

The AFRETH (French Association for Thermal Research), an experience of twelve years, achievements and difficulties

La AFRETH (Asociación Francesa para la Investigación Termal),
una experiencia de doce años, logros y dificultades

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Abstract

Since its creation in 2005 October, the French Association for Thermal Research (AFRETH) fully implemented 12 call for projects. 129 Pre-projects were examined and 83 were made eligible to the programme; 66 were validated by the scientific committee on the basis of specialized advices by external independent experts. Finally 45 projects were accepted for financial support; 12 Millions € have been engaged and/or expended.

10 studies have been fully implemented and published in english speaking journals with impact factor; 6 studies fully implemented have to be written and/or submitted; 7 RCT are in progress; 6 RCT have to get started.

The main scientific achievements can be summarized: i) a more comfortable body due to less pain from musculo-skeletal origin (Thermarthrose, Rotatherm, Itilo) or venous origin (Thermes & Veines) and more abilities in patients with musculo-skeletal conditions (Thermarthrose, Rotatherm, Itilo), or after treated breast cancer (Pacthe). A better weight control in overweighted patients (Maathermes), in patients with metabolic syndrome (Prisme) or after treated breast cancer (Pacthe); ii) a stress under better control in patients with generalised anxiety disorders (Stop-Tag), or after treated breast cancer (Pacthe) (patients improved depression and sleep disturbances), allowing a psychotropic drugs (benzodiazepins) withdrawal (Spepcth); iii) a more healthy life style due to patients' education in metabolic conditions (Prisme), after treated breast cancer (Pacthe), in chronic venous conditions (Veinothermes), in elder with cognitive decline risk (MAPT, T CAP); iiiii) and at the end a better quality of life for patients after breast cancer (Pacthe), for pa-

tients with chronic cuff tendinitis (Rotatherm), chronic venous insufficiency (Thermes&Veines)(Veinothermes), generalised anxiety disorder (Stop-Tag).

But studies concerning respiratory diseases, sickleave patients with chronic low back pain, deep venous thrombosis sequelae, failed to enrol a sufficient number of patients to be fully contributive. The immediate versus delayed treatment paradigm is usually well accepted by the patients. The enrolment of the patients has to be efficient and realistic; the direct sollicitation of the patients, through mass media, can offer a relevant approach.

The actual medical benefit demonstration needs a clinical (and relevant) main endpoint; as they show thresholds of efficiency, levels of improvement such are MCII, responders patients, PASS, 5% weight reduction... are particularly clinically relevant.

The treatments of patients (balneotherapy) and controls have to be determined and reported. Usual care can be an helpful control treatment.

The informations given by the results of the studies, after the scientific publication, have to be communicated to doctors and patients through mass media: about 120 papers on balneotherapy are published, every year, in the french newspapers.

Key words: balneotherapy, randomized control trials, methodology

Palabras clave: balneoterapia, ensayos controlados aleatorizados, metodología

** The author is neither an employee nor a shareholder of a spa or a company linked to the thermal activity. He has no relation of subordination with the thermal medicine representative structures.*