Bilag 8b. Summary of Findings

Kortvarig landbaseret træning af aerob kapacitet og muskelstyrke til patienter med Reumatoid Artrit.

Patient or population: patients with Rheumatoid Arthritis

Settings: hospital, outpatient (rheumatology) clinics

Intervention: short-term land-based aerobic capacity and muscle strength training

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	short-term land-based aerobic capacity and muscle strength training				
Functional ability HAQ . Scale from: 0 to 3. Follow-up: mean 12 weeks	The mean functional ability in the control groups was **0.16 points**	The mean Functional ability in the intervention groups was **0.54 standard deviations lower** (1.11 lower to 0.02 higher)		50 (1 study)	⨁⨁⨁⨀ **moderate**[1]	Absolute % change: HAQ -6%, relative % change: HAQ -25%, NNT: n.a., SMD: -0.4 (-0.86 to 0.06)
Muscle strength Isometric extension Follow-up: mean 12 weeks	The mean muscle strength in the control groups was **-2.7 Nm**	The mean Muscle strength in the intervention groups was **0.47 standard deviations higher** (0.01 to 0.93 higher)		74 (2 studies)	⨁⨁⨁⨀ **moderate**[1]	Absolute % change: isometric extension 17%, relative % change: isometric extension 19%, NNT: 45, SMD: 0.47 (0.01 to 0.93)
Self-reported pain VAS. Scale from: 0 to 10. Follow-up: mean 12 weeks	The mean self-reported pain in the control groups was **0.9 cm**	The mean Self-reported pain in the intervention groups was **0.53 standard deviations lower** (1.09 lower to 0.04		50 (1 study)	⨁⨁⨁⨀ **moderate**[1]	Absolute % change: VAS 6%, relative % change: VAS -21%, NNT: n.a., SMD: -0.53 (-1.09 to 0.04)

		higher)				
Disease activity	See comment	See comment	Not estimable	74 (2 studies)	⨁⨁⨁⊖ **moderate**[1]	Absolute % change:ESR -33%/swollen joints -33%, absolute % change:ESR -51%/swollen joints -36%,NNT:n.a., SMD:statistical heterogeneity,pooling data not possible
Radiological damage - not measured	See comment	See comment	Not estimable	-	See comment	Was not measured in included studies

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).
CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Small patient number