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Yoga Shows Promise in Rheumatoid Arthritis

Laird Harrison

May 23, 2012 (Honolulu, Hawaii) — Young women with rheumatoid arthritis (RA) showed improvement after practicing Iyengar-style yoga for 6 weeks, a new study shows.

Women in this pilot study reported improvement in general health, vitality, self-efficacy, and several other measures, although not in pain intensity.

"It seems to be a very feasible, practical treatment for patients with rheumatoid arthritis," one of the researchers, Kirsten Lung, a research associate at the University of California Los Angeles (UCLA) pediatric pain program, told *Medscape Medical News*.

The results are not surprising to Kathleen Sluka, PhD, a physical therapist who researches pain at the University of Iowa, Iowa City. All kinds of physical activity can help with rheumatoid arthritis, she told *Medscape Medical News*. Sluka was not involved in this study.

The study was presented here at the American Pain Society (APS) 31st Annual Scientific Meeting.

Alternative Strategy

Some drugs for RA can pose risks for younger patients, so the UCLA researchers are looking for alternatives. In Iyengar yoga, practitioners use blocks, straps, cushions, and other props to stretch and strengthen their muscles.

The UCLA researchers recruited 26 women with RA ranging in age from 21 to 35 years. On average they had had RA for 10.5 years.

The researchers randomly assigned 11 of these women to classes in Iyengar yoga and the other 15 to a wait list for yoga classes.

After 6 weeks, they asked both groups to fill out several surveys about their condition. The yoga group showed improvements on several measures, including the Short-Form 36 (SF-36) for general health, the SF-36 for vitality, the Pain Disability Index (PDI), the Health Assessment Questionnaire (HAQ), the Brief Symptom Inventory (BSI)-18 for somatization and global severity, the Chronic Pain Acceptance Questionnaire, the Functional Assessment of Chronic Illness Therapy, the Five Facet Mindfulness Questionnaire (FFMQ) for nonjudging of inner experience, the Arthritis Self-Efficacy Scale (ASES) for pain, and the Global Improvement Scale.

The wait-list group's scores held more or less constant on these measures.

For example, on the SF-36, where higher scores indicate a better health-related quality of life, the yoga group's scores rose from 47.1 ± 25 to 60.2 ± 21.4 , whereas the wait-listed women's scores declined from 51.0 ± 22.3 to 47.0 ± 16.7 .

On the PDI, where higher scores indicate more disability, the yoga group improved from 26.5 ± 19.3 to 13.5 ± 14.5 , whereas the control group went from 18.7 ± 18.7 to 15.5 ± 17.3 . These effects were statistically significant ($P < 0.05$).

The yoga group reported no adverse reactions.

On several other measures, however, the yoga intervention did not register statistically significant effects. These included the Numeric Rating Scale of pain intensity; the SF-36 for bodily pain; the SF-36 for mental health; the HAQ for disability; the Disease Activity Score (DAS28); the BSI for depression and anxiety; the FFMQ for observing, describing, and awareness; the FFMQ for nonreaction; and the ASES for function.

That may be because the study was so short, said Lung. "But 6 weeks did a world of good for those involved."

Dr. Sluka says that physical exercise usually takes about 8 weeks to show significant effects. All kinds of exercise can help with RA, she says. "Yoga is just another form of exercise," she said.

By strengthening muscles, exercise prevents joints from moving in uncomfortable ways. "And it re-engages pain inhibitory pathways," she said. Yoga might add additional benefits by calming patients' stress.

But the study is not conclusive, she points out, because it is very small. And in general it is very hard to control for the placebo effect in a trial of exercise therapies.

Still, the study is worthwhile, she said, because it shows people with RA they have another option for getting exercise. "Some people like to run. Some people like to lift weights. Some people like to do yoga."

Ms. Lung and Dr. Sluka have disclosed no relevant financial relationships.

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