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EMBARGO LIFTS: **Thursday, Nov. 14 at 10:00 a.m. ET**

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Dietary and Exercise Changes Alone Can Help Obese Patients Living with OA—Or can it?

Two researchers debate behavioral interventions versus medical management for obesity & OA

WASHINGTON, D.C. – Dietary changes, weight loss and exercise are commonly recommended to improve symptoms of osteoarthritis (OA), a painful and often debilitating rheumatic disease with no effective disease-modifying treatments. But the remarkable success of weight loss drugs like Wegovy (semaglutide) has upended the way physicians and patients think about obesity. For many people, a weekly injection may seem quicker and easier than making significant lifestyle changes.

Stephen Messier, PhD, a professor and the director of the J.B. Snow Biomechanics Laboratory at Wake Forest University in Winston-Salem, and Martin Englund, MD, PhD, a professor, epidemiologist and clinical researcher at Sweden's Lund University, will debate behavioral interventions versus medical management for obesity and OA on Nov. 17 at ACR Convergence 2024, the American College of Rheumatology's annual meeting in Washington, D.C.

"Exercise should be a first-line treatment for knee OA according to the American College of Rheumatology's (ACR) Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee and those of most other professional organizations – a recommendation supported by level 1 evidence," Messier says.

The ACR does not recommend a particular type of exercise other than tai chi, but studies, including some by Messier, have shown that both cardio and strength training can reduce OA pain and inflammation, build muscle strength and improve balance and walking distance. Messier also aligns with guidelines when he asserts that OA is not a contraindication to exercise, but it is precisely the reason people should do it.

"There is no evidence that a well-established exercise program, guided by an interventionist experienced in working with people with knee pain, will exacerbate osteoarthritis," he says. In fact, the opposite is the case.

Englund disagrees, saying the benefits of exercise for OA are overblown and that many exercise trials are poorly designed, cherry-picked or wrongly interpreted. He points to several exercise trials, including one by Messier comparing high- and low-intensity resistance training, that failed to show improvement in OA.

"The impression of effect on OA pain from studies on exercise are often exaggerated due to the effect of natural fluctuations in pain – the regression to the mean phenomenon. Patients usually start an intervention when they experience a pain flare and thus are likely to improve no matter

what. These studies are usually done [without] a placebo intervention, and the change from baseline is often misinterpreted as fully due to the intervention," Dr. Englund says.

Although Englund and Messier disagree about the effectiveness of exercise for relieving and preventing OA pain, both say lifestyle changes play a crucial role in health and wellbeing for everyone, not just people who are overweight and have arthritis.

And while Englund likes weight loss drugs and their potential for reducing the risk of comorbidities common in OA, he maintains that "lifestyle interventions should still be the foundation for weight loss [and] are also important to reduce the risk of several comorbidities." He adds, "We do not have the answer yet whether the new drugs will slow [disease] progression, but hopefully we will see some results from ongoing studies soon."

Messier also does not discount GLP-1 drugs, whose results he considers "amazing." He says, "combining diet and exercise with the judicious use of GLP-1 for successful weight-loss maintenance long-term is an exciting avenue for future research."
Still, he believes strongly that diet and exercise take precedence due to their long-term health benefits.

"The major difference between a diet and exercise program and losing weight with GLP-1 is that diet and exercise is a behavioral intervention that is grounded in psychological as well as physiological and biomechanical principles. We are trying to assist the patient in making changes to their daily routine such that regular exercise and healthy eating are embedded in their lifestyle," Messier says.

Englund, too, says it is important for both patients and healthcare professionals to understand that "these new drugs should be seen as a supplement to lifestyle changes to lose weight."

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About ACR Convergence
ACR Convergence, the annual meeting of the American College of Rheumatology, is where rheumatology meets to collaborate, celebrate, congregate, and learn. With hundreds of sessions and thousands of abstracts, it offers a superior combination of basic science, clinical science, business education and interactive discussions to improve patient care. For more information about the meeting, visit the ACR Convergence page, or join the conversation on X by following the official hashtag (#ACR24).

About the American College of Rheumatology
Founded in 1934, the American College of Rheumatology (ACR) is a not-for-profit, professional association committed to advancing the specialty of rheumatology that serves nearly 9,600 physicians, health professionals, researchers and scientists worldwide. In doing so, the ACR offers education, research, advocacy and practice management support to help its members continue their innovative work and provide quality patient care. Rheumatology professionals are experts in the diagnosis, management and treatment of more than 100 different types of arthritis and rheumatic diseases. For more information, visit rheumatology.org.