Most Older Women Not Being Advised to Exercise

BY DIANA MAHONEY
New England Bureau

VIENNA — Obese individuals with knee osteoarthritis who successfully lose 11% of their body weight have a dramatic influence on knee osteoarthritis, only with fairly modest changes in body mass index of 36 kg/m².

Studies have shown that exercise can reduce pain for those with knee osteoarthritis, depression, arthritis pain, diabetes, and coronary artery disease, and that it can improve longevity and cognitive function. Yet a survey of 6,385 women over age 50 showed that only 31% of those aged 50-64 years had been counseled by their physicians to begin or continue any type of physical activity, reported Mara A. Schonberg, M.D.

The older the woman—regardless of functional status or comorbid illness—the less likely she was to have received exercise counseling. Only 29% of those aged 65-74 years and 22% of those aged 75-84 years and 14% of those aged 85 and older got such advice, Dr. Schonberg reported at the annual meeting of the Society of General Internal Medicine.

Dr. Schonberg and colleagues at Beth Israel Deaconess Medical Center used data from the National Center for Health Statistics’ 2000 National Health Interview Survey to identify women aged 50 and older who were more pronounced for women with less comorbidity than those with greater comorbidity, Dr. Schonberg said. For example, the odds ratio for exercise counseling was 0.4 for women aged 85 or older with fewer than two comorbidities, compared with women aged 50-64 years with the same comorbidity, while it was 0.7 for women aged 85 with two or more comorbidities. This trend was consistent across all age groups.

These findings suggest that age is a conceptual barrier to clinicians discussing exercise counseling with patients, despite the benefits of physical activity. “The greatest disparity is among older women with less illness burden,” said Dr. Schonberg, noting that efforts should be made to increase provider exercise counseling for such patients.

Sustained Weight Loss Improves Symptoms of Knee Osteoarthritis

BY BRUCE JANCIN
Denver Bureau

VIENNA — Obese individuals with knee osteoarthritis who successfully lose 11% of their body weight have a dramatic influence on knee osteoarthritis, only with fairly modest changes in body mass index of 36 kg/m².

Mr. Christensen said at the meeting of the League Against Rheumatism.

He presented a 1-year randomized trial by the same Danish investigators, in which they showed that more than one in four obese patients with knee osteoarthritis randomized to an intensive 8-week weight loss program experienced at least a 30% improvement in WOMAC scores. (Osteoarthritis Cartil. 2005;13:20-7.)

The new trial was undertaken to learn if weight loss and the resultant improvement in osteoarthritis could be maintained long-term, Mr. Christensen said at the meeting, sponsored by the European League Against Rheumatism.

In a second Deaconess Medical Center study, Dr. Lohmander, M.D., observed that while there is good epidemiologic evidence to suggest even modest changes in body weight have a dramatic influence on knee osteoarthritis, only within the past year have confirmatory randomized interventional trials become available. The evidence has been provided by the Danish group as well as by a study from Wake Forest University which concluded a diet-plus-exercise regimen was more effective than either alone (Arthritis Rheum. 2004;50:1501-10).

Sustained weight loss, while often a daunting challenge, will be perceived by many patients as an attractive therapeutic alternative in light of all the recent turbulence surrounding the nonsteroidal anti-inflammatory agents, the pharmacological mainstay in osteoarthritis therapy, predicted Dr. Lohmander, professor of orthopedics at Lund (Sweden) University.

Two theses have been proposed to explain the association between obesity and knee osteoarthritis. One is biomechanical, it holds that obesity causes repetitive loading at the knee joint which eventually exerts the cartilage’s load bearing capacity and causes symptomatic osteoarthritis.

The other explanation focuses upon metabolic factors. It’s known, for example, that one-third of circulating interleukin-6, an inflammatory cytokine important in rheumatologic diseases, is secreted by fat cells. Moreover, chondrocytes, cells are known to be insulin sensitive, and it’s possible insulin resistance impairs their function. Dr. Lohmander said weight loss has been shown to result in reductions in a number of inflammatory markers elevated in osteoarthritis, he observed.

Agility, Perturbation Exercises Enhance Stability in Knee Osteoarthritis

CHICAGO — Agility and perturbation exercises may enhance knee stability and function in patients with knee osteoarthritis, G. Kelley Fitzgerald, Ph.D., reported at a symposium sponsored by the American College of Rheumatology.

Knee instability is a common problem in knee osteoarthritis (OA) and affects physical function beyond what can be explained by knee pain and muscle weakness, said Dr. Fitzgerald, a physical therapist at the University of Pittsburgh.

In an study of 105 patients with knee OA, Dr. Fitzgerald found that 67 patients (64%) reported knee instability during daily living activities, and 47 (45%) reported that instability affects their physical function (Arthritis Rheum. 2004;51:941-6).

A gait analysis of 48 patients, led by colleague John D. Childs, Ph.D., found that those with knee OA had reduced knee flexion and extension movements and significant increases in muscle co-contractions during walking.

The vastus lateralis, medial hamstring, tibialis anterior, and medial gastrocnemius were activated about 1.5 times longer than the same muscles in controls (Clin. Biomech. (Bristol, Avon) 2004;19:44-9).

To keep their knee stable, patients will often freeze their range of motion and simplify the steps necessary to perform a movement. The combination of restricted knee movement and increased co-contractions puts additional stress on the joint, which in turn can accelerate OA disease progression.

The same interventions used to promote knee stability in athletes with knee ligament injuries can be modified to improve knee stability and function in people with knee OA, said Dr. Fitzgerald, who recommended adding agility and perturbation exercises twice a week to a traditional strengthening and stretching program.

Perturbation techniques that for athletes involve a therapist rocking a roller or tilt board while the patient stands on it are done with the OA patient sitting down or while standing on both legs, rather than just one leg.

Exposing the patient’s knee to such unpredictable and variable stresses can help expand movement patterns and boost the patient’s confidence to perform more complex movements, he said.

The exercises have been tried in a handful of knee OA patients, who were then able to return to higher levels of physical activity with less pain and instability following rehabilitation.

—Patrice Wendling