E-Poster

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Clinical Evidence Regarding Influence of Specific Balneotherapy in Spondyloarthropathies

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

Madalina Iliescu

Department of Rehabilitation, Balneal Rehabilitation Sanatorium of Techirghiol, Ovidius University of Constanta, Romania

BACKGROUND

Seronegative spondyloarthropathies represent a class of rheumatologic disorders, including ankylosing spondylitis, psoriatic arthritis, arthritis associated with inflammatory bowel disease or entheropatic arthritis, reactive arthritis and undifferentiated spondyloarthropathies. Patients suffering from these conditions have lower quality of life in comparison to the general population, with physical wellness being more impacted than mental health. It is essential that health care workers correctly assess the quality of life of patients to provide appropriate recommendations in order to improve their functioning and quality of life. Disease activity can be assessed with multiple scales, most commonly used but not limited to the following: Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Metrology Index (BASMI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Disease Activity Score with C- Reactive Protein (ASDAS-CRP), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), Maastricht Ankylosing Spondylitis Enthesis Score (MASES), Health Assessment Questionnaire (HAQ), Short Form-36 (SF-36).

METHODS

Our study represents a systematic literature review based on PRISMA methodology, regarding the effects of balneotherapy as a complex treatment in this clinical conditions. Balneotherapy and balneological treatments include peloidotherapy or the use of therapeutic waters in the form of hydropinotherapy, inhalation and hydrotherapy or hydrokinesitherapy. These interventions have their historical roots in spa resorts, where natural balneological sources are present. They are typically used in conjunction with other balneological or nonbalneological interventions, such as medical, physical, educational, psychological, or sociocultural ones.

RESULTS

Because of its anti-inflammatory, antioxidant, and chondroprotective properties, balneotherapy is a clinically useful complementary means of treatment for a number of low-grade inflammation and stress-related diseases, in particular in rheumatic disorders. Compared to hydrotherapy, the effects of immersion and exercise in thermal, mineral-rich water seems to have more potent and longer-lasting beneficial effects in treating symptoms and inflammation. Peloidotherapy improves β-endorphin plasma levels, blood flow, and connective tissue suppleness. In addition, mud therapy also has anti-inflammatory and neuroimmunoendocrine system effects.

CONCLUSION

Effects of different types of therapeutic waters and various types of mud should be studied to form a broader perspective. The patients suffering from spondyloarthropathies, aside from drug treatments, could benefit from this non-pharmacological intervention, that has the ability to improve their quality of life and disease activity.

Statement of Disclosures

None

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Corresponding Author:
Madalina Iliescu
Department of Rehabilitation, Balneal Rehabilitation Sanatorium of Techirghiol, Ovidius University of Constanta, Romania
Email: iliescumadalina@gmail.com