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**Resseguier Method as a novel tool to improve quality of life and pain in Systemic Sclerosis (SSc) patients: preliminary results**

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**Background**

Patients with Systemic Sclerosis (SSc) need a multidisciplinary approach also comprising global rehabilitation methods aiming to reduce pain, to improve health related quality of life and to cope with the disease. Our aim was to evaluate the efficacy of the Resseguier Method (RM) in FMS.

**Methods**

Twenty SSc patients (18 women, 2 man; age and disease duration: 54.10 ± 8.2 and 11,20 ±3,88 years, respectively) were enrolled and randomly assigned to Interventional (10 pts) and Observational (10 pts) Group. Patients were assessed at baseline (T0) and after an 8 week rehabilitation period rehabilitation (T1) with SF-36 Physical (PSI) and Mental Synthetic Index (MSI), and with a questionnaire evaluating the number of analgesics/NSAIDs assumed in the previous week, and, by 5 number rating scales (NRS), the interference of pain in daily activities, the benefit obtained by the actual therapies, the quality of sleep and movement and the capability to relax, all referred to the previous week.

Patients of Interventional Group were treated once a week (each session lasting 1 hour) with RM, a global rehabilitation technique, aiming to obtain patient awareness and control of bodily perceptions, thus reaching a modulation of responses to pain. During the session, the therapist controls patient attention and perception by verbal and manual contacts and leads to perform bodily and respiratory active and conscious movements. The therapist also teaches exercises of “petite gymnastique” tailored on the patients needs. Patients of Observational Group were asked to maintain their lifestyle for the duration of the study.

During the study, the patients had to be on stable therapy and were allowed only to introduce, if necessary, analgesics or NSAIDs.

**Results**

No patient dropped out from the study. Patients of Interventional and Control Group were similar in their baseline values. At T1, in Interventional Group all the items evaluated but the capability to relax, were significantly improved (table). No change was shown in he Control Group.

**Table: Items assessed at baseline (T0) and at the end of treatment (T1) in Interventional Group**

	<b>T0</b>	<b>T1</b>	<b>T0 -T1</b>
	<b>Mean± SD</b>	<b>Mean± SD</b>	<b>P</b>
Interference of pain in daily activities	4,86 ± 2,35	3,14 ± 2,51	0,0003
Benefit from therapies	4,69 ± 2,51	5,95 ± 2,40	0,04
Sleep quality	4,45 ±2,09	5,65 ± 1,88	0,04
Movement quality	4,59 ± 2,22	7,140 ±1,602	0,0012
Capability to relax	3,98 ±1,74	5,73 ±2,0	NS
Number of analgesics/NSAIDs assumed	1,000± 1,054	0,10± 0,31	0.003
PSI of SF-36	37,60 ± 8,13	37,60± 8,14	0,0008
MSI of SF36	41,70 ± 10,33	47,00 ± 12,32	0,04

**Conclusions**

In patients with SSc, the rehabilitation with RM improves HRQoL, sleep, movement quality and pain and reduces the assumption of analgesics. For its characteristics, RM may be an useful rehabilitative tool in SSc patients and potentially helpful also when other physiotherapeutic techniques are difficult to be used. Although promising, these data should be confirmed in larger cohort of patients and on a longer period of follow-up.