

[IMAGE]

Standing Strong in the Fight Against Rheumatoid Arthritis

Approximately 2.1 million Americans suffer from rheumatoid arthritis (RA) - a painful, debilitating disease that causes joints to become inflamed, leading to pain, stiffness, swelling and loss of joint function.

Declining bone mineral density (BMD) and progressive joint damage are common features of this frustrating condition.

Not a pretty picture - and certainly not a physical environment conducive to exercise, particularly exercise intended to build and maintain muscle strength and mass. In fact, loss of muscle strength/mass can be another consequence of RA. However, a study published in the *Annals of the Rheumatic Diseases* provides evidence that muscle strength gains and normal bone mineral density can actually be maintained in people diagnosed with early RA.

In the study, 70 patients were randomized to perform either home-based strength training or range-of-motion exercises for two years. Both groups were also encouraged to perform aerobic activity two to three times a week. After two years, the research team assessed patients' muscle strength gains, and then encouraged subjects to continue strength training on their own. Three years later, researchers found that not only had subjects' initial strength gains been maintained, but also that BMD had not declined, and radiographic evidence of joint damage had not progressed.

While these findings certainly aren't definitive, they do suggest several important points: People with rheumatoid arthritis may be able to safely participate in physical activity, and exercise may help slow the progression of the disease.

If you suffer from RA, consult your doctor before beginning any exercise regimen. For more information on sports and fitness, visit www.chiroweb.com/find/archives/sports.

Reference:

Hakkinen A, Sokka T, Kautiainen H, et. al. Sustained maintenance of exercise induced muscle strength gains and normal bone mineral density in patients with early rheumatoid arthritis: a 5 year follow up. *Annals of the Rheumatic Diseases* 2004; 63: 910-16.

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