Multidisciplinary and biodanza intervention for the management of fibromyalgia.

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Abstract

OBJECTIVE:
To evaluate and compare the effectiveness of a 16-week multidisciplinary (exercise plus psychological therapy) and biodanza intervention in women with fibromyalgia.

PATIENTS AND METHODS:
Thirty-eight women with fibromyalgia were distributed to a 16-week multidisciplinary (3-times/week) intervention (n=21) or Biodanza (1-time/week) intervention (n=17). We assessed tender point, body composition, physical fitness and psychological outcomes (Fibromyalgia Impact Questionnaire, the Short-Form Health Survey 36 questionnaire (SF-36), the Hospital Anxiety and Depression Scale, Vanderbilt Pain Management Inventory (VPMI), Rosenberg Self-Esteem Scale and General Self-Efficacy Scale).

RESULTS:
We observed a significant group*time interaction effect for the scales of SF-36 physical role (P=0.038) and social functioning (P=0.030) and for the passive coping scale in VPMI (P=0.043). Post hoc analysis revealed a significant improvement on social functioning (P=0.030) in the multidisciplinary group whereas it did not change in the Biodanza group. Post hoc analysis revealed a reduction in the use of passive coping (positive) (P less than 0.001) in the multidisciplinary group. There was no significant interaction or time effect in body composition and physical fitness.

CONCLUSIONS:
16 weeks of multidisciplinary intervention induced greater benefits than a Biodanza intervention for social functioning and the use of passive coping strategies in women with fibromyalgia.
Comparison between aquatic-biodanza and stretching for improving quality of life and pain in patients with fibromyalgia

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Abstract

OBJECTIVE:
To determine the level of improvement, as regards pain, impact on fibromyalgia and depression, achieved by patients with fibromyalgia by comparing aquatic biodanza and stretching exercises.

DESIGN:
Randomised controlled trial with two intervention groups.

LOCATION:
Five health centres (Almeria).

PATIENTS:
A total of 82 fibromyalgia patients between 18 and 65 years old, diagnosed by American College of Rheumatology criteria, were included, with 12 patients declining to take part in the study. The 70 remaining patients were randomly assigned to two groups of 35 patients each: aquatic biodanza and stretching exercises. Those who did not attend in at least 14 sessions or changed their treatment during the studio were excluded. The final sample consisted of 19 patients in aquatic biodanza group and 20 in stretching group. The limitations of the study included, the open evaluation design and a sample size reduced by defaults.

MAIN MEASURES:
The outcome measures were sociodemographic data, quality of life (Fibromyalgia Impact Questionnaire), pain (McGill-Melzack questionnaire; and Visual Analogue Scale), pressure algometry (Wagner FPI10 algometer) and depression (Beck Inventory). These were carried out before and after a 12-week therapy.

RESULTS:
The mean age of the sample was 55.41 years. The mean period from diagnosis was 13.44 years. The sample consisted mainly of housewives. There were significant differences (P<.05) between groups, in pain (P<.01), fibromyalgia impact (P<.01), and depression (P<.04) after the treatment.

CONCLUSIONS:
The biodanza aquatic exercises improve pain and quality of life in fibromyalgia patients.
Efficacy of Biodanza for treating women with fibromyalgia.


Abstract

OBJECTIVE: The objective of this study was to determine the effects of a 3-month Biodanza intervention in women with fibromyalgia (FM).

DESIGN: This was a controlled trial.

SETTING/LOCATION: The study was conducted at a university research laboratory and social center.

SUBJECTS: The study comprised 59 women with FM recruited from a local association of patients with FM. Participants were allocated to the Biodanza intervention group (n = 27) or usual-care group (n = 32).

INTERVENTION: The Biodanza intervention was carried out once a week for 3 months.

OUTCOME MEASURES: The outcome measures included the following: Pain threshold, body composition (body-mass index and estimated body fat percentage), physical fitness (30-second chair stand, handgrip strength, chair sit and reach, back scratch, blind flamingo, 8 feet up and go, and 6-minute walk test) and psychologic outcomes (Fibromyalgia Impact Questionnaire [FIQ], Short-Form Health Survey 36, Vanderbilt Pain Management Inventory, Hospital Anxiety and Depression Scale, General Self-Efficacy Scale, and Rosenberg Self-Esteem Scale).

RESULTS: We observed a significant interaction effect (group*time) for pain threshold of several tender points (left [L] and right [R] side of the anterior cervical and supraspinatus, trapezius L and lateral epicondyle R, algometer score, tender points count), body fat percentage, and FIQ total score. In the intervention group, post hoc analysis revealed a significant improvement in pain threshold of the anterior cervical R and L and supraspinatus R and L tender points (all p < 0.05), algometer score (p = 0.008), tender point count (p = 0.002), body fat percentage (p = 0.001), and FIQ total score (p = 0.003).

CONCLUSIONS: A 3-month (one session per week) Biodanza intervention shows improvements on pain, body composition, and FM impact in female patients.