

SEDE DE LA ORDEN DEL VOLATÍN



# La dieta mediterránea y su poder antiinflamatorio

**OaFi**  
OSTEOARTHRITIS  
FOUNDATION  
INTERNATIONAL

**AECOAR**  
ASOCIACIÓN ESPAÑOLA  
CON LA OSTEOPOROSIS  
Y LA ARTROSIS

**Dr. Josep Vergés Milano**  
Presidente de OAFI y AECOSAR  
29 de noviembre 2023

**OaFi**  
OSTEOARTHRITIS  
FOUNDATION  
INTERNATIONAL



**Primera y única** fundación dirigida exclusivamente a **personas con artrosis** a nivel **MUNDIAL**

**AECOAR**  
ASOCIACIÓN ESPAÑOLA  
CON LA OSTEOPOROSIS  
Y LA ARTROSIS



**Referente NACIONAL** en la lucha contra la osteoporosis



Promovemos la **educación, prevención, tratamiento** e **investigación** de la salud osteoarticular.

Ofrecemos **soluciones** a las personas que sufren estas patologías para que se sientan **acompañadas**, aliviando su dolor y **mejorando su calidad de vida**.

Representamos a:



**Personas mayores**



**Mujeres**



**Deportistas**





**Ponemos al paciente en el centro de la enfermedad.**

**Le ayudamos a tener voz y a ser escuchado.**



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Más información en: [info@oafifoundation.com](mailto:info@oafifoundation.com)





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Journal of Translational Medicine

**RESEARCH** **Open Access**

## Randomized, double-blind, placebo-controlled study to evaluate the effect of treatment with an SPMs-enriched oil on chronic pain and inflammation, functionality, and quality of life in patients with symptomatic knee osteoarthritis: GAUDI study

Ingrid Möller<sup>1</sup>, Gil Rodas<sup>2</sup>, Jose María Villalón<sup>3</sup>, Jose A. Rodas<sup>4</sup>, Francisco Angulo<sup>5</sup>, Nina Martínez<sup>6</sup> and Josep Vergés<sup>6\*</sup>

**Abstract**  
**Background** Specialized pro-resolving mediators (SPMs), including 18-HEPE, 17-HDHA, and 14-HDHA are recognized as potentially therapeutic in inflammatory diseases because SPMs regulate the inflammation process, which leads to, for example, swelling and the sensation of pain. In osteoarthritis (OA), chronic pain is described as the symptom that reduces patients' quality of life (QoL). The GAUDI study evaluated the efficacy of SPMs supplementation in reducing pain in the symptomatic knee of OA patients.  
**Methods** This randomized, multicenter, double-blind, and placebo-controlled parallel-group pilot study was performed in Spain and conducted on adults 18–68 years old diagnosed with symptomatic knee OA. Patients were enrolled in the study for up to 24 weeks, which included a 12-week intervention period and a follow-up visit on week 24. The primary endpoint was pain change measured through a Visual Analog Scale (VAS). Secondary endpoints included: Pain change evaluation, stiffness, and function according to the WOMAC index; assessment of constant, intermittent, and total pain according to the OMERACT-OARSI score; evaluation of changes in health-related QoL parameters; the use or not of concomitant, rescue, and anti-inflammatory medication; and safety and tolerability assessments.  
**Results** Patients were enrolled in the study from May 2018 to September 2021. VAS pain score was evaluated in the per protocol population (n = 51 patients), in which we observed a statistically significant reduction after 8 weeks (p = 0.039) and 12 weeks (p = 0.031) of treatment in patients consuming SPMs (n = 23 subjects) vs. placebo (n = 28 subjects). In line with the OMERACT-OARSI score, intermittent pain was reduced after 12 weeks with statistical significance (p = 0.019) in patients treated with SPMs (n = 23 subjects) vs. placebo (n = 28 subjects). Functional status as WOMAC score did not significantly change after SPMs or placebo consumption. Notably, patients consuming SPMs

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## The OARSI Joint Effort Initiative: Priorities for osteoarthritis management program implementation and research 2024–2028

Jocelyn L. Bowden<sup>a,\*</sup>, David J. Hunter<sup>b</sup>, Kathryn Mills<sup>b</sup>, Kelli Allen<sup>c,d</sup>, Kim Bennell<sup>d</sup>, Andrew M. Briggs<sup>e</sup>, K. Dziedziec<sup>f</sup>, Rana S. Hinman<sup>d</sup>, Jason S. Kim<sup>g</sup>, Nina Martinez<sup>h</sup>, Jonathan G. Quicke<sup>i,j</sup>, Bryan Tan Yijia<sup>k</sup>, Martin van der Esch<sup>l</sup>, Josep Vergés<sup>m</sup>, Jillian Eyles<sup>a</sup>

<sup>a</sup> Sydney Musculoskeletal Health, Kolling Institute, Faculty of Medicine and Health, The University of Sydney and the Rheumatology Department, Royal North Shore Hospital, Northern Sydney Local Health District, Sydney, NSW, Australia  
<sup>b</sup> Faculty of Medicine, Health and Human Sciences, Macquarie University, Australia  
<sup>c</sup> Department of Medicine and Therapist Arthritis Research Centre, University of North Carolina at Chapel Hill, USA  
<sup>d</sup> Centre for Health, Exercise and Sports Medicine, Department of Physiotherapy, The University of Melbourne, Melbourne, Victoria, Australia  
<sup>e</sup> Curtin School of Allied Health, Curtin University, Perth, Western Australia, Australia  
<sup>f</sup> Impact Accelerator Unit, School of Medicine and Health Sciences, Keele University, Keele, Staffordshire, UK  
<sup>g</sup> Arthritis Foundation, Atlanta, GA, USA  
<sup>h</sup> Department of Research and Development, Osteoarthritis Foundation International, Barcelona, Spain  
<sup>i</sup> Chartered Society of Physiotherapy, Chancery Exchange, London, UK  
<sup>j</sup> School of Medicine, Keele University, Keele, UK  
<sup>k</sup> Department of Orthopaedic Surgery, Woodlands Health, National Healthcare Group, Singapore  
<sup>l</sup> Faculty of Health, Amsterdam University of Applied Sciences, Reade, Centre for Rehabilitation and Rheumatology, Amsterdam, the Netherlands  
<sup>m</sup> President of the Osteoarthritis Foundation International, Barcelona, Spain  
<sup>\*</sup> Durham Department of Veterans Affairs Health Care System, USA

**ARTICLE INFO**  
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 Keywords: Osteoarthritis, Implementation, Management programs, Priorities

**ABSTRACT**  
**Objective:** The Joint Effort Initiative (JEI) is an international collaboration of clinicians, researchers, and consumer organisations with a shared vision of improving the implementation of osteoarthritis management programs (OAMPs). This study aimed to identify JEI's future priorities and guide direction.  
**Design:** A two-part international survey to prioritise topics of importance to our membership and research stakeholders. Survey one presented a list of 40 topics under 5 themes. Consenting participants were asked to choose their top three topics in each theme. A short list of 25 topics was presented in survey two. Participants were asked to rank the importance (100-point NRS scale, 100 = highest priority). Response frequency (median, IQR) was used to rank the top priorities by theme.  
**Results:** Ninety-five participants completed survey one (61% female, 48% clinicians) and 57 completed survey two. The top ranked topics were:  
 i. Promotion and advocacy: support training for health professionals (median 85, IQR 24).  
 ii. Education and training: incorporating behaviour change into OAMPs (80, 16), advanced OA skills (80, 30), and integration of OA education into clinical training (80, 36).  
 iii. Improving OAMPs delivery: regular updates on changes to best-evidence OA care (84, 24).  
 iv. Future research: improve uptake of exercise, physical activity, and weight-loss (89, 16).  
 v. Enhancing relationships, alliances, and shared knowledge: promote research collaborations (81, 30), share challenges and opportunities for OAMP implementation (80, 23).  
**Conclusions:** These topics will set the JEI's research and collaboration agenda for the next 5 years and stimulate ideas for others working in the field.

