



2017
5-8 JUNE
MOSCOW
RUSSIA

Administration Building of the Moscow Government , New Arbat Avenue, 36, Moscow



42

WORLD CONGRESS
OF THE INTERNATIONAL SOCIETY
OF MEDICAL HYDROLOGY
AND CLIMATOLOGY

**300 YEARS OF THE RUSSIAN BALNEOLOGY -
CONTINUATION OF THE TRADITION**

PROGRAM and ABSTRACTS

International Society of Medical Hydrology and Climatology
Ministry of Health Care of Russia
Russian Scientific Center for Medical Rehabilitation and Balneology
National Association of Balneology, Physical Therapy and Climatology

42 WORLD CONGRESS
OF THE INTERNATIONAL SOCIETY
OF MEDICAL HYDROLOGY
AND CLIMATOLOGY

President of the Congress - Professor Nazim Badalov

June 05-08, 2017

Venue: Administration Building of the Moscow Government

Location: New Arbat Avenue, 36, Moscow

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AN OBSERVATIONAL RETROSPECTIVE ANALYSIS OF BALNEOLOGICAL OUTPATIENT TREATMENT FOR FIBROMYALGIA SYNDROME

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Introduction

Despite widely use of balneotherapy and spa therapy in musculoskeletal conditions, balneological outpatient treatment is relatively new method. The aim of this study was to evaluate the effects of balneological outpatient treatment in patients with fibromyalgia syndrome.

Materials and methods

In this retrospective observational study, the records (between 2008 and 2016) of patients with fibromyalgia who have undergone balneological outpatient treatment consisting of peloidotherapy and warm water pool therapy at the Medical Ecology and Hydroclimatology Department of Istanbul Faculty of Medicine were analyzed. The patients were examined and assessed by an experienced physician before and after the treatment. Outcome measures were pain intensity (Visual Analog Scale, VAS), patient's global assessment (VAS), physician's global assessment (VAS), Fibromyalgia impact questionnaire (FIQ) and Beck's depression inventory (BDI).

Results

Totally, records of 192 patients diagnosed fibromyalgia syndrome were included in the analysis. Mean scores (\pm Standard Deviation) before and after treatment were; $56 \pm 20,4$ and $43 \pm 19,9$ for pain, $53 \pm 19,2$ and $39 \pm 18,5$ for physician's global assessment, 59 ± 21 and $43 \pm 21,3$ for patient's global assessment, $61 \pm 19,72$ and $52 \pm 16,46$ for Fibromyalgia Impact Questionnaire (FIQ) and $16 \pm 10,7$ and $15 \pm 12,5$ for Beck's depression inventory (BDI) respectively. Decreases that were found in all outcome measurements were statistically significant ($p < 0.01$) except BDI.

Conclusions

The results indicate that balneological outpatient treatment may be an effective non-pharmacological intervention for fibromyalgia syndrome when applied to patients during daily routine life without the necessity of a stay in a spa resort away from home. Randomized controlled trials are needed to confirm these preliminary results.

EFFECT OF SPA THERAPY WITH SALINE BALNEOTHERAPY ON OXIDANT/ANTIOXIDANT STATUS IN PATIENTS WITH RHEUMATOID ARTHRITIS: A SINGLE-BLIND RANDOMIZED CONTROLLED TRIAL

Mine Karagülle, Sinan Kardeş, Müfit Zeki Karagülle

Introduction

To investigate whether spa therapy with saline balneotherapy has any influence on the oxidant/antioxidant status in patients with RA and to assess clinical effects of spa therapy.

Materials and methods

In this investigator blind randomized controlled trial, we randomly assigned 50 patients in a 1:1 ratio to spa therapy plus standard drug treatment (spa group) or standard drug treatment alone (control group). Spa group followed a 2-week course of spa therapy regimen consisting of a total of 12 balneotherapy sessions in a thermal mineral water pool at 36–37 °C for 20 min every day except Sunday. All clinical and biochemical parameters were assessed at baseline and after spa therapy (2 weeks). The clinical parameters were pain intensity, patient global assessment, physician global assessment, Health Assessment Questionnaire disability index (HAQ-DI), Disease Activity Score for 28-joints based on erythrocyte sedimentation rate (DAS28–4[ESR]). Oxidative status parameters were malondialdehyde (MDA), nonenzymatic superoxide radical scavenger activity (NSSA), antioxidant potential (AOP), and superoxide dismutase (SOD).

Results

The NSSA levels were increased significantly in the spa group ($p = 0.003$) but not in the control group ($p = 0.509$); and there was a trend in favor of spa therapy for improvements in NSSA levels compared to control ($p = 0.091$). Significant clinical improvement was found in the spa group compared to the control in terms of patient global assessment ($p = 0.011$), physician global assessment ($p = 0.043$), function (HAQ-DI) ($p = 0.037$), disease activity (DAS28–4[ESR]) (0.044) and swollen joint count (0.009), and a trend toward improvement in pain scores (0.057).

Conclusions

Spa therapy with saline balneotherapy exerts antioxidant effect in patients with RA as reflected by the increase in NSSA levels after spa therapy; whether this antioxidant effect contributes to the clinical improvements observed remains to be verified.

REAL-LIFE EFFECTIVENESS OF SPA THERAPY IN RHEUMATIC DISEASES: AN ANALYSIS OF 819 PATIENTS

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Introduction

Spa therapy is widely used in rheumatic diseases in many European countries and Turkey; however, few studies are available with regard to the real-life use and efficacy of spa therapy. Therefore, the objective of this study was to determine the real-life use and efficacy of spa therapy in patients with a wide spectrum of rheumatic diseases in daily clinical practice.

Materials and methods

In this retrospective observational study at the Medical Ecology and Hydroclimatology Department of Istanbul Faculty of Medicine, the records of all adult patients with rheumatic diseases who have prescribed a spa therapy between 2002 and 2012 were analyzed. Patients followed a usual 2 weeks course of spa therapy. The patients were examined within a week before and after the spa therapy and outcome measures were pain intensity (Visual Analog Scale, VAS), patient's global assessment (VAS), physician's global assessment (VAS), Health Assessment Questionnaire (HAQ), Lequesne's functional index (LAFI), Western Ontario and McMaster Universities index (WOMAC), Waddell index (WI), Neck Pain and Disability Scale (NPDS), Shoulder disability questionnaire (SDQ), Fibromyalgia impact questionnaire (FIQ) and Beck's depression inventory (BDI).

Results

In total, 819 patients were included in the analysis. The diagnoses were 536 degenerative joint diseases; 211 soft tissue rheumatism; 39 inflammatory joint diseases; and 33 other rheumatic conditions. Statistically significant decrease in pain scores was found in all patients except hip osteoarthritis ($p=0.063$) and rheumatoid arthritis ($p=0.134$) subgroups; and statistically significant improvement in function in all patients except hip osteoarthritis ($p=0.068$), rheumatoid arthritis ($p=0.111$) and rotator cuff tendinitis ($p=0.078$) subgroups.

Conclusions

In daily clinical practice, spa therapy is prescribed mainly for degenerative joint diseases and soft tissue rheumatisms; and less frequently for inflammatory joint diseases. The study results suggests that in real-life spa therapy may be effective in rheumatic diseases by improving pain and function.