

APPENDIX 4. NON-PHARMACOLOGIC THERAPY FOR RHEUMATOID ARTHRITIS

Therapy	Benefits	Level of Evidence
Occupational therapy	<ul style="list-style-type: none"> • Beneficial in helping patients deal less painfully with daily living activities such as dressing, cooking, and cleaning • Other aspects include training, counselling, and advice (e.g., on joint protection) 	I-1
Regular aerobic exercise e.g., walking, swimming, cycling	<ul style="list-style-type: none"> • If done at an appropriate intensity for about 3 months, can improve aerobic capacity, muscle strength and joint mobility without increasing pain, joint damage or disease activity 	I-2
Hydrotherapy	<ul style="list-style-type: none"> • Two meta-analyses found positive findings for hydrotherapy in patients with RA, but <i>insufficient</i> evidence to support a strong recommendation 	insufficient
Gamma-linolenic acid	<ul style="list-style-type: none"> • Appears promising for providing additional or alternative treatment to NSAIDs for relief of pain, morning stiffness, and joint tenderness, but <i>insufficient</i> evidence to support its use at this time 	insufficient
Vegetarian diet	<ul style="list-style-type: none"> • A vegetarian diet has a modest effect on pain and parameters of disease activity 	I-2
Low-level laser therapy: "A light source that generates extremely pure light of a single wavelength" producing a reaction similar to a photochemical reaction in the cells	<ul style="list-style-type: none"> • <i>Short-term</i> effect (up to 4 weeks) on decreasing pain and morning stiffness in the hands of RA patients 	I-2

Sources:

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