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BMC Musculoskeletal Disorders

**RESEARCH** **Open Access**

## Psychosocial and individual factors affecting Quality of Life (QoL) in patients suffering from Achilles tendinopathy: a systematic review

Josep Vergés<sup>1</sup>, Nina Martínez<sup>1\*</sup>, Aina Pascual<sup>1</sup>, Marco Bibas<sup>1</sup>, Manel Santina<sup>2</sup> and Gil Rodas<sup>3</sup>

**Abstract**  
**Background:** Achilles tendinopathy (AT) is a joint condition that causes functional restrictions and pain. This condition negatively impacts patients' social connectedness and psychological well-being, reducing their quality of life (QoL). This review aims to summarise the current information on QoL in patients suffering from AT from different angles: compared to a healthy population, reported individual factors that influence it and the effects of some AT interventions on QoL.  
**Methods:** A systematic review was conducted at PubMed, Cochrane, Google Scholar, and PsycINFO using tendinopathy and QoL-related keywords up to November 2021. Articles were included if they compared QoL to demographic factors such as age or gender, lifestyle factors (physical activity levels), comorbidity factors (diabetes, obesity), and/or a control group.  
**Results:** Three hundred twenty-nine articles were reviewed; 23 met the inclusion criteria. SF-36, EQ-5D, and VISA-A were the most common instrument used. Patients with AT reported low QoL when compared to no AT population. When women were compared to men, women reported worse QoL. The patients who participated in different exercise programs (strengthening and stretching) showed improvements in QoL. Surgical AT intervention improved QoL, although results varied by age.  
**Conclusion:** AT has a substantial impact on QoL. In AT patients, QoL is also influenced by specific individual factors, including gender and physical activity. Exercise, education, and surgical treatment improve QoL. We suggest more research on AT patients to better understand the aspects leading to poor QoL.  
**Keywords:** Tendinopathy, Achilles tendon, Quality of life, Individual factors, Human factors, Psychosocial factors



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BMC Musculoskeletal Disorders

RESEARCH ARTICLE Open Access

## Global management of patients with knee osteoarthritis begins with quality of life assessment: a systematic review

Marianna Vitaloni<sup>1\*</sup>, Angie Botto-van Bemden<sup>2†</sup>, Rosa Maya Sciortino Contreras<sup>3</sup>, Deborah Scotton<sup>2</sup>, Marco Bibas<sup>1</sup>, Maritza Quintero<sup>3</sup>, Jordi Monfort<sup>3</sup>, Xavier Carné<sup>4</sup>, Francisco de Abajo<sup>5</sup>, Elizabeth Oswald<sup>1</sup>, Maria R. Cabot<sup>6</sup>, Marco Mattedi<sup>6</sup>, Patrick du Souich<sup>9</sup>, Ingrid Möller<sup>10</sup>, Guy Eakin<sup>9</sup> and Josep Verges<sup>1</sup>

**Abstract**  
**Background:** Knee osteoarthritis (KOA) is a prevalent form of chronic joint disease associated with functional restrictions and pain. Activity limitations negatively impact social connectedness and psychological well-being, reducing the quality of life (QoL) of patients. The purpose of this review is to summarize the existing information on QoL in KOA patients and share the reported individual factors, which may influence it.  
**Methods:** We conducted a systematic review examining the literature up to JAN/2017 available at MEDLINE, EMBASE, Cochrane, and PsycINFO using KOA and QoL related keywords. Inclusion criteria were QoL compared to at least one demographic factor (e.g., age, gender), lifestyle factor (e.g., functional independence), or comorbidity factor (e.g., diabetes, obesity) and a control group. Analytical methods were not considered as part of the original design.  
**Results:** A total of 610 articles were reviewed, of which 62 met inclusion criteria. Instruments used to measure QoL included: SF-36, EQ-5D, KOOS, WHOQOL, HAS, AIMS, NHP and JKOM. All studies reported worse QoL in KOA patients when compared to a control group. When females were compared to males, females reported worse QoL. Obesity as well as lower level of physical activity were reported with lower QoL scores. Knee self-management programs delivered by healthcare professionals improved QoL in patients with KOA. Educational level and higher total mindfulness were reported to improve QoL, whereas poverty, psychological distress, depression and lacking familial relationships reduce it. Surgical KOA interventions resulted in good to excellent outcomes generally, although, results varied by age, weight, and depression.  
**Conclusion:** KOA has a substantial impact on QoL. In KOA patients, QoL is also influenced by specific individual factors including gender, body weight, physical activity, mental health, and education. Importantly, education and management programs designed to support KOA patients report improved QoL. QoL data is a valuable tool providing health care professionals with a better comprehension of KOA disease to aid implementation of the most effective management plan.  
**Keywords:** Osteoarthritis, Knee, Quality of life, Individual factors, Social Determinants of Health, Psychosocial factors, Patient advocacy organizations, Patient Centred

\* Correspondence: mvitaloni@oafifoundation.com; awbemden@arthris.org  
 †Marianna Vitaloni and Angie Botto-van Bemden contributed equally to this work.  
<sup>1</sup>Osteoarthritis Foundation International (OAFI), Barcelona, Spain  
<sup>2</sup>Arthritis Foundation, Atlanta, USA  
 Full list of author information is available at the end of the article

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BMC Musculoskeletal Disorders


RESEARCH ARTICLE Open Access

## A patients' view of OA: the Global Osteoarthritis Patient Perception Survey (GOAPPS), a pilot study

Marianna Vitaloni<sup>1\*</sup>, Angie Botto-van Bemden<sup>2</sup>, Rosa Sciortino<sup>3</sup>, Xavier Carné<sup>4</sup>, Maritza Quintero<sup>5</sup>, Pedro Santos-Moreno<sup>5</sup>, Rolando Espinosa<sup>6</sup>, Oscar Rillo<sup>7</sup>, Jordi Monfort<sup>8</sup>, Francisco de Abajo<sup>9</sup>, Elizabeth Oswald<sup>1</sup>, Marco Mattedi<sup>10</sup>, Patrick du Souich<sup>11</sup>, Ingrid Möller<sup>12</sup>, Montserrat Romera Baures<sup>13</sup>, Arlene Vinci<sup>2</sup>, Deborah Scotton<sup>2</sup>, Marco Bibas<sup>1</sup>, Guy Eakin<sup>2</sup> and Josep Verges<sup>1</sup>

**Abstract**  
**Background:** Globally, osteoarthritis (OA) is the third condition associated with disability. There is still poor treatment in OA but science holds the key to finding better treatments and a cure. It is essential to learn what's important to patients from them to implement the most effective OA management. The OA Patients Task Force, conducted the Global OA Patient Perception Survey (GOAPPS)-the first global survey made by patients to analyze the quality of life (QoL) & patient perceptions of care. The goal was to collect data on OA patients' perception of OA to understand patients' needs and expectations to improve OA management.  
**Methods:** Observational, cross-sectional study by online survey data collection from six countries, translated into three languages. The questionnaire was comprised of 3 sections: patient demographics and clinical symptomatology characteristics; relationship with physicians; perception of attention, treatment, and information provided; and OA impact on daily activity and QoL. The results of the survey were evaluated using the Limited Data Set. The survey results were analyzed using descriptive statistics to characterize the patients' answers. Additionally, Cronbach's alpha was calculated to determine internal consistency validity.  
**Results:** A total of 1512 surveys were completed in 6 countries. 84.2% of respondents reported pain/tenderness and 91.1% experienced limitations to physical activities. 42.3% of patients were not satisfied with their current OA treatment. 86% had comorbidities, especially hypertension, and obesity. 51.3 and 78% would like access to additional drug or additional non-drug/non-surgical treatments respectively. 48.2% of patients perceived their QoL to be affected by OA. The Cronbach's alpha was 0.61.  
**Conclusions:** OA has a significant impact on patients' daily activities and their desire to play an active role in managing this disease. Patients are seeking additional treatments, especially no pharmacological/no surgical treatments stressing the need for investing in clinical research, implementing OA preventive measures, and managing interventions to improve the healthcare value chain in OA.  
**Keywords:** Quality of life, Patient perception, Osteoarthritis, Global survey, Patient organizations

\* Correspondence: mvitaloni@oafifoundation.com  
<sup>1</sup>Osteoarthritis Foundation International (OAFI), Barcelona, Spain  
 Full list of author information is available at the end of the article

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# Desarrollamos programas para mejorar la salud articular:



## OAFI Woman

Ofrecer conocimiento sobre prevención y medidas terapéuticas para empoderar a la mujer

## OAFI Children

Educar a los jóvenes sobre la importancia de la práctica deportiva y una dieta adaptada a su morfotipo

## OAFI Wellness

Prevención, tratamiento y mejora de la salud articular mediante la realización de actividad física en la naturaleza  
**Colaboración Bardenas Reales**

## OAFI Contigo

Ayudar a todas las personas religiosas que ven dificultada su práctica de la fe por la artrosis, osteoporosis y/o sarcopenia

## OAFI Space

Revisión y certificación de espacios en función de su adaptabilidad a la salud articular

## OAFI Sport Veterans

Ayudar a los deportistas veteranos a controlar su artrosis y mejorar su calidad de vida



# Colaboración



Se llevarán a cabo **4 charlas educativas** centradas en la importancia de mantener articulaciones saludables y prevenir enfermedades como la artrosis y la osteoporosis.

Estas charlas proporcionarán **información valiosa** a la audiencia sobre el cuidado de sus articulaciones. Posteriormente, los asistentes tendrán la oportunidad de disfrutar de una **visita al entorno natural de Bardenas Reales**, donde se llevarán a cabo actividades físicas que fomentarán un **estilo de vida activo y saludable**. También se atenderán las personas que lo necesiten a través **consultas médicas**.

