

Reference

Rubio-Zarapuz, Alejandro¹; Apolo-Arenas, María Dolores^{2,3}; Fernandes, Orlando^{4,5}; Tornero-Aguilera, José Francisco¹; Clemente-Suárez, Vicente Javier^{1,6}; Parraca, Jose A.^{4,5*}

Comparative Efficacy of Neuromodulation and Structured Exercise Program on Autonomic Modulation in Fibromyalgia Patients: Pilot Study

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Products

EXOPULSE Mollii Suit vs. Exercise

Aims

Irregularities in the autonomic nervous system (ANS) is common in fibromyalgia. This study aims to show the modulation effects on ANS, express through the outcomes cortical arousal, heart rate variability and blood microcirculation.

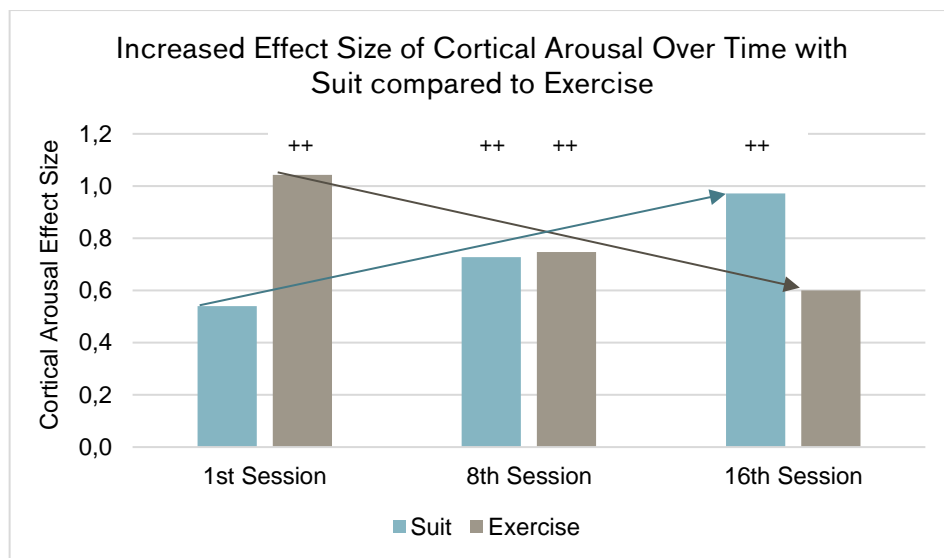
Comparison was made with EXOPULSE Mollii suit to Exercise therapy, the current gold standard in treatment of Fibromyalgia symptoms. Equivalence of results is advantageous for Suit therapy.

Major Findings

With EXOPULSE Mollii Suit compared to Exercise after 8 weeks of each intervention:

→ Improvements in cortical arousal (flicker test) with both interventions

- **Suit:** incremental increase by 0.5 Hz (1.6 %) after the 1st session, 1.1 Hz (3.5 %) after the 8th session, and 1.4 Hz (4.4 %) after the 16th session; suggesting a steady cumulative effect
- **Exercise:** more immediate but less consistent increase in cortical arousal, with values rising by 1.5 Hz (4.7 %) after the 1st session, 1.2 Hz (3.8 %) after the 8th session, and 3.8 Hz (13.2 %) after the 16th session; suggesting the benefits might not be as sustainable as the suit



++: $p < 0.05$ for t-test comparing pre- and post-session measurement.

Cortical arousal was measured using the Critical Flicker Fusion Threshold (CFFT) technique, performed in a controlled viewing chamber (Flicker Fusion Control Unit Model 12,021; Lafayette Instrument Company, Lafayette, IN, USA). The CFFT technique entails identifying the highest frequency at which a person perceives a flickering light as continuous, reflecting the brain's processing speed and overall cortical arousal.

