Arthritis Foundation's Walk With Ease (Program) Delivered by Telephone

BACKGROUND

About 1 in 4 adults in the United States have some form of arthritis. These numbers will rise by nearly 50% over the next 15 years. Arthritis impacts the body's joints and often results in pain and limits to one's activities. Arthritis is also expensive; it costs the economy more than an estimated $300 billion.

Regular physical activity improves arthritis-related symptoms, it reduces pain and fatigue, and improves physical functioning. Yet, most adults with arthritis do not take part in physical activity regularly. There are programs that have been shown to increase physical activity and improve arthritis-related symptoms. One example is the Arthritis Foundation's Walk With Ease (WWE) Program. WWE is typically offered in person at community centers or clinics, which may be hard for some adults to attend. The purpose of this study was to adapt the WWE program for telephone delivery (WWE-T) and to test its short-term (6 weeks) and long-term (6 & 12 months) effects on arthritis-related outcomes.

PHONE-BASED WALK WITH EASE

WHAT WE DID

We recruited participants from the Columbia, SC area. To take part in the study, participants had to be at least 18 years old and report that their healthcare provider diagnosed them with some form of arthritis, fibromyalgia, gout, or lupus. We assigned participants at random to start the WWE-T program either right away or 1 year later. During the 6-week WWE-T program, participants received a WWE guidebook and were asked to walk for at least 30 minutes a day for 3 to 5 days per week. Each week, there were two phone calls led by certified WWE leaders.

1. **Group Call:** Group calls focused on arthritis education and social support. The calls gave tips on how to walk safely with arthritis. They also let people talk with others about being active with arthritis (e.g., problems and habits).
2. **Individual Call:** Individual calls focused on solving problems, setting goals, and adapting the program based on their walking behaviors and barriers.

We assessed study outcomes at 6 weeks, 6 months, and 12 months. Study outcomes included arthritis symptoms (i.e., pain, stiffness, fatigue), physical function, physical activity, depression symptoms, health care use, work productivity and impairment, and confidence to manage arthritis.

WHAT WE FOUND

A total of 267 people participated in the study. On average, they were 64.1 years old, 60% were African American/Black, and 92% were female. Osteoarthritis (61%) was the most common condition, followed by rheumatoid arthritis (24%). Most participants (93%) said they were satisfied with the program "fairly well" or "very well."

At the end of the 6-week program, WWE-T participants had better physical functioning and ability to manage their arthritis than those who had not received WWE-T. They also had less fatigue and activity impairments. By 12 months, participants in the WWE-T program had better physical function, more confidence to manage their arthritis, less depression symptoms, and less impairment in daily activities than before they started the program.

SUMMARY

A telephone-based delivery of the WWE program improved physical function, confidence to manage arthritis, and impairment related to daily activity in adults with arthritis. The WWE-T program appears to be a good option for improving arthritis-related symptoms in adults who struggle to attend in-person programs. The Osteoarthritis Action Alliance will review the WWE-T program to decide if it will be listed as an Arthritis-Appropriate Evidence-Based Intervention.

Arthritis Foundation®
Champion of Yes®

To Learn More: The full research report for the WWE-T study is available online: https://acrjournals.onlinelibrary.wiley.com/doi/full/10.1002/acr.25515

If you have any questions about the study, please contact Dr. Christine Pellegrini, Associate Professor, Exercise Science at: cpellegrini@sc.edu.

This project was supported by Cooperative Agreement Number U48DP006401 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the US Department of Health and Human Services.