Esta **combinación de educación y actividad en un entorno natural** contribuirá significativamente a una vida más saludable para la comunidad local.



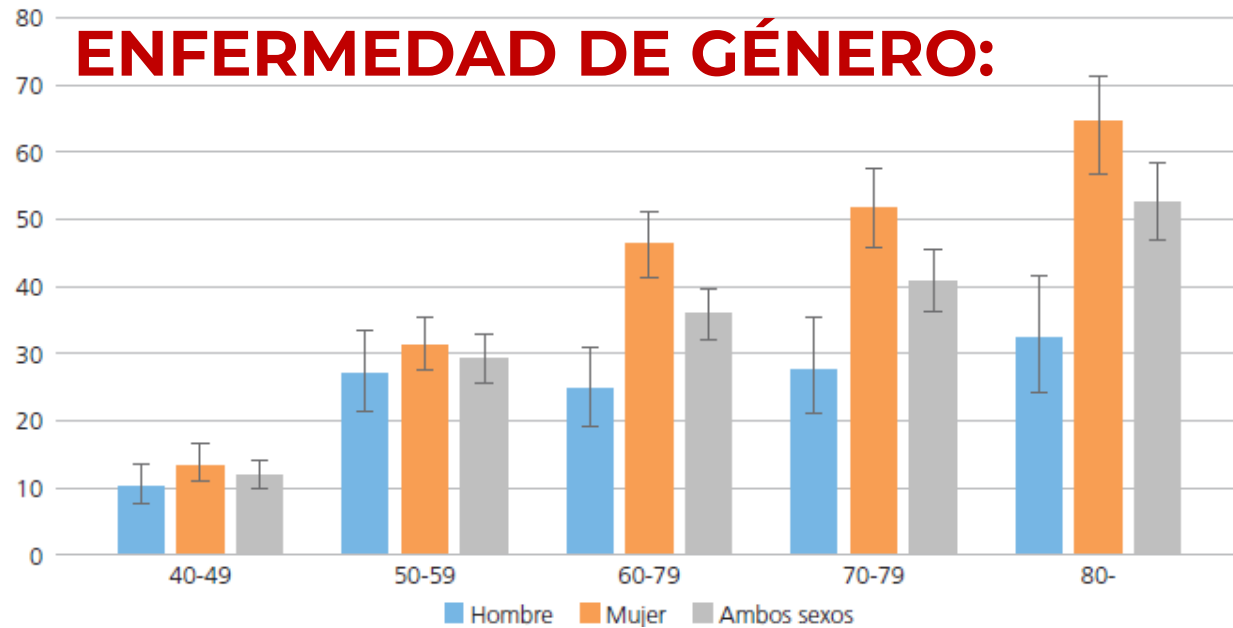


# Salud Articular

## Escenario actual



La **artrosis u osteoartritis** produce **dolor** y afecta directamente la movilidad y autonomía de la persona que la sufre, sin olvidar desgaste psicológico que supone.



**595**  
millones de personas  
afectadas en el mundo

**+7M**  
en España

**1ª causa de invalidez permanente**  
**3ª de incapacidad laboral transitoria**

Estudio EPISER2016. Prevalencia de enfermedades reumáticas en población adulta en España. Madrid: Sociedad Espanola de Reumatologia; 2018. Lancet Rheumatol 2023; 5: e508–22



# La artrosis NO VA SOLA...



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**RESEARCH ARTICLE** Open Access

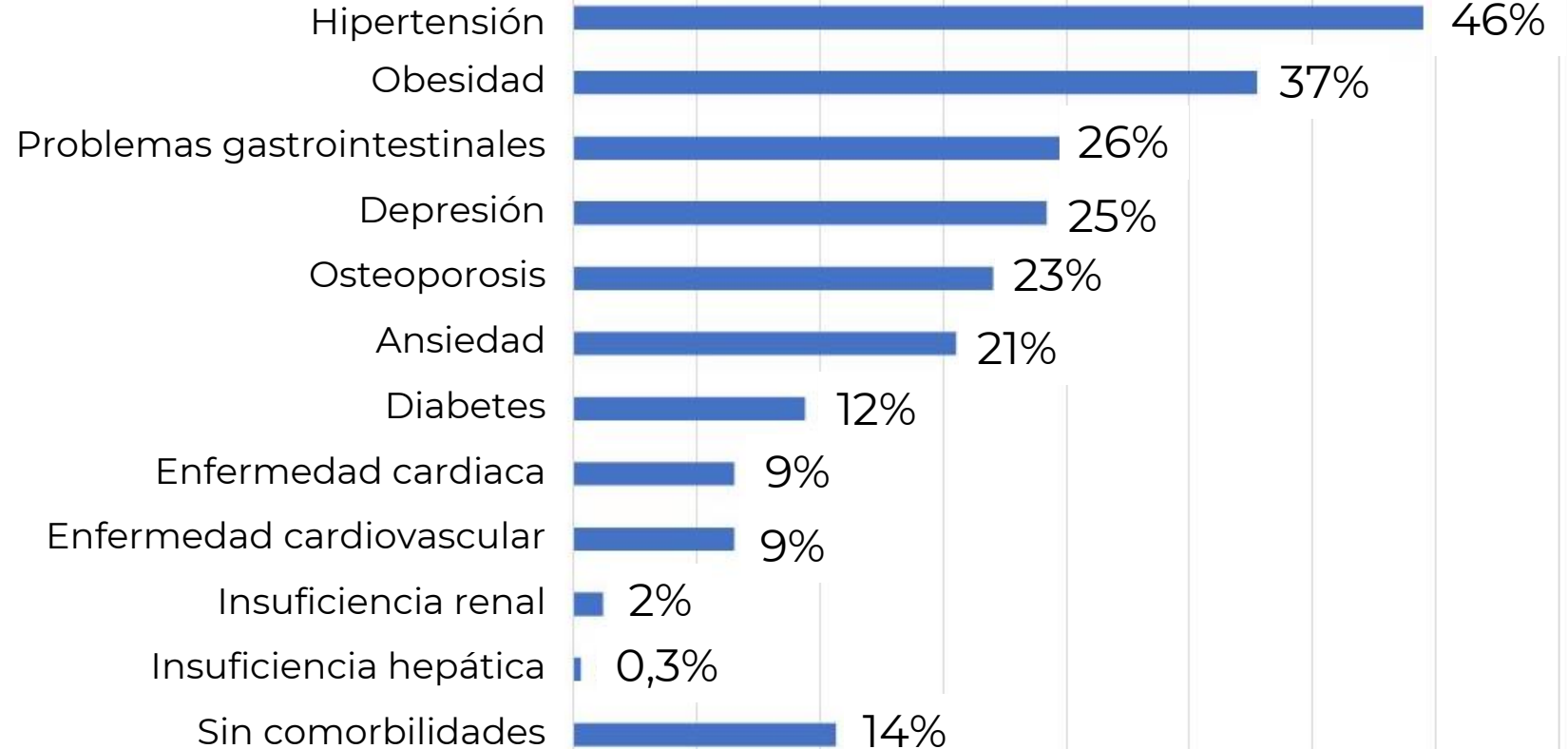
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<sup>1</sup>Osteoarthritis Foundation International (OAFI), Barcelona, Spain  
 Full list of author information is available at the end of the article

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Vitaloni et al. A patients' view of OA: the Global Osteoarthritis Patient Perception Survey (GOAPPS), a pilot study. *BMC Musculoskeletal Disorders* (2020) 21:727