→ **Improvements in heart rate variability (HRV) for suit intervention**

- **Suit:** improved HRV, indicating enhanced parasympathetic activity and better autonomic balance
- **Exercise:** no significant changes in HRV, highlighting a potential limitation of exercise alone in addressing autonomic dysregulation in fibromyalgia

→ **Improvements in microcirculation**

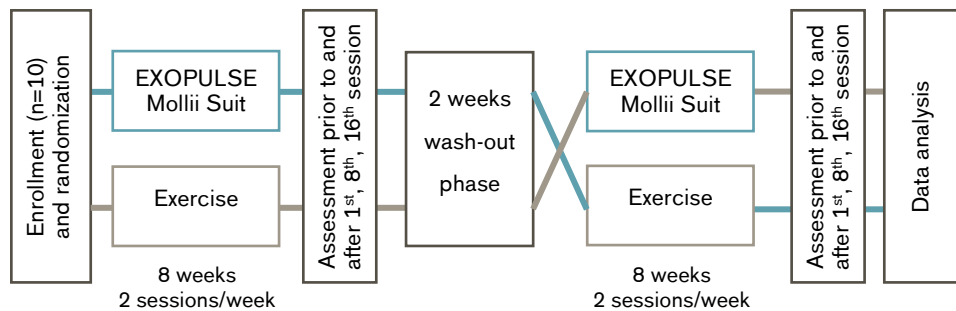
- **Suit:** shown by a progressive decrease across sessions in skin temperature at hand and index finger
- **Exercise:** shown by a consistent increase after each session at palm, back of hand, and distal and proximal index finger

Population

Subjects: n = 10 (all female)
 Etiology: Fibromyalgia (at least three months); no pharmacological therapies in the past month
 Mean age: 51.6 ± 7.2 years
 Mobility: Able to walk independently, devoid of reliance on assistive devices

Study Design

Randomized, crossover, longitudinal pilot study:



The intervention phases consisted of 2 sessions per week for 8 weeks with EXOPULSE Mollii Suit or Exercise, respectively.

EXOPULSE Mollii Suit: 60 min session with the Suit with all 58 electrodes active, participants lay on a massage table facing upwards.

Exercise: 60 min training consisting of warm up, strength training, and High-Intensity Interval Training (HIIT).

Results

Body Functions & Structure					Activity			Participation	Environment
Pain	Spasticity	Physiological function	Psychological function	General Health	Activity	Mobility & Safety	ADLs	Preference, Satisfaction, QoL	Health Economics

Results Table 1: Results for comparison of both interventions (over all sessions)

Category	Outcomes	Results for comparison of interventions → Suit vs. Exercise	Sig.*
General Health - Cortical arousal	Critical Flicker Fusion Threshold (CFFT) [Hz]	No significant differences between interventions	0
General Health - Thermography	Hand Temperature [°C]	<i>palm of hand</i> : Significant difference only for post 1 st session	+
		<i>back of hand</i> : Significant difference only for post 8 th session	+
		<i>distal index finger</i> : Significant difference for all three post sessions	+
		<i>proximal index finger</i> : Significant difference for all three post sessions	+
General Health - Heart Rate (HR)	Mean HR values [bpm]	Significant difference only for post 8 th session	+
	Maximum and minimum HR values [bpm]	<i>Max</i> : No significant differences between both interventions	0
		<i>Min</i> : Significant difference for post 8 th and post 16 th sessions	+
General Health - Heart Rate Variability (HRV)	Root Mean Square of Successive Differences (RMSSD) [ms]	Significant difference only for post 8 th session	+
	PNN50 [%] (% of successive normal sinus (R-R) intervals that differed by more than 50 ms)	Significant difference only for post 8 th session	+
	Frequency-domain measures [nu]	<i>HF</i> : No significant differences between both interventions	0
		<i>LF</i> : No significant differences between both interventions	0
	Nonlinear domain analysis [ms]	<i>SD1</i> : Significant difference only for post 8 th session	+
<i>SD2</i> : No significant differences between both interventions		0	

* no difference (0), trend (+), significant (++), not applicable (n.a.)

