Authors' objectives
To gather evidence on the efficacy of spa treatments.

Searching
MEDLINE, EMBASE, CISCOM and the reviewers' literature collection were searched. In addition, international experts and institutes were contacted, and studies and reviews were screened for further relevant studies. No language restrictions were applied.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) were eligible for inclusion.

Specific interventions included in the review
For the intervention group, treatment in a spa was necessary for inclusion in the review. Studies with control groups that did not receive spa treatments were eligible for inclusion, whereas those with a comparator group that received different treatments at a spa were not eligible. The control groups could receive identical treatments, but administered ambulant in their respective hometowns.

Participants included in the review
Patients who were randomised to either receiving treatment in a spa or not were eligible for inclusion.

Outcomes assessed in the review
The review was aimed at health status and direct and indirect cost assessments. The included studies assessed salpingitis-related complaints in one study; spinal mobility, motor functioning, pain and use of pain relief in another; and pain, joint functioning, use of medication and quality of life in a third.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The quality of studies was evaluated using the Jadad scale, which assesses randomisation, blinding, handling of withdrawals, and the reporting of these features. The authors did not state how the papers were assessed for quality, or how many reviewers performed the quality assessment.

Data extraction
Two reviewers extracted the data independently on a standardised form. Any discrepancies were resolved by discussion.

Methods of synthesis
How were the studies combined?
The results of the studies were tabulated and summarised narratively.

How were differences between studies investigated?
Each study was described in detail. All three studies were compared with regard to their use of validated outcome measures, sample size and general methodological quality.
Results of the review

Three RCTs (347 patients) met the inclusion criteria.

All three studies showed a statistically significant advantage of spa treatment.

One study reported salpingitis-related complaints in 44% of the control group, compared with only 7% of the treatment group, 12 weeks after surgery. The laparoscopic results were, however, similar in both groups.

Another study showed a significant improvement in spinal mobility, motor functioning, pain and use of pain relief after 9 months in patients treated for chronic back pain in a spa.

The third study investigated treatment for arthrosis. This study showed a significant advantage for the treatment group with regard to pain, joint functioning, use of medication and quality of life, up to 36 weeks after the spa treatment.

Authors' conclusions

The data were insufficient to prove or disprove the benefit of spa treatment.

CRD commentary

The review addressed a relevant question. The authors searched for a specific methodological design to provide evidence to answer the research question. The searches were adequate, and language and publication bias was limited. Only three studies were identified that met the inclusion criteria.

The types of interventions and disease conditions in the identified studies differed greatly. Possible distinctions between a spa treatment and a health resort treatment, and the differential benefit for different patient groups, were not addressed in the review. The quality of the studies and the evidence they provided was discussed critically.

The authors distinguished the use of validated methods. Further details of the assessment method might enable the question of whether the advantages of the spa are restricted to self-reported outcomes (in comparison with objective data, medical staff ratings, etc.) to be answered.

The review made no further reference to the predefined cost outcomes.

The conclusion is very cautious and seems to reflect the sparse evidence base.

Implications of the review for practice and research

Practice: The authors stated that spa treatments should not be abolished or restricted on the basis of missing evidence of their effectiveness, as it does not mean there is evidence of their ineffectiveness.

Research: The authors stated that more evidence-based studies are needed if rational decisions relating to the efficacy of spa treatment are to be made.

Bibliographic details


PubMedID
9528644

DOI
Indexing Status
Subject indexing assigned by NLM

MeSH
Back Pain /rehabilitation; Chronic Disease; Female; Health Resorts; Humans; Male; Osteoarthritis /rehabilitation; Physical Therapy Modalities; Randomized Controlled Trials as Topic; Salpingitis /rehabilitation

AccessionNumber
11998000598

Date bibliographic record published
31/01/2005

Date abstract record published
31/01/2005

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.