# Principales síntomas de la artrosis



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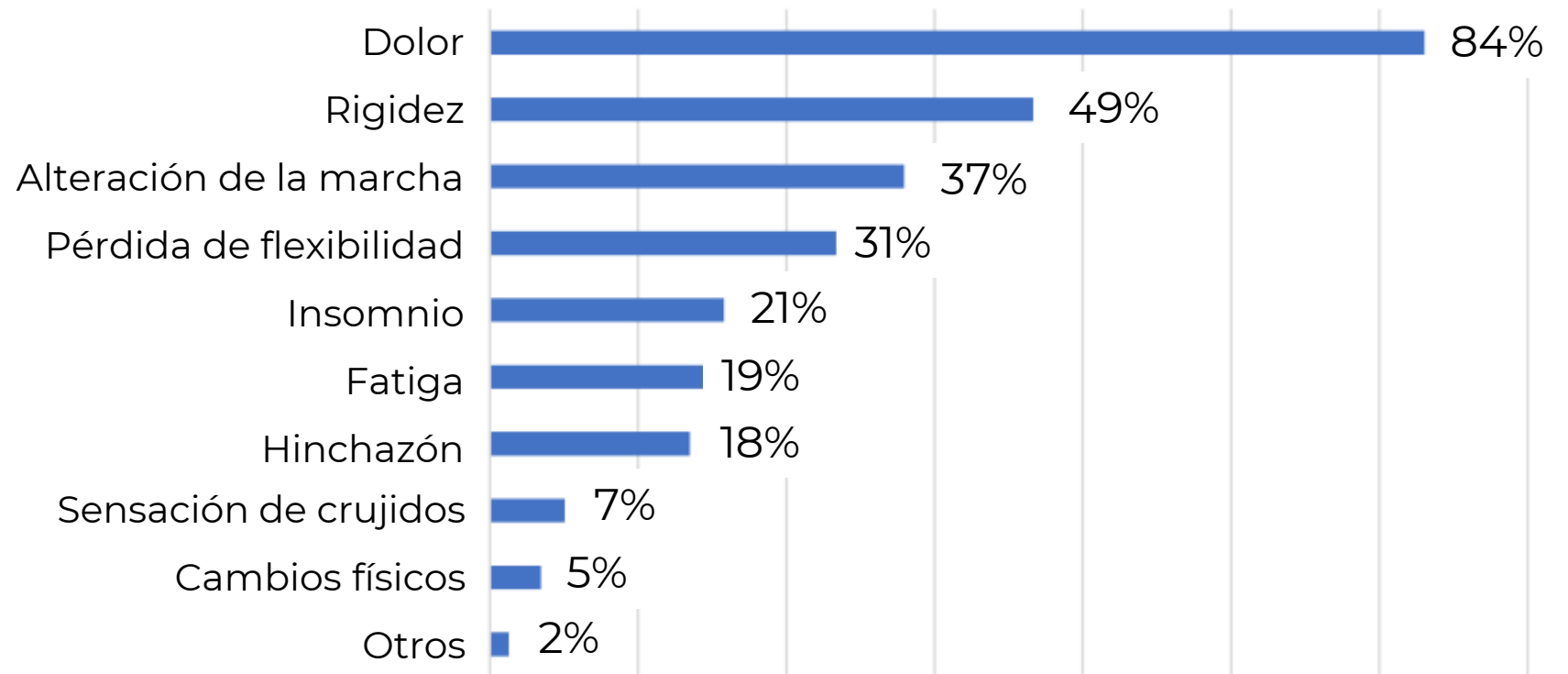
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 Osteoarthritis Foundation International (OAFI), Barcelona, Spain  
 Full list of author information is available at the end of the article

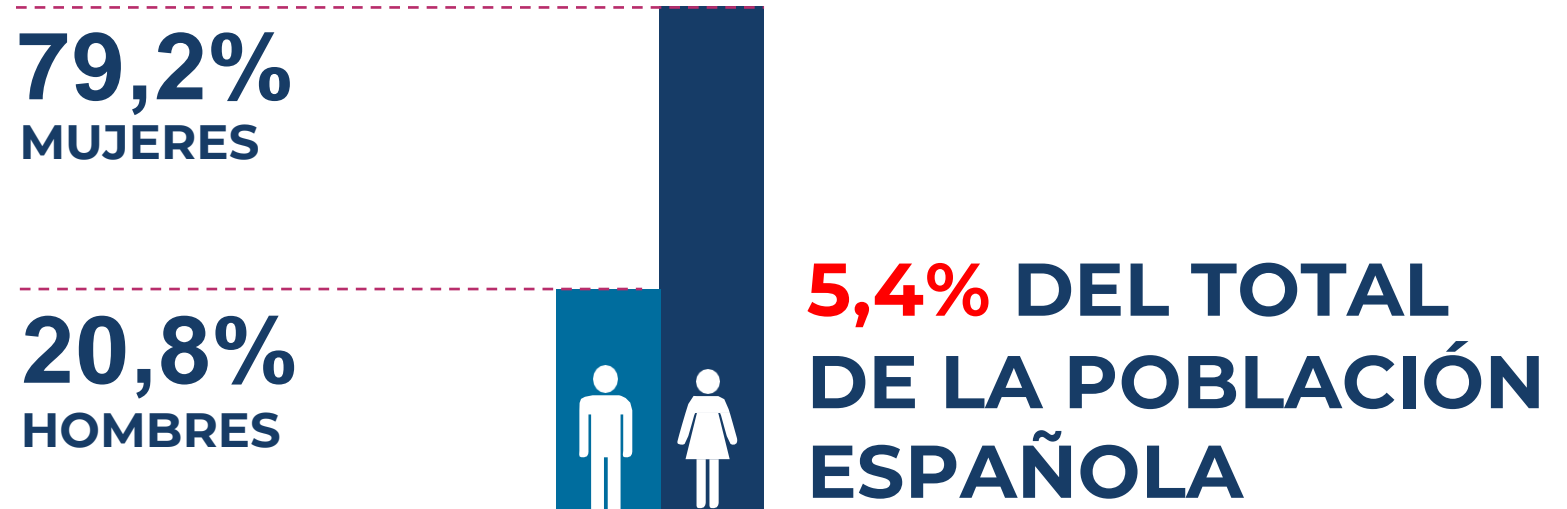
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La **osteoporosis** es una enfermedad crónica y progresiva que provoca que los huesos se vuelvan más porosos, frágiles, débiles y con mayor propensión a fracturarse con un traumatismo de bajo impacto.



Las **fracturas por fragilidad** son la complicación clínica más importante de la osteoporosis.



# 285.000

Fracturas por fragilidad en España  
en 2019

## +30%



# 370.000

Fracturas por fragilidad en España  
en 2030



## 782

Fracturas/día

## 33

Fracturas/hora



## 4300

millones €

Gastados en 2019



## 80%

Carece de  
diagnóstico



## 20%

Fallecen durante  
el 1er año tras la  
fractura

# ESPAÑA = PAIS EU + ENVEJECIDO



## Así envejece España

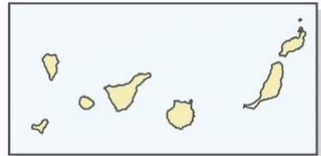
Porcentaje de personas mayores de 65 años y más (1971-2029)

1971

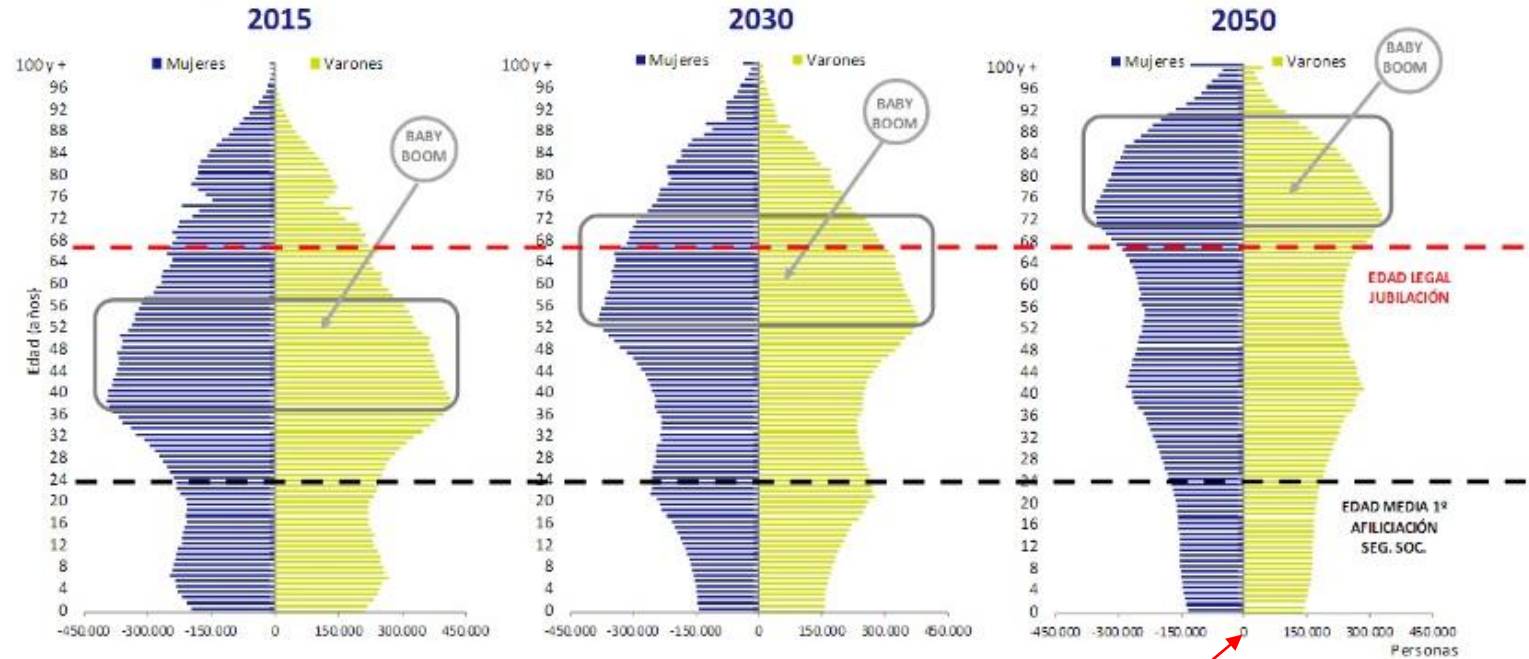


65 años y más

- 5-10 %
- 10-15 %
- 15-20 %
- 20-25 %
- 25-30 %
- 30-35 %
- 35-40 %



Fuente: Instituto Nacional de Estadística



Fuente: Círculo de Empresarios sobre datos del INE (2016)

**PIRÁMIDE POBLACIONAL INVERTIDA**

**OSTEOPOROSIS + ARTROSIS = TSUNAMI**





La artrosis y la osteoporosis...

