

Research Letter

The Practice of Argentine Tango in Patients With Rheumatoid Arthritis and Spondyloarthritis: A Qualitative Study, a Positive Experience

To the Editor:

Chronic inflammatory rheumatism (CIR), especially rheumatoid arthritis (RA) and spondyloarthritis (SpA), can be improved with physical activity. Despite recommendations of regular physical activity,¹ most patients with CIR are physically inactive.² Studies show that dance-based aerobic exercises are beneficial for patients with RA, because they improve anxiety, depression, fatigue, and physical capacity.^{3,4} Argentine tango (AT) was reportedly effective in patients with Parkinson disease,⁵ improving balance, walking,⁶ quality of life (QOL), psychological well-being, and feelings of bodily self-efficacy⁵; however, it has not been studied in patients with CIR. Our rheumatology department offered adapted AT sessions to patients with CIR, 27 of whom participated. After the sessions, patients informally described changes in body sensations. Dancing seemed to reduce pain and stress and facilitate the performance of daily activities.

In the present qualitative study, we aimed to understand how AT classes modified these patient dimensions. The study was approved by the institutional review board Centre OUEST I (CNRIPH SI file n°18.08.20.45610).

The interviews were proposed to all patients who had attended 1 AT course per week for an average of 6 months. An interview guide was developed, based on patient feedback after the AT sessions (Supplementary Table S1, available with the online version of this article), in collaboration with the AT teacher (ND), a research nurse (FF), and a rheumatologist (MS). Each semistructured interview lasted approximately 1 hour and was conducted, audio-recorded, and transcribed verbatim by the same interviewer (FF). The interviewer might have known some participants from previous visits, as some of them were monitored at our rheumatology center.

Thematic analyses were independently performed by 2 research nurses (FF and MR). Twelve patients were indentified with a letter from A to M, and verbatim records were numbered for each patient. Concepts were coded, grouped into subthemes and general themes. Saturation was defined when no new qualitative codes appeared.^{7,8}

Each AT class lasted approximately 1 hour, and classes were held from September 2019 to March 2020. Classes were free of charge and led by the same AT teacher. Each AT class included a maximum of 10 people. All participants changed roles (leader/guide) and partners. Each class began with an individual warm-up. Then, participants learned specific AT movements, and movements were adapted to each participant's physical abilities.

Twelve patients participated in the interviews to obtain data saturation. Of these, 11 were women, 5 had RA, and 7 had SpA.





The mean age was 60 (SD 14) years, and the median disease duration was 18 (IQR 10-34) years. Eight participants had a postgraduate education, 7 were retired, and 6 lived alone. Half of the participants (50%) had conventional background treatment and/or a biological treatment (67%). Two (17%) participants attended the AT courses with their spouses, and 1 (8%) with a relative.

Most participants gave similar accounts of the positive effects of AT. The analysis of interview responses identified 38 codes, which were grouped under 5 high-level themes: body perception, psychic state, physical abilities, somatopsychic dimension (mainly pain management), and social life/couple relationship. We also identified 2 low-level themes: the reassuring aspect of practicing the "adapted" AT, and the continuation of AT practice (Supplementary Table S2, available with the online version of this article). Most participants reported positive effects on body awareness, image, control, acceptance, self-confidence, and self-esteem. The concepts of pleasure and mentally letting go were often mentioned during the AT sessions and during other activities. The participants described quantitative and qualitative improvements in physical activities. Most participants stated that they applied some principles of AT to leisure or domestic activities. Some reported improvements in flexibility, muscle tone, and fatigue. Moreover, posture advice from the class was applied to manage pain or to improve balance during walking. Some participants spoke of improved awareness and acceptance of limitations. Two participants reported that they had reduced their consumption of analgesics or antiinflammatory medications. Participants also reported social bonding and changes in couple relationships, including better rapport with their spouse.

To our knowledge, this study is the first to examine the effects of AT in patients with CIR. The participants mentioned positive effects on the 3 dimensions of health status defined by the World Health Organization: physical, psychological, and social well-being.⁹ These findings were consistent with previous studies on Parkinson disease.^{5,10}

However, these results were reported by participants who were highly motivated by AT. In fact, of the 27 individuals enrolled in the courses, about one-third did not attend. Knowing that altered body image in CIR is associated with reduced mobility and poor QOL, AT as a positive body experience could be proposed as a therapeutic activity for CIR. The findings of our study should be further investigated in a prospective quantitative study, particularly to confirm effects on the level of physical activity and sedentary behaviors, QOL; future investigations should also include long-term follow-up. Due to the positive effects on the various dimensions of the health status of patients with CIR, the application of AT could be investigated in other chronic pathologies.

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The authors declare no conflicts of interest relevant to this article.

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ONLINE SUPPLEMENT

Supplementary material accompanies the online version of this article.

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