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SULFUROUS-ARSENICAL-FERRUGINOUS BALNEOTHERAPY FOR OSTEOARTHRITIS OF THE HAND: RESULTS FROM A RETROSPECTIVE OBSERVATIONAL STUDY

FIORAVANTI Antonella ¹, MANICA Patrizia ², CHELESCHI Sara ¹, TENTI Sara ¹

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Corresponding author: *Antonella Fioravanti*, Department of Medicine, Surgery and Neuroscience Rheumatology Unit, University of Siena, Policlinico Le Scotte, Viale Bracci 1, 53100 Siena, Italy, E-mail address: fioravanti7@virgilio.it

¹Department of Medicine, Surgery and Neuroscience, Rheumatology Unit, Azienda Ospedaliera Universitaria Senese, Policlinico Le Scotte, 53100, Siena, Italy.

²Thermal Resort of Levico and Vetriolo, Levico Terme, Trento, Italy.

Abstract

Introduction: Balneotherapy (BT) is one of the most widely used complementary therapy in several rheumatic conditions, and includes a number of different treatment modalities often practiced in health resorts.

Hand osteoarthritis (HOA) represents one of the more frequent OA joint localization and determines an important clinical burden in routine daily activities with consequent reduced quality of life. Preliminary evidence about the use of BT in HOA are promising, but still scarce and inconclusive.

The aim of this preliminary study is to retrospectively evaluate the symptomatic effects of a cycle of mud-bath therapy in HOA patients.

Methods: Two-hundred twelve outpatients with primary bilateral HOA treated with 12 daily local mud packs and generalized thermal baths with a sulfurous-arsenical-ferruginous mineral water added to usual treatment were included in the study. Each patient was examined at baseline and at the end of thermal therapy (2 weeks). Primary outcome measures were global spontaneous hand pain on a Visual Analogue Scale and the Functional Index for Hand Osteoarthritis score; secondary outcomes were handgrip strength, duration of morning stiffness, Health Assessment Questionnaire, Short Form Health Survey (SF-12), tolerability, and patients' and physicians' global impression of treatment efficacy and tolerability.

Results: Our results demonstrated that the efficacy of mud-bath therapy was significant in all the assessed parameters at the end of therapy, except for the physical component score of SF-12. The thermal treatment was well tolerated. The patient's and the physician's global assessments showed a high level of satisfaction in terms of efficacy and safety.

Conclusions: Our results may suggest a short-term effectiveness of mud-bath therapy in controlling pain and improving functionality in HOA patients, supporting the role of this treatment as a complementary strategy in the management of HOA; however further randomized controlled trials with a long-term follow-up are needed.