Bilag 8a. Summary of Findings

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

Patient or population: patients with Rheumatoid Arthritis

Settings: hospital, outpatient (rheumatology)

Intervention: Short-term land-based aerobic capacity 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 training				
Functional ability AIMS . Scale from: 0 to 10. Follow-up: mean 12 weeks	The mean functional ability in the control groups was **0.9 points**[1]	The mean Functional ability in the intervention groups was **0.06 standard deviations lower** (1.33 lower to 1.2 higher)		56 (1 study)	⊕⊕⊖⊖ **low**[2]	Absolute % change: AIMS -22%, relative % change: AIMS -43%, NNT: n.a., SMD: 0.03 (-0.46 to 0.51)
Muscle strength Isometric extension Follow-up: mean 12 weeks	The mean muscle strength in the control groups was **11 foot points**	The mean Muscle strength in the intervention groups was **0.38 standard deviations lower** (1.67 lower to 0.9 higher)		10 (1 study)	⊕⊕⊖⊖ **low**[2]	Absolute % change: isometric extension 22%, relative % change: isometric extension 18%, NNT: n.a., SMD: -0.38 (-1.67 to 0.9)
Self-reported pain AIMS. Scale from: 0 to 10. Follow-up: mean 12 weeks	The mean self-reported pain in the control groups was **-0.7 points**	The mean Self-reported pain in the intervention groups was **0.27 standard deviations lower** (0.79 lower to 0.26 higher)		56 (1 study)	⊕⊕⊕⊖ **moderate**[2]	Absolute % change: AIMS -23%, relative % change: AIMS -10%, NNT: n.a., SMD: -0.27 (-0.79 to 0.26)
Disease activity	See comment	See comment	Not estimable	0 (3 studies)	⊕⊕⊖⊖ **low**[2]	Absolute % change: ERS 5%/tender joints -36%, relative % change:ESR 19%/tender joints -29%, NNT:n.a., SMD: statistical

						heterogeneity, pooling data not possible
Radiological damage - not measured	See comment	See comment	Not estimable	-	See comment	Was not assessed 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] Mean change from baseline in control group
[2] Small patient numbers