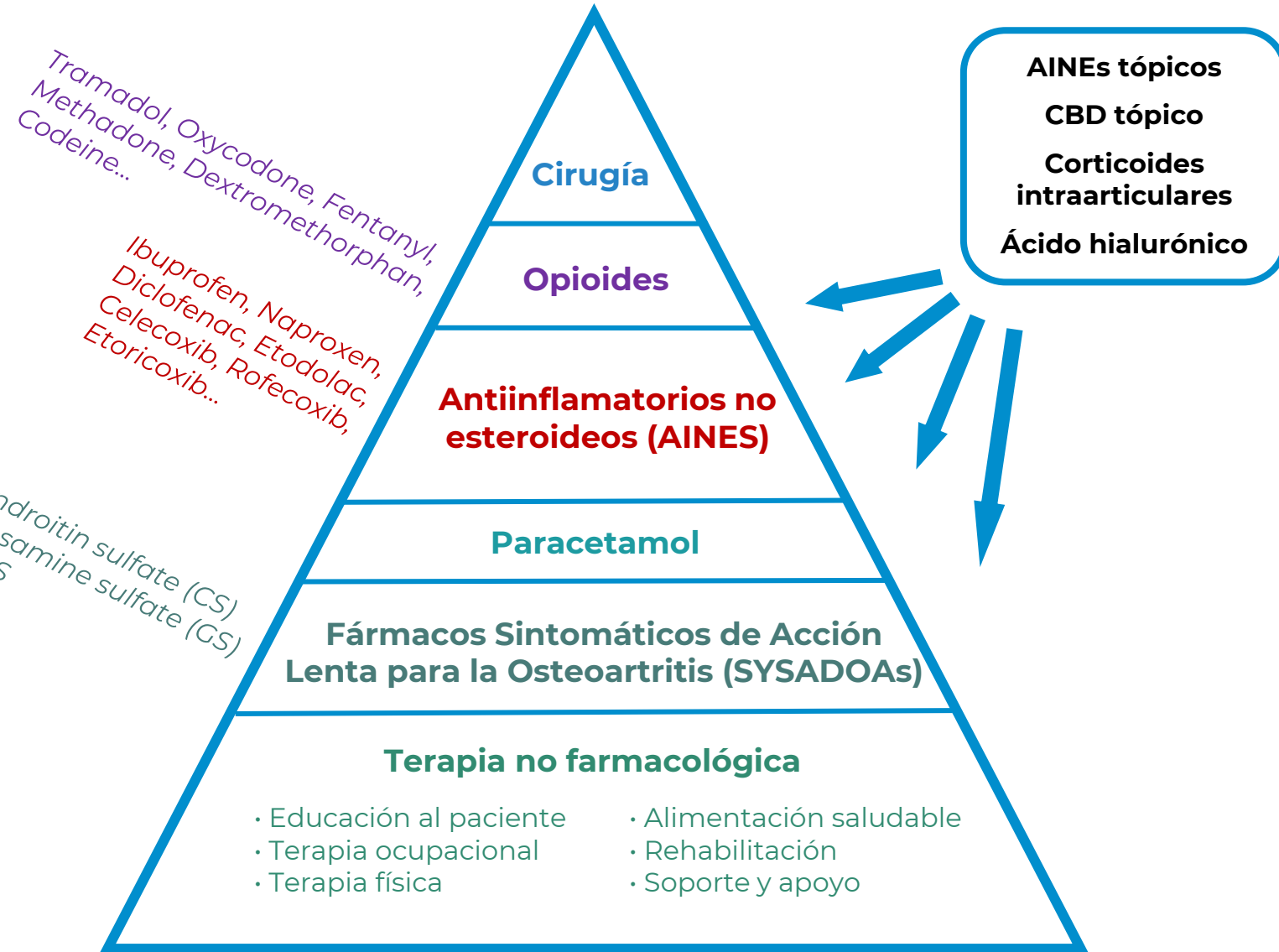
- Son patologías **crónicas muy prevalentes.**
- Afectan a la **movilidad, autonomía, calidad de vida, estado de ánimo** del paciente, provocando procesos **depresivos, y en los peores casos intentos de suicidio.**
- Provocan **fatiga** y dificultad para **dormir**
- Son causa de **incapacidad laboral transitoria e invalidez permanente.**
- Muy frecuentemente: **comorbilidades y polimedicación.**



# Tratamiento de la salud articular

Ejemplo: Artrosis

# TRATAMIENTO ARTROSIS



**¡SIEMPRE** siguiendo el criterio del **médic@**, **enfermer@** o **farmacéutic@!**





## PLOS ONE

PLoS ONE 16(7): e0253932. <https://doi.org/10.1371/journal.pone.0253932>

RESEARCH ARTICLE

2021  
INFARTO

Risk of acute myocardial infarction among new users of chondroitin sulfate: A nested case-control study

Ramón Mazzucchelli<sup>1</sup>, Sara Rodríguez-Martín<sup>2,3</sup>, Alberto García-Vadillo<sup>4</sup>, Miguel Gil<sup>5</sup>, Antonio Rodríguez-Miguel<sup>2,3</sup>, Diana Barreira-Hernández<sup>2,3</sup>, Alberto García-Lledó<sup>6,7</sup>, Francisco J. de Abajo<sup>2,3\*</sup>

CS: **43%** de reducción del riesgo de sufrir un infarto de miocardio

THERAPEUTIC ADVANCES in

*Musculoskeletal Disease*

2022, Vol. 14: 1–16

DOI: 10.1177/

1759720X221113937

2022  
ICTUS

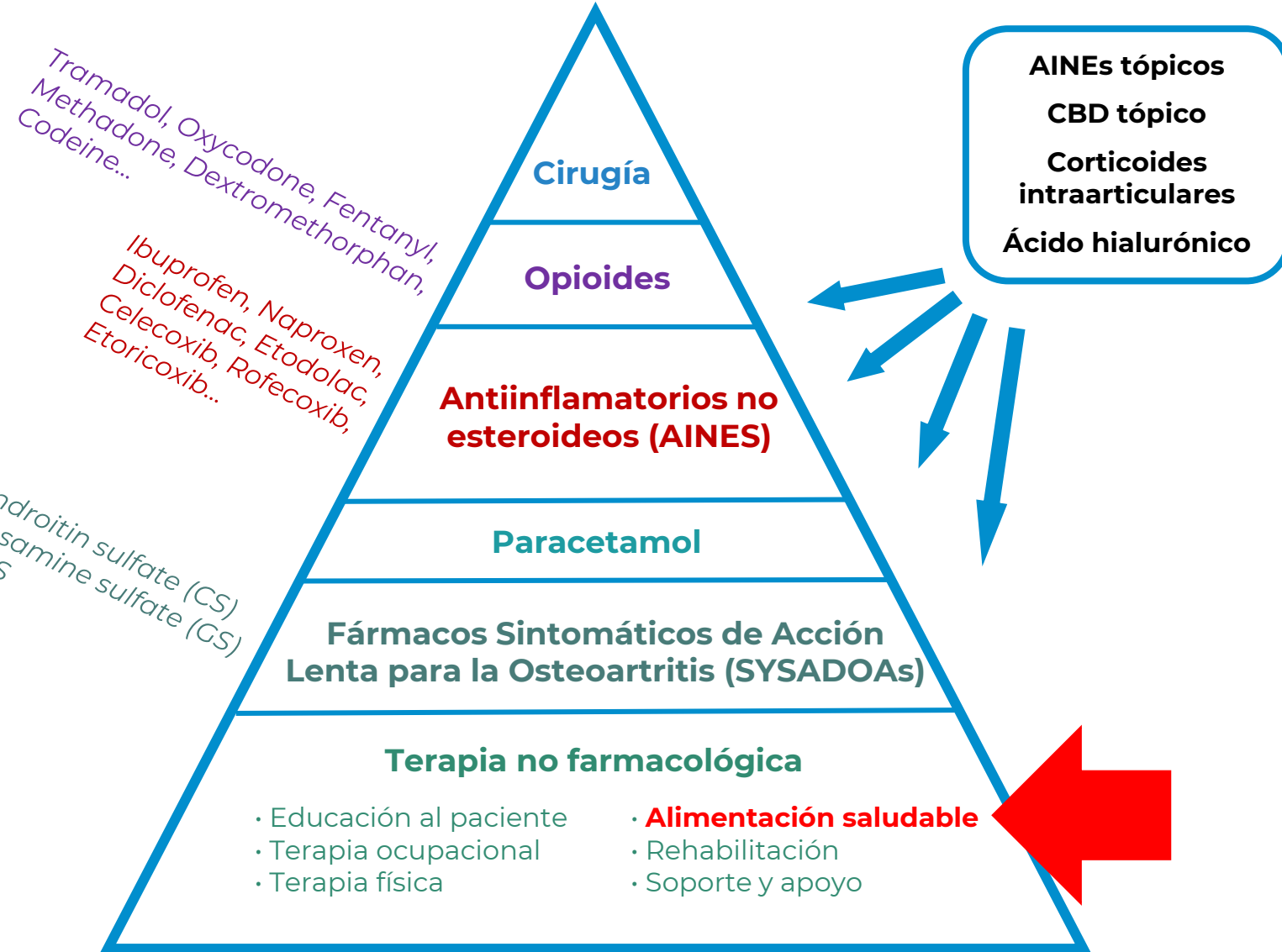
Risk of ischaemic stroke among new users of glucosamine and chondroitin sulphate: a nested case-control study

