

**Assessing the patient reported adherence to physical exercises among the patients with Axial Spondyloarthritis, followed up in a tertiary care hospital.**

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**Introduction:**

Combination of pharmacological treatment with physical therapy is the cornerstone of the proper management of axial spondyloarthritis (SpA).

**Objectives:**

To assess the level of patient reported adherence to cardiovascular endurance training exercises, flexibility, strengthening and neuromotor exercises given as part of treatment of SpA. Other objectives are type of the exercise program practiced by the cohort of patients, main factors affecting the poor adherence and the patient's perception on the effectiveness of the exercises as a mode of non-pharmacological management.

**Methodology:**

This was a cross sectional study conducted in medical clinic of the Rheumatology and Rehabilitation Hospital Ragama, Sri Lanka for 6 months' duration. The patients who carry the diagnosis SpA with axial involvement including non radiographical axial SpA based on ASAS Classification criteria 2009, for at least 3 months' duration were included. Consecutive sampling was used and at the completion sample size (n) was 46. A validated interviewer administered questionnaire was used as the study instrument. For the better clarification a picture guide for the type of the exercises was used. Exercise adherence assessed in comparison to the recommendations published by European League Against Rheumatism (EULAR) in 2018, for physical activity in people with inflammatory arthritis and osteoarthritis.

**Results:**

Study sample comprised of 46 individuals with axial SpA and 80.4% of them were ankylosing spondylitis patients. In the sample 95.7% has received professional guidance for Physical exercises and 78.3% of the sample has practiced home based exercise program. Furthermore, only 32.6% had engaged in cardio respiratory endurance exercises and the overall adherence is 17.4% in relation to the 2018, EULAR recommendations. Adherence to the breathing, stretching, strengthening, joint mobility, posture correction and neuromotor exercises as a group is 60.9%. Among the factors influencing poor adherence; pain/ more discomfort during exercises (63%), time limitation (43.5%), poor motivation for exercises (30.4%) recorded in high frequency. The

patient recorded perceived effectiveness is 54.8%. There is no statistically significant correlation between the adherence to cardiorespiratory exercises and patient's knowledge on disease associated cardiovascular risk (p value = 1.00).

**Conclusions:**

Even though the study revealed excellent professional guidance for the physical exercises, measured adherence to exercises need to be improved by addressing the factors causing poor adherence, at individual level.