Bilag 8c Summary of Findings

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

Patient or population: patients with Rheumatoid Arthritis

Settings: hospital, outpatient (rheumatology) clinics

Intervention: Short-term water-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 water-based aerobic capacity training				
Functional ability outcome was measured on different scales in different studies Follow-up: mean 11 days	See comment	See comment	Not estimable	88 (2 studies)	⊕⊕⊕⊖ **moderate**[1]	Absolute % change: HAQ -12%/AIMS -24%, relative % change: HAQ 7%/AIMS -43%, NNT: n.a., SMD: statistical heterogeneity, pooling data not possible
Muscle strenght Grip strength Follow-up: mean 11 weeks	The mean muscle strenght in the control groups was **11.3 Nm**	The mean Muscle strenght in the intervention groups was **0.38 standard deviations lower** (1.27 lower to 0.51 higher)		20 (1 study)	⊕⊕⊖⊖ **low**[1]	Absolute % change: grip strength 15%, relative % change: grip strength -24%, NNT: n.a., SMD: -0.38 (-1.27 to 0.51)
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 **0.06 standard deviations higher** (0.43 lower to 0.54 higher)		68 (1 study)	⊕⊕⊕⊖ **moderate**[1]	Absolute % change: AIMS -12%, relative % change: AIMS 2%, NNT: n.a., SMD: 0.06 (-0.43 to 0.54)

Disease activity Follow-up: mean 11 weeks	See comment	See comment	Not estimable	88 (2 studies)	⨁⨁⨁⊖ **moderate**[1]	Absolute % change: active joints -44%, relative % change: active joints -40%, NNT: n.a., SMD: statistical heterogeneity, pooling of 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