

## Effective Health Care Balneotherapy Nomination Summary Document

## **Results of Topic Selection Process & Next Steps**

- Balneotherapy was found to be addressed by multiple reviews and guidelines addressing balneotherapy for rheumatoid arthritis, osteoarthritis, fibromyalgia, ankylosing spondylitis, and low back pain. Given that the existing reports and guidelines cover this nomination, no further activity will be undertaken on this topic.
  - Terhorst L, Schneider MJ, Kim KH, et al. Complementary and alternative medicine in the treatment of pain in fibromyalgia: a systematic review of randomized controlled trials. Journal of Manipulative & Physiological Therapeutics 2011; 34(7): 483-96. PMID: 21875523.
  - Verhagen AP, Bierma-Zeinstra SM, Boers M, et al. Balneotherapy for osteoarthritis. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD006864. DOI:10.1002/14651858. CD006864. PMID: 17943920. <u>http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006864/full</u>
  - Verhagen AP, Bierma-Zeinstra SMA, Boers M, Cardoso JR, Lambeck J, de Bie R, de Vet HCW. Balneotherapy for rheumatoid arthritis. Cochrane Database of Systematic Reviews 2004, Issue 1. Art. No.: CD000518. DOI: 10.1002/14651858.CD000518. PMID: 14583923. <u>http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000518/full</u>
  - The ESPOGUIA Group. Clinical guidelines for patients with espondyloarthritis. Madrid: Spanish Society of Rheumatology 2010. <u>http://www.ser.es/practicaClinica/espoguia/anexos/Espoguia-ENG.pdf</u>
  - Bodur H, Sivas F, Yilmaz O, et al. Turkish League Against Rheumatism National recommendations for the management of ankylosing spondylitis. Turkish Journal of Rheumatology 2011; 26(3): 173-86.
  - Pittler MH, Karagulle MZ, Karagulle M, et al. Spa therapy and balneotherapy for treating low back pain: meta-analysis of randomized trials. Rheumatology (UK) 2006; 45(7): 880-84. PMID: 16449365.
  - Pittler MH. Spa therapy for treating chronic low back pain. Focus on Alternative and Complementary Therapies 2005; 10(4): 271-74.

## **Topic Description**

Nominator: Organization

NominationThe nominator is interested in knowing the effectiveness of balneotherapy for improving<br/>health outcomes in patients with chronic diseases. The chronic diseases of interest in<br/>this nomination are rheumatoid arthritis, fibromyalgia, and low back pain.

Staff-Generated PICO
Population(s): People with chronic diseases (e.g., rheumatoid arthritis, fibromyalgia, and low back pain).
Intervention(s): Balneotherapy used alone or in combination with other therapies.
Comparator(s): Allopathic (e.g., pharmacological) interventions.
Outcome(s): Improved mobility; alleviated chronic pain; reduced depression associated with chronic pain; improved quality of life. Potential harms or contraindications for balneotherapy described by the nominator include conditions involving high fevers; extreme hypertension; malignant tumors and cancerous conditions; extreme liver, kidney, or circulation disorders; conditions presenting the risk of hemorrhaging; anemic conditions; pregnancy; and congestive heart failure, recent stroke, or recent heart attack.

- Key Questions from Nominator:
   How effective is balneotherapy for improving the mobility of patients suffering from chronic diseases such as rheumatoid arthritis, fibromyalgia, low back pain, and resulting depression from pain and reduced quality of life compared to allopathic/pharmacological interventions?
  - 2. What is the effectiveness of balneotherapy in combination with pharmacological interventions?

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <a href="http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/">http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/</a>.)
- We identified systematic reviews and guidelines addressing balneotherapy for fibromyalgia, osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, and low back pain. Literature scans since the last search dates of these reviews indicate that there is insufficient new evidence to warrant new reviews on the use of balneotherapy for all conditions of interest to the nominator.
- Although 15 new RCTs on balneotherapy for osteoarthritis have been published since the 2007 Cochrane review, the studies include a range of comparators to balneotherapy, including no treatment, placebo, physiotherapy, routine care, exercise, analgesics, and paraffin wax treatments. Additionally, the range of balneotherapy methods in these studies includes mineral mud or water treatments of different mineral concentrations and from different sources. As a rule, the practice of balneotherapy is highly variable, particularly by geographic availability of mineral mud and waters, suggesting caution when comparing balneotherapy studies that employ varied methods of the treatment. Given the heterogeneity of comparators and treatment methods in the studies published since the 2007 Cochrane review, it is unclear what impact a new review would have on clinical practice.