Ramón Mazzucchelli<sup>1</sup>, Sara Rodríguez-Martín, Natalia Crespí-Villarías, Alberto García-Vadillo, Miguel Gil, Laura Izquierdo-Esteban, Antonio Rodríguez-Miguel, Diana Barreira-Hernández, Encarnación Fernández-Antón, Alberto García-Lledó, Aina Pascual, Marianna Vitaloni, Josep Vergés and Francisco J. de Abajo<sup>1</sup>

CS+GS: **34%** de reducción del riesgo de sufrir un ictus isquémico



# TRATAMIENTO ARTROSIS



Tramadol, Oxycodone, Fentanyl,  
Methadone, Dextromethorphan,  
Codeine...

Ibuprofen, Naproxen,  
Diclofenac, Etodolac,  
Celecoxib, Rofecoxib,  
Etoricoxib...

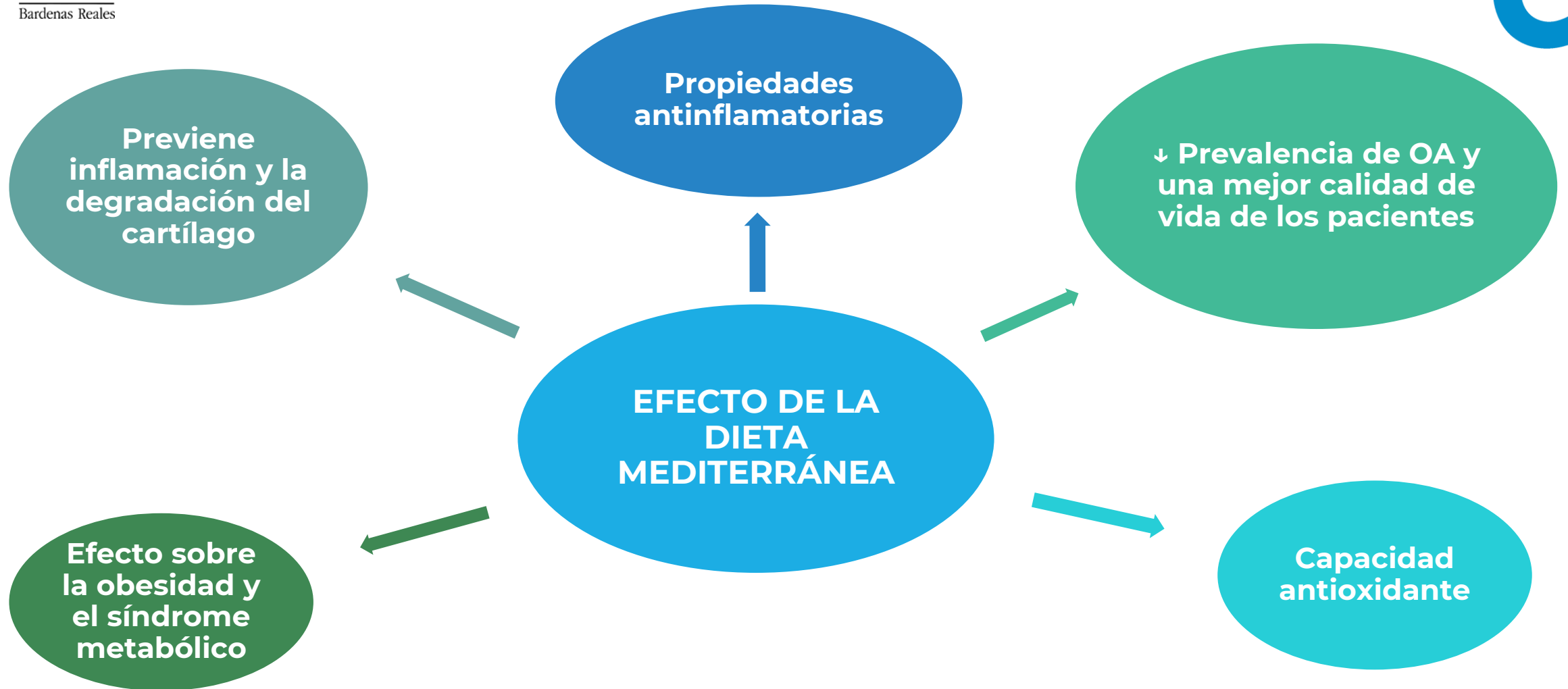
Chondroitin sulfate (CS)  
Glucosamine sulfate (GS)  
CS + GS



**¡SIEMPRE** siguiendo el criterio del **médic@, enfermer@ o farmacéutic@!**



# Dieta mediterránea y su poder antiinflamatorio natural





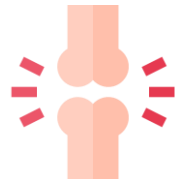
# Inflamación y estrés oxidativo

**Inflamación:** respuesta del organismo a los patógenos invasores o al daño interno como una protección adaptativa.

- Puede darse en:

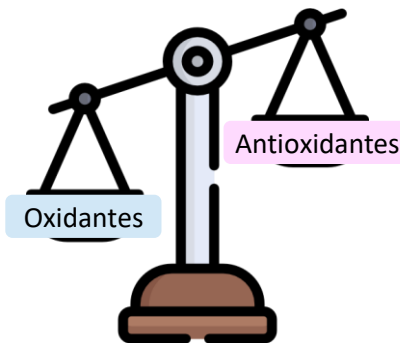


Tejidos blandos  
(músculos, grasa, etc)

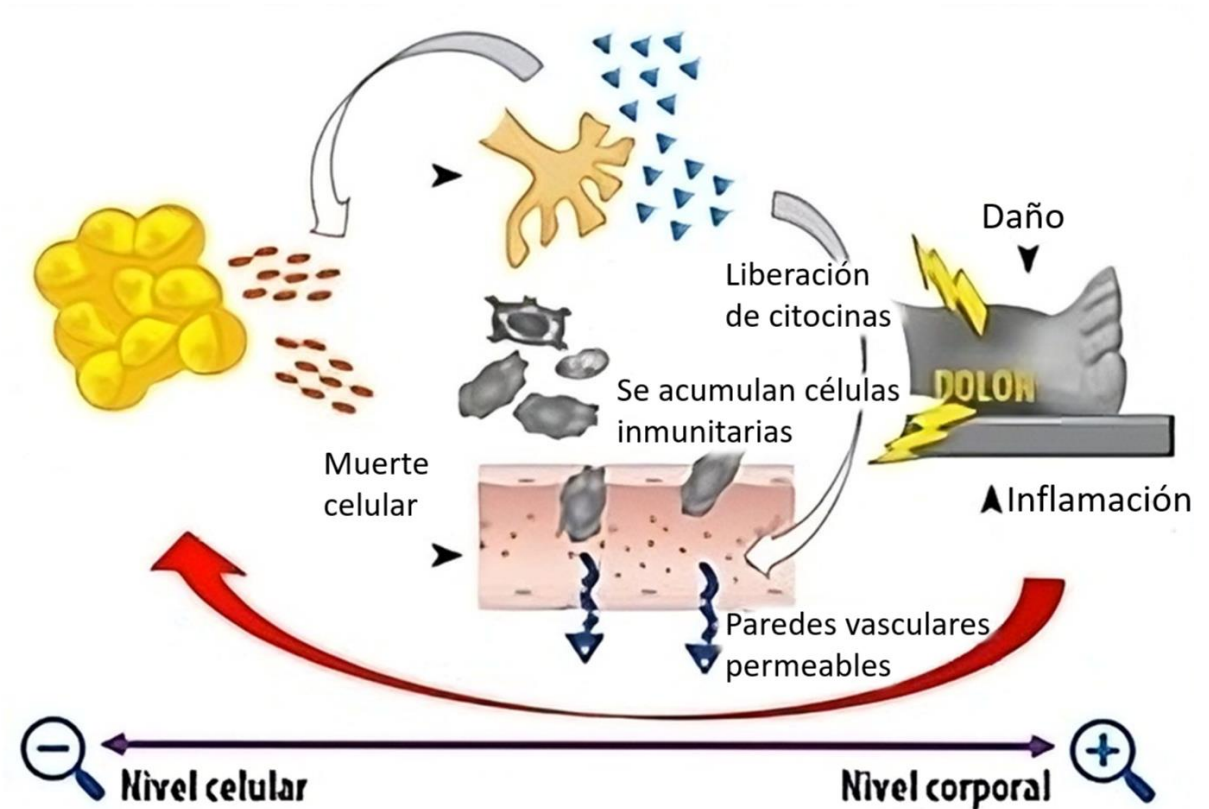


Articulaciones

- Provoca:



