none"> <li>- Cognitive behavioural therapy and physical activity can both be considered for managing depression and anxiety in patients with RA.</li> <li>- Further research is required regarding the dose and content of such programmes.</li> </ul>
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**Key To Evidence Sources:**

Randomised Controlled Trial (RCT)

Systematic Review (SR)

Meta-Analysis (MA)

Cochrane Systematic Review (CSR)

**List of Table Abbreviations:**

ADL's – Activities of Daily Living

DAS28 – Disease activity score calculator for Rheumatoid arthritis [[click here for link to PDF](#)]

DASH – “Disabilities of the Arm Shoulder and Hand” outcome measure

HEP – Home Exercise Programme

HRQ – Health Risk Questionnaire

JP – Joint Protection

LBP – Lower Back Pain

OA – Osteoarthritis

OT – Occupational Therapy

QOL – Quality Of Life

RA – Rheumatoid Arthritis

RCT – Randomised Controlled Trial

TENS – Transcutaneous Electrical Nerve Stimulation

US - Ultrasound

1<sup>st</sup> MTPJ – 1<sup>st</sup> Metatarsophalangeal Joint