Bilag 8d. Summary of Findings.

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

Patient or population: patients with Rheumatoid

Settings: hospital, outpatient (rheumatology) clinics

Intervention: Long-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	Long-term land-based aerobic capacity and muscle strength training				
Functional ability outcome was measured on different scales in different studies Follow-up: mean 24 months	See comment	See comment	Not estimable	305 (2 studies)	⊕⊕⊕⊕ **high**	Absolute % change: HAQ 74%/ MACTAR 7%, relative % change: HAQ 50%/MACTAR 0%, NNT: n.a., SMD: due to conflicting evidence pooling of data was not possible
Muscle strength Isometric extension Follow-up: mean 24 months	The mean muscle strength in the control groups was **15.3 Nm**	The mean Muscle strength in the intervention groups was **0.49 standard deviations higher** (0.06 lower to 1.04 higher)		305 (2 studies)	⊕⊕⊕⊕ **high**	Absolute % change: isometric extension 16%, relative % change: isometric extension 10%, NNT: n.a., SMD: 0.49 (-0.06 to 1.04)
Self-reported pain VAS. Scale from: 0 to 10. Follow-up: mean 24 months	The mean self-reported pain in the control groups was **0 cm**	The mean Self-reported pain in the intervention groups was **0.35 standard deviations higher** (0.46 lower to 1.16 higher)		24 (1 study)	⊕⊕⊖⊖ **low**[1]	Absolute % change: VAS 11%, relative % change: VAS 11%, NNT: n.a., SMD: 0.35 (-0.46 to 1.16)

Disease activity DAS Follow-up: mean 24 months	The mean disease activity in the control groups was **-0.7 score**	The mean Disease activity in the intervention groups was **0.14 standard deviations lower** (0.38 lower to 0.09 higher)	281 (1 study)	⊕⊕⊕⊕ **high**	Absolute % change: ESR -15%/DAS -17%, relative % change: ESR: -40%/DAS -6%, NNT: n.a., SMD: -0.16 (-0.39 to 0.06)
Radiological damage Joint score radiographics Follow-up: mean 12 weeks	The mean radiological damage in the control groups was **4 points**	The mean Radiological damage in the intervention groups was **0.15 standard deviations lower** (0.37 lower to 0.08 higher)	305 (2 studies)	⊕⊕⊕⊕ **high**	Absolute % change: joint score 0%, relative % change: joint score: 0%, NNT: n.a., SMD: -0.15 (-0.37 to 0.08)

*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