Estrés oxidativo



# Alimentos para cuidar tus articulaciones



Antioxidantes



Vitamina C



Colágeno y ácido hialurónico



Probióticos

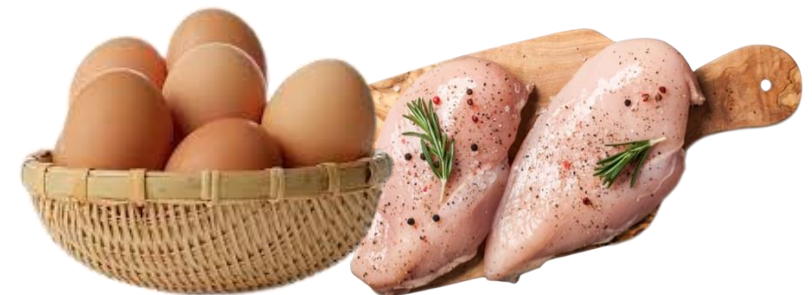
Omega 3



Fibra



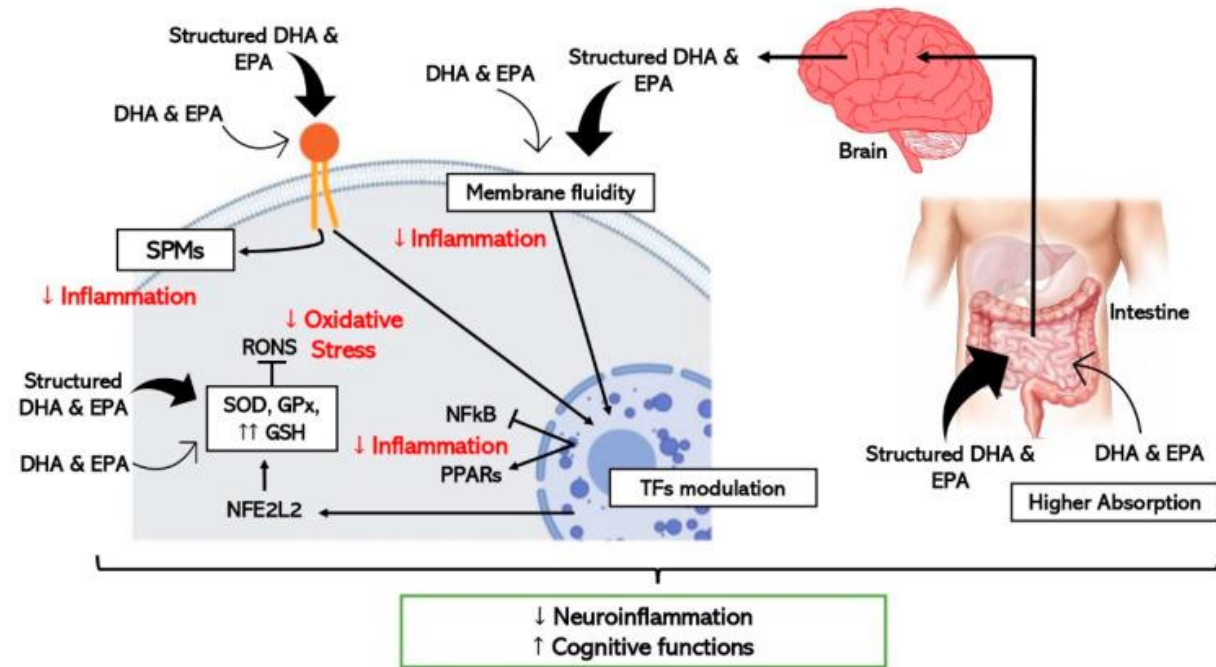
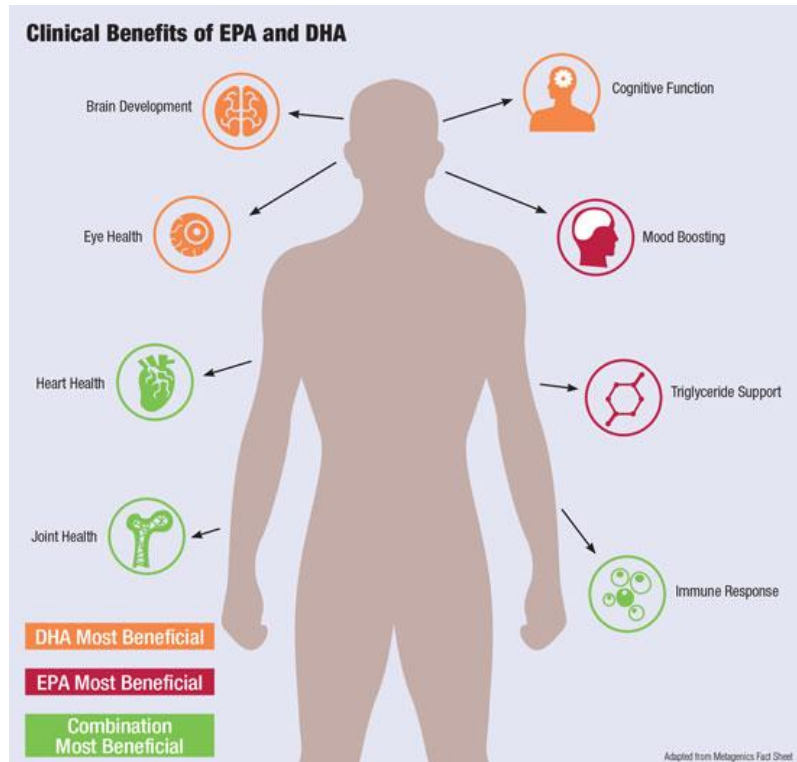
Proteínas



# Antinflamatorios en la dieta



- Favorecen la formación de SPM (mediadores antiinflamatorios)
- Reemplazan parte de los omega 6 de las membranas reduciendo su potencial proinflamatorio
- Mejoran la fluidez de las membranas celulares, mejorando así la señalización celular (reducción de factores proinflamatorios y oxidativos)





# El aceite de oliva y la OA



→ Alto contenido en antioxidantes y antiinflamatorios

- Reduce el dolor y los edemas
- Mejora la movilidad
- Previene el daño articular
- Efectos beneficiosos para el sistema nervioso

