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Letter to the Editor

"Keep your body in motion": Physical activity and exercise for idiopathic inflammatory myopathies during the COVID-19 pandemic

«Mantenga su cuerpo en movimiento»: actividad física y ejercicio para miopatías inflamatorias idiopáticas durante la pandemia de COVID-19

Dear Editor:

Novel coronavirus disease 2019 (COVID-19) has spread rapidly worldwide, since first reported in Wuhan (China). Governments have implemented social-distancing policies due to COVID-19's high transmissibility and lethality. However, the negative impacts of these measures have included increased mental illness (e.g., anxiety, depression) and decreased physical activity levels, which can increase morbidity and mortality for cardiovascular diseases.[1,2]

Idiopathic inflammatory myopathies (IIM) are a rare group of systemic autoimmune diseases characterized by chronic impaired skeletal muscle, self-reported fatigue, and pain perception, and reduced aerobic capacity,[3] which lead to notable sustained impairments and disability. In addition, patients with IIM have a high prevalence of cardiovascular disease.[4–6] Exercise has proven safe for all patients with IIM and can, given in the right dose also reduce disease activity and damage.[7] Therefore, besides the conventional treatment with glucocorticoids and immunosuppressive drugs, exercise should be an important part of the treatment for patients with IIM. We recommend that exercise initially should be ideally supervised by a physical therapist, however, later on be self-manages with regular follow-up and progression of exercise. In this way exercise can reduce the risk of comorbidities and improve health.

In the current COVID-19 pandemic scenario, these patients have been affected by adopted social-distancing measures,[8] which hamper possibilities of support from health care providers.

Currently, guidelines recommend 150–300 min a week of physical activity. For patients with chronic, low-active disease recommendations for exercise to improve physical capacity, the doses do not seem to diverge from recommendations for healthy.[9] Pedometers can be used as a monitoring strategy for walking activities and possibly to promote major adherence by the patient.[10] Aerobic capacity is highly associated to self-reported health in people with IIM[3] and heart-rate monitors could help to set a correct exercise intensity to improve aerobic capacity. Another relevant strategy is reducing sitting time.

Home-based exercise training (combined or isolated aerobic or resistance exercise) has been recommended. Technological advances can be useful for providing better interaction between therapists and patients to control exercise intensity, volume, and frequency and to assess the patients' progress. The literature evidences motivate results, such as improved muscle strength function, and aerobic capacity.

In conclusion, maintaining regular physical activity and exercise is eminently important to counteract decreased muscle strength, function, and general physical function and consequently to mitigate cardiovascular risk factors. Beyond this, the interactions between therapists and patients must be valued to promote strong adherence to exercise-training programs.

Such interactions could be a transdisciplinary burden shared with physicians and other health professions such as psychologists and physical therapists, to promote a better approach to behavior changes due to the COVID-19 pandemic.

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Conflict of interest

All authors declare no conflict of interest.

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