

## Bilag 8e. Summary of Findings

Længerevarende landbaseret høj-intensitets muskelstyrke træning til patienter med Reumatoid Artrit.

**Patient or population:** Rheumatoid Arthritis

**Setting:** Outpatient, rheumatological hospital clinics

**Intervention:** Long-term land-based muscle strength training for patients with Rheumatoid Arthritis

**Comparison:** ROM home-based exercises

Outcome № of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)		Difference	Quality	Comments
		Without Long-term land-based muscle strength training for patients with Rheumatoid Arthritis	With Long-term land-based muscle strength training for patients with Rheumatoid Arthritis			
Functional ability assessed by: MDHAQ follow up: 24 weeks № of participants: 28 (1 RCT)	-	The mean functional ability was <b>0</b>	The mean functional ability in the intervention group was 0.24 higher (0.24 lower to 0.72 higher)	MD <b>0.24 higher</b> (0.24 lower to 0.72 higher)	⊕⊕○○ LOW 1234	MDHAQ score 0 = no impairments, 3 = maximal impairments.  Baseline score intervention group: 0.914 ± 0.680, control group : 0.575 ± 0.61
Muscle strength [N] (Isometric knee extension) assessed by: Kin-com isokinetic dynamometer at 90° fixed knee joint angle follow up: 24 weeks № of participants: 28 (1 RCT)	-	The mean muscle strength [N] (Isometric knee extension) was <b>0</b>	The mean muscle strength [N] (Isometric knee extension) in the intervention group was 0.75 higher (15.95 lower to 165.95 higher)	MD <b>0.75 higher</b> (15.95 lower to 165.95 higher)	⊕⊕⊕○ MODERATE 1234	
Muscle strength [Kp] (leg press/extension) assessed by: 1 RM using the Concept 2 Dyno follow up: 24 weeks № of participants: 35 (1 RCT)	-	The mean muscle strength [Kp] (leg press/extension) was <b>0</b>	The mean muscle strength [Kp] (leg press/extension) in the intervention group was 13 higher (0.55 lower to 26.55 higher)	MD <b>13 higher</b> (0.55 lower to 26.55 higher)	⊕⊕○○ LOW 235	25% drop-out in the intervention group
Self-reported pain assessed by: VAS № of participants: (0 studies)	-	-	see_comment	see comment	-	Was assessed in the intervention group in one study. Baseline VAS: 33.33 ± 21.60, follow-up VAS: 25.86 ± 19.78, p = 0.05

Outcome № of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)		Difference	Quality	Comments
		Without Long-term land-based muscle strength training for patients with Rheumatoid Arthritis	With Long-term land-based muscle strength training for patients with Rheumatoid Arthritis			
Disease activity assessed by: DAS28 Scale from 0 - 10 follow up: 24 weeks № of participants: 28 (1 RCT)	-	The mean disease activity was 0	The mean disease activity in the intervention group was 0.44 lower (1.25 lower to 0.37 higher)	MD 0.44 lower (1.25 lower to 0.37 higher)	⊕⊕○○ LOW 1234	
Adverse events № of participants: (0 studies)					-	Study 1: No adverse events or training-related injuries were reported. Study 2: 2 drop-outs in the intervention group due to acute disease activity.
Radiological damage № of participants: (0 studies)	-	-	see_comment	see comment	-	Was not assessed in the included studies

\*The risk in the intervention group (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; RR: Risk ratio; OR: Odds ratio;

#### GRADE Working Group grades of evidence

**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. Lack of blinding among assessors
2. Small number of participants
3. Large confidence intervals
4. Possible changes in medication is not reported
5. Possible attrition bias