* Analysis comparing both interventions for each measurement

Results Table 2: Results for pre- and post-intervention variables for Suit and Exercise intervention

Category	Outcomes	Results for pre-intervention vs. post-intervention <i>(expressed as means ± SD for quantitative variables)</i>	Sig.*			
General Health - Cortical Arousal and salivary patterns	Critical Flicker Fusion Threshold (CFFT) [Hz]	Both the Suit and Exercise significantly improved cortical arousal over the course of the study	n.a.			
		Suit No significant change between 1 st pre vs. 16 th post session	0			
		session	pre	post	Sig.	
		1 st	32.00 ± 2.39	32.50 ± 2.48	0	
		8 th	31.10 ± 3.38	32.20 ± 2.46	++	
16 th	31.70 ± 2.91	33.10 ± 2.39	++			
Exercise		No significant change between 1 st pre vs. 16 th post session	0			
		session	pre	post	Sig.	
		1 st	32.00 ± 2.48	33.50 ± 3.17	++	
		8 th	31.60 ± 2.86	32.80 ± 2.92	++	
		16 th	28.80 ± 10.52	32.60 ± 2.97	0	
General Health - Thermography	Hand Temperature [°C] measured on - palm of hand - back of hand - distal index finger (finger tip) - proximal index finger	Suit Significant (++) change between 1 st pre vs. 16 th only for backhand temperature	++			
		Hand				
		session		pre	post	Sig.
		1 st	palm	31.50 ± 4.65	30.90 ± 3.25	0
			back	30.70 ± 4.56	30.60 ± 3.41	0
		8 th	palm	33.40 ± 2.63	33.00 ± 3.19	0
			back	32.40 ± 3.12	32.20 ± 2.74	0
		16 th	palm	34.90 ± 1.75	33.40 ± 3.15	0
			back	33.90 ± 2.18	32.90 ± 3.47	0
		Index finger				
		session		pre	post	Sig.
		1 st	distal	28.90 ± 5.73	28.80 ± 3.83	0
			prox.	30.00 ± 5.94	29.40 ± 4.07	0
		8 th	distal	29.30 ± 3.77	28.30 ± 3.37	0
			prox.	32.50 ± 3.45	31.30 ± 4.01	0
16 th	distal	32.00 ± 2.15	27.80 ± 3.74	++		
	prox.	34.00 ± 2.59	31.80 ± 4.56	0		
Exercise		Significant change between 1 st pre vs. 16 th post session, except for distal index finger temperature	++			
		Hand				
		session		pre	post	Sig.
		1 st	palm	32.30 ± 3.17	34.50 ± 2.16	++
			back	31.80 ± 3.52	33.70 ± 2.58	++
8 th	palm	34.30 ± 1.99	35.70 ± 0.84	++		
	back	33.30 ± 2.45	34.60 ± 1.08	0		

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LF		80.96 ± 12.73	83.99 ± 5.27	0																															

Category	Outcomes	Results for pre-intervention vs. post-intervention <i>(expressed as means ± SD for quantitative variables)</i>	Sig.*																																
	Exercise	Significant change between 1 st pre vs. 16 th post session for both frequency components	++																																
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Nonlinear domain analysis [ms]	Suit	No significant change between 1 st pre vs. 16 th post session	0																																
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* no difference (0), trend (+), significant (++ with p<0.05), not applicable (n.a.)

* Analysis comparing all pre- and post-session measurements within suit or exercise intervention, respectively.
Analysis comparing pre- and post-session measurement for each session and intervention.

bpm= beats per minute; **ms**= milliseconds; **nu**= normalized unit; **SD1**= Poincaré plot index of short-term variability in heart rate; **SD2**= Poincaré plot index of long-term variability in heart rate

Author's Conclusion

"In conclusion, both treatments can aid in ANS [autonomic nervous system] modulation in fibromyalgia patients. The neuromodulation treatment with the EXOPULSE Mollii suit showed greater beneficial effects on cortical arousal, microcirculation, and HRV whereas the Exercise intervention only demonstrated beneficial effects on cortical arousal. However, further research is needed for both treatments to better understand their full potential and long-term impact on fibromyalgia management." (Rubio-Zarapuz *et al.*, 2024).

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