THURSDAY, 14 JUNE 2018

It's your move: promoting physical activity in people with RMD's

OP0219-HPR THE EFFICACY OF MOTIVATIONAL COUNSELLING AND SMS-REMINDERS ON DAILY SITTING TIME IN PATIENTS WITH RHEUMATOID ARTHRITIS: 22 MONTHS FOLLOW-UP OF A RANDOMISED, PARALLEL-GROUP TRIAL

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Background: Patients with rheumatoid arthritis (RA) have high amounts of daily sitting time and do not meet recommendations for moderate to vigorous physical activity (PA). Previously, we reported results from a randomised controlled trial (RCT) investigating the efficacy of a four-month individually tailored behavioural intervention, targeting reduction of sedentary behaviour (SB) in patients with RA.¹ The four-month post intervention results showed that patients in the intervention group reduced their daily sitting time; moreover patient-reported outcomes (PROs) and total cholesterol levels improved compared to the usual lifestyle control group.

Objectives: To investigate 18 month post-intervention efficacy of the four-month individually tailored, behavioural intervention on daily sitting time in patients with RA.

Methods: In the observer-blinded RCT, we included 150 RA patients from a rheumatology outpatient clinic. The intervention group (n=75) received three motivational counselling sessions and tailored text messages aimed at increasing light intensity PA through reduction of SB. The control group (n=75) maintained usual lifestyle. Primary outcome was change from baseline in objectively measured daily sitting time. Secondary outcomes included PROs and cardio-metabolic biomarkers (blood pressure, lipids and HbA1c). All outcome measures were analysed with a mixed effects repeated measures ANCOVA model on the intention-to-treat population.

Results: At 22 months follow-up from baseline, 12 participants were lost to follow-up (three and nine, respectively). Compared to baseline, daily sitting time in the intervention group decreased 1.10 h/day, and in the control group it increased 1.32 h/day; between-group difference of -2.43 h/day (95% CI: -2.99 to -1.86; p<0.0001) in favour of the intervention group. Likewise, for most secondary outcomes between-group results favoured intervention: VAS-pain: -15.51 mm (-23.42 to -7.60), VAS-fatigue: -12.30 mm (-20.71 to -3.88), physical function: -0.39 HAQ-units (-0.53 to -0.26), total cholesterol: -0.86 (-1.03 to -0.68), triglyceride: -0.26 (-0.43 to -0.09) and HbA1c: -1.15 (-1.39 to -0.91) mmol/l.

Conclusions: Even 18 months after completed intervention results showed an effect on daily sitting time and improvements in PROs, lipids and HbA1c in favour of the intervention group. Findings suggest that an individually tailored, behavioural approach may be beneficial in promoting health in addition to current clinical practise for patients with RA.

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Challenges of patient organisations' in the 21st century

OP0220-PARE DEVELOPMENT OF THE SWISS NATIONAL STRATEGY 'MUSCULOSKELETAL DISEASES' 2017-2022 BY THE SWISS LEAGUE AGAINST RHEUMATISM

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Background: To support countries in their national efforts, the WHO developed a Global Action Plan for the Prevention and Control of Noncommunicable Diseases

2013-2020, which included cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.¹ Although rheumatic or musculoskeletal diseases were not considered by the WHO, the Federal Office of Public Health (FOPH) of Switzerland included them within the National Strategy for the Prevention of Noncommunicable Diseases (NCD strategy).² This valuable national strategy and the corresponding action plan focus mainly on primary and secondary prevention with the aim to prevent diseases before their occurrence and to decrease associated risk factors. As a consequence, numerous organisations started to prepare disease-specific national strategies with focus on tertiary prevention and the main intention of supporting people with chronic illness.

Objectives: The objective of this project of the Swiss League against Rheumatism was to develop the Swiss National Strategy 'Musculoskeletal Diseases' 2017-2022. The strategy focused on patients affected by a rheumatic disease in order to complete the objectives that had already been undertaken by the Swiss government.

Methods: The structure of the Swiss League against Rheumatism (non-profit organisation) required a streamlined process. The theoretical framework, as part one in a two-part strategy, was developed from scientific literature. For the second part of the strategy, the identification of different measures in various fields of action, an expert group with advisory role was built in September 2015. This expert group was composed of different organisations: the Federal Office of Public Health, the Swiss Conference of the Regional Directors of Health Care, the Swiss Society of Rheumatologists, the Swiss Society of Orthopaedics and Traumatology, the Swiss Association of Physiotherapy, the Swiss Association of Occupational Therapy and the Swiss League against Rheumatism. Several interviews were conducted with experts from those and other organisations to determine the need for action in the field of musculoskeletal diseases for the upcoming six years. In summer 2016 the various recommendations of possible measures were prioritised.

Results: In summer 2017 as a result of this process, the Swiss League against Rheumatism was able to present the National Strategy 'Musculoskeletal Diseases' 2017-2022 with various measures grouped in the categories of 'prevention and early detection', 'care' and 'research and education'.³

Conclusions: Using this approach, a national strategy was developed with a reasonable amount of personal and financial resources. The current challenge of the implementation process is to motivate the involved organisations to realise specific measures on their own or in collaboration. These measures enable a better support of persons with musculoskeletal conditions during the full course of their disease.

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OP0221-PARE KNOW THEIR NUMBERS: WHAT DO RA PATIENTS KNOW ABOUT THEIR OWN BIOMEDICAL DATA?

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Background: Evidence shows that patients with a higher knowledge regarding their health, experience better health and have better outcomes, this leads to lower costs for the National Health Service. The Blood Pressure Association UK encourages the public to know their biomedical data. Similarly, there is a desire for patients with chronic diseases such as rheumatoid arthritis (RA) to know their biomedical data (blood pressure, lipid profile, DAS 28 score, BMI, blood sugar etc). It is well documented that patients with RA are at a high risk of developing cardiovascular disease.

Objectives: The aims of this study were to ascertain the existing knowledge that patients have on their biomedical data, understand the barriers of knowing these health indicators and enquire how their knowledge can be improved.

Methods: 50 consecutive patients with RA seen in a nurse-led clinic were asked to complete an anonymised questionnaire. The questionnaire consisted of 10 questions which assessed demographics, the patients' knowledge of their current biomedical data and the importance of knowing this information. It also enquired if patients knew what the term 'know your numbers' meant, reasons for not knowing and what could be done to increase their knowledge in knowing their numbers.

Results: 80% (n=40) questionnaires were returned. The estimated mean age (mean ±SD, years) was 58.1±13.4. A majority of the respondents were female