ISRCTN24488371 https://doi.org/10.1186/ISRCTN24488371

Total value of intensive exercise training (three weeks) immediately after hospital discharge for arthritis patients due to a flare of disease activity or for elective joint replacements

Submission date
29/12/2006

Recruitment status
No longer recruiting

Registration date
16/01/2007

Overall study status
Completed

Last Edited
22/10/2008

Condition category
Musculoskeletal Diseases

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

Acronym
DAPPER-study: Disabled Arthritis Patients Post-hospitalisation Exercise Recovery/Rehabilitation

Study objectives
1. Three weeks of intensive training immediately after hospital discharge improves the functional ability, mobility, quality of life in patients with arthritis on the short term and on the long term.
2. Over a period of one year the total cost of the intensive training group are equal or lower to the usual care associated with better effectiveness.
3. The arm ergometer is a valid and reliable measuring device to measure the aerobic condition with the use of the Åstrand Rhyming test.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The trial was reviewed and accepted by the certified medical ethical commission (METC) of the Medisch Spectrum Twente in May 2002 (ref: P02-023)

Study design
The DAPPER study is a randomised controlled clinical trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Rheumatoid arthritis and Osteoarthritis

Interventions
Directly following hospital discharge the patients of this study design recieved Intensive Exercise Therapy (IET) or Usual Care (UC).

The IET group were referred to a dedicated convalescent hotel. The hotel facilities and professional care for disabled people were offered for three-weeks. Thereafter, the IET group received regular care only. During their three week stay patients were trained twice a day by physical therapists, for 75 minutes per session. The goals of the training were improvement of range of motion, muscle strength, aerobic capacity and activities of daily life. The therapy sessions were given individually as well as in groups. In the first two weeks, treatment focused on individual limitations (range of motion, strength, balance, aerobic capacity and simple functionality). Aerobic capacity was trained daily on a sub maximal level. Hydrotherapy was applied after sufficient wound healing. During the third week, the training was focused on the functional capacities as prioritised by the patient. A group education program was given twice a

week. This program was based on the self management training for arthritis patients by Kate Lorig modified for the Netherlands by Taal.

In contrast, the patients in the UC group received usual care at the discretion of their attending physician only. Usual care consists of either physical therapy by a local physical therapist or temporary admission to a nursing home, when applicable.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Function ability as measured with the McMaster Toronto Arthritis patient preference questionnaire (MACTAR) and Health Assessment Questionnaire (HAQ).

Key secondary outcome(s))
1. Quality of life as measured with the RAND-36/Short Form health survey (SF-36) and Arthritis Impact Measurement Scales (AIMS)
2. Mobility as measured with the Escola Paulista de Medicina Range Of Motion (EPM-ROM)
3. Pain, general health as measured with a Visual Analogue Scale
4. Costs

Completion date
05/01/2005

Eligibility

Key inclusion criteria
1. Aged over 18
2. Rheumatoid Arthritis (RA) according to the American College of Rheumatology (ACR) 1987 or polyarticular OsteoArthritis (OA)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
Not Specified

Key exclusion criteria

1. Presence of serious cardiac disease (New York Heart Association [NYHA] class III and IV)
2. Incapacitating pulmonary disease Global initiative for chronic Obstructive Lung Disease (GOLD) stage IV
3. Serious hypertension (diastolic blood pressure more than 110 mmHg)
4. Pregnancy
5. Insufficient understanding of the Dutch language
6. Functional incapacity (Steinbrocker functional class four)

Date of first enrolment
01/01/2002

Date of final enrolment
05/01/2005

Locations

Countries of recruitment
Netherlands

Study participating centre
University of Twente
Enschede
Netherlands
7500 AE

Sponsor information

Organisation
University of Twente (The Netherlands)

ROR
https://ror.org/006hf6230

Funder(s)

Funder type
Government

Funder Name
RVVZ (Reserve Voormalige Vrijwillige Ziekenfondsen) a governmental non profit health organisation (The Netherlands)

Funder Name
Dutch Arthritis Foundation (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/02/2008		Yes	No