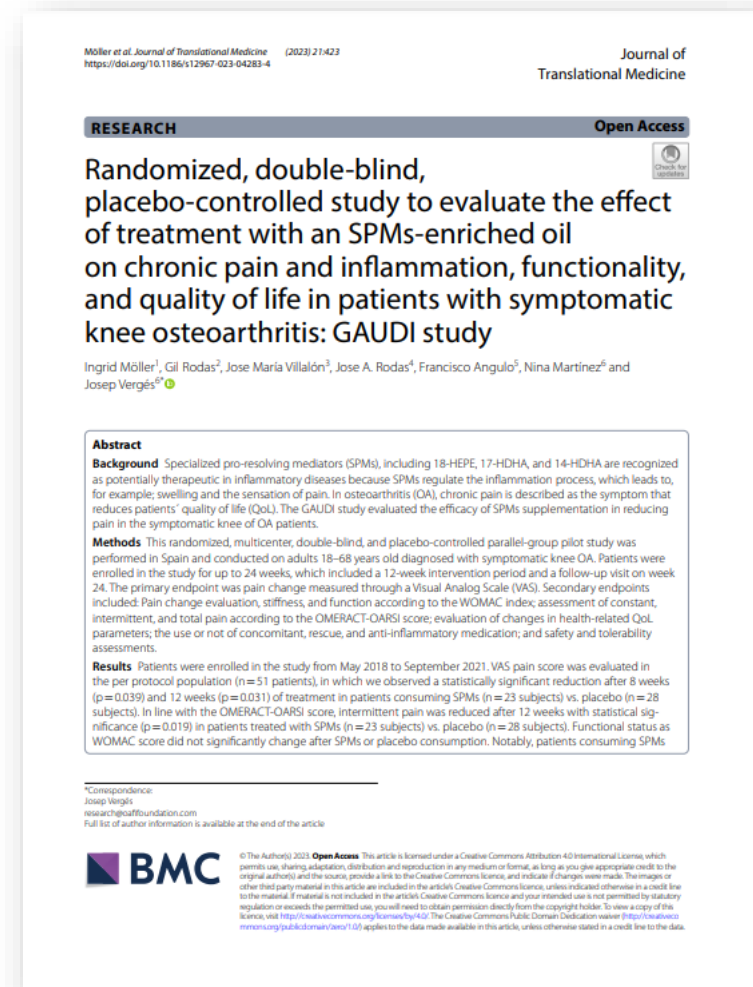


# Estudio GAUDI

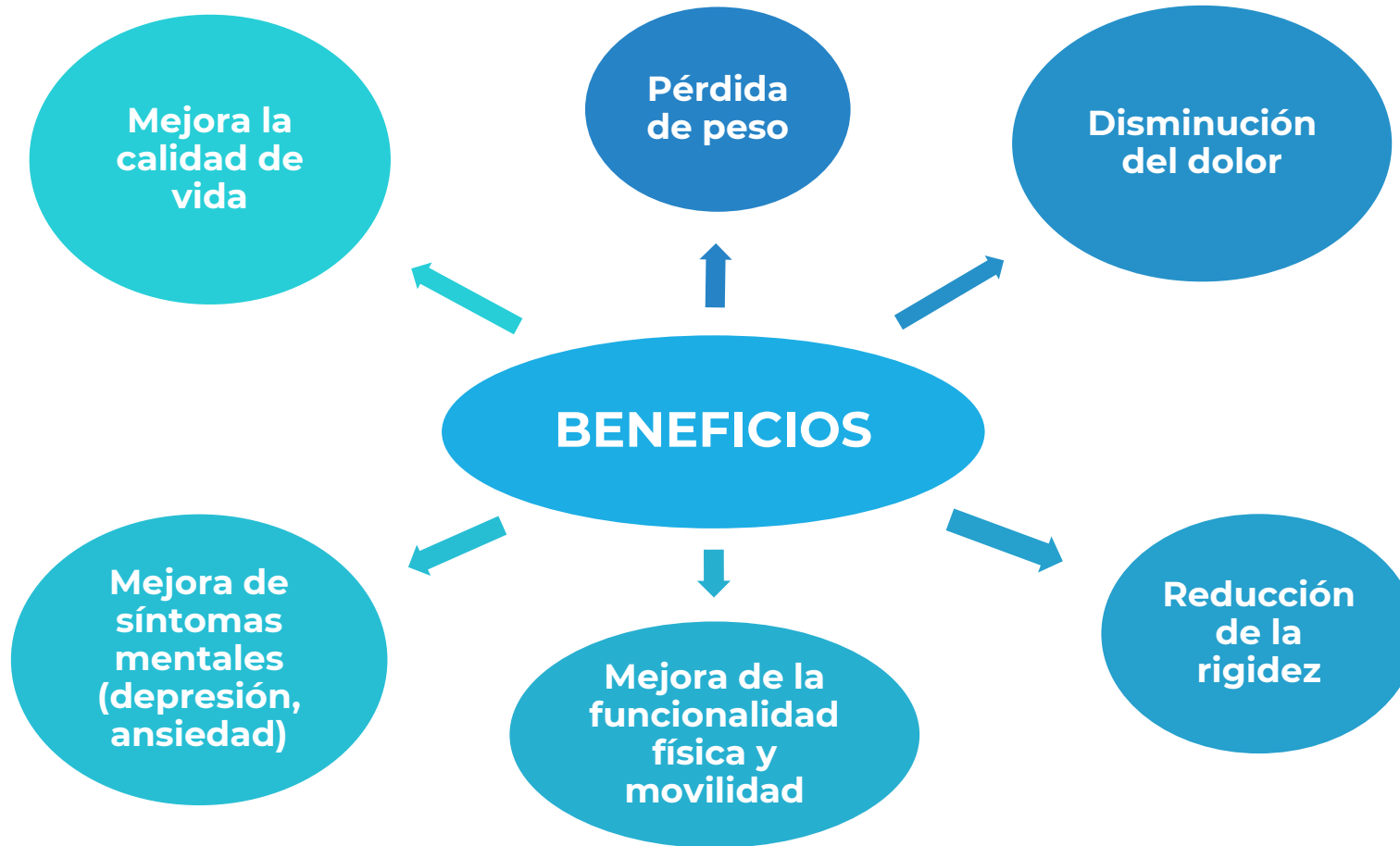


El **estudio GAUDI** demostró que una suplementación continua con mediadores especializados en la resolución de la inflamación (**SPMs**), compuestos derivados del **Omega-3**, puede reducir el dolor en pacientes con osteoartritis (OA) de rodilla y mejorar su calidad de vida y los parámetros inflamatorios en un plazo de 12 semanas de suplementación.

El estudio se realizó en España, y contó con la participación de los doctores Ingrid Möller (Instituto POAL), Gil Rodas (FCB), Jose María Villalón (Ático de Madrid), Jose A. Rodas (Ático FC Bilbao) y Francisco Angulo (Federación Asturiana de Fútbol).



# Beneficios de la dieta antiinflamatoria para la artrosis



Una dieta antiinflamatoria baja en calorías es mucho **más efectiva** que una **dieta convencional** baja en calorías en pacientes con artrosis de rodilla ya que actúa sobre los síntomas y **modula** directamente los **procesos inflamatorios** además de ayudarles a bajar de peso.

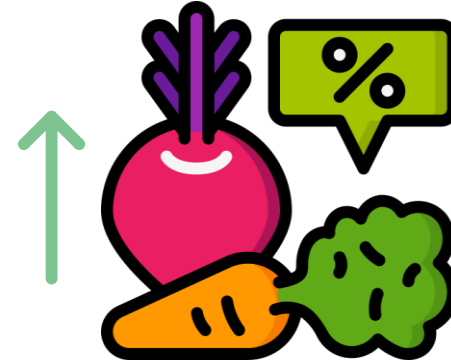
# Recomendaciones



Evaluación dietética individualizada



Optimizar la calidad de la dieta



Frutas y verduras ricas en fitonutrientes



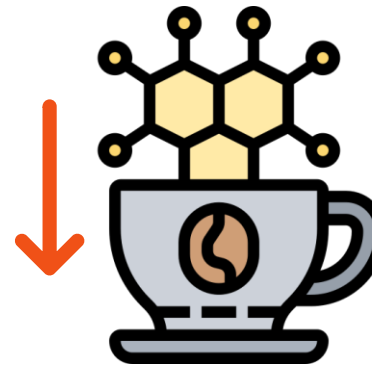
Agua y fibras



Grasas monoinsaturadas



Ultraprocesados y azúcares añadidos



Cafeína



Alcohol



# Conclusiones



- La **dieta mediterránea** es una **aliada invaluable** para la salud articular: mejora de la movilidad y la función de las articulaciones, reduce del dolor y la rigidez...
- Cada **persona** es **única**: es esencial adaptar la alimentación a las circunstancias y características individuales y **consultar a un profesional** de la salud antes de realizar cualquier cambio.
- Al comprometernos con un estilo de vida activo que incluye una alimentación saludable, **estamos invirtiendo en nuestra salud a largo plazo**, ya que se reduce del riesgo de condiciones como la artrosis.



# SOMOS LOS QUE COMEMOS

DIETA MEDITERRÁNEA +  
MEDIDAS HIGIENICO – DIETÉTICAS

=

MEJORA SALUD ARTICULAR  
ARTROSIS, OSTEOPOROSIS, SARCOPENIA



# Juntos podemos mejorar la salud articular de las personas





# Equipo OAFI



**Dr. Josep Vergés**  
Presidente & CEO



**Maria Teresa Vergés**  
Área de Pacientes y Voluntarios



**Marco Bibas**  
Área de Operaciones



**Dr. Jose Luis Baquero**  
Responsabilidad Social Corporativa



**Nina Martínez**  
Área de I+D



**Ariadna Sánchez**  
Área de Comunicación



**Cristina Nova**  
Área de Comunicación





**Muchas gracias por  
vuestra atención**



# ¡OS INVITAMOS!



Quedo a disposición de vuestros  
comentarios



Hazte socio/a y únete a la **OAFI Community**.



Ayúdanos a promover la **educación, prevención, tratamiento e investigación** de la salud articular para **mejorar el bienestar y la calidad de vida** de las personas que sufren estas enfermedades

# ¡Hazte socio/a!



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## CONTACTA CON NOSOTROS

C/Tuset 19, 3º-2ª, 08006, Barcelona

[www.oafifoundation.com](http://www.oafifoundation.com)

[info@oafifoundation.com](mailto:info@oafifoundation.com)

(+34) 931 594 015

