THURSDAY, 14 JUNE 2018

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

SP0077

NEW INSIGHTS INTO STRATEGIES TO EFFECTIVELY PROMOTE PHYSICAL ACTIVITY

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Physical activity is generally safe and beneficial for people with rheumatic diseases. Despite this, people with rheumatic diseases commonly engage in physical activity at levels which fall below common recommendations. Recent advances in behavioural science and health psychology offer healthcare professionals new tools and methods for promoting physical activity among people with rheumatic conditions. This lecture will present the most recent evidence on the interventions and behaviour change techniques that are most likely to increase motivation for physical activity, help individuals translate their motivation into action, and promote long-term maintenance of physical activity.

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SP0078

THE PATIENTS PERSPECTIVE ON PHYSICAL ACTIVITY AND WORK PARTICIPATION IN RMDs

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Fatigue and musculoskeletal symptoms are shared features of many rheumatic and musculoskeletal diseases (RMDs) that often impact on physical activity and work participation. Physical activity is particularly important in the management and quality of life of people with RMDs. Participation in regular exercise can facilitate positive adaptations¹, but people with RMDs tend to be less physically active than the general population.^{2,3}

Two hundred and sixty-eight individuals with antiphospholipid syndrome (APS) participated in a cross-sectional online survey (85% female, mean age 47±11 years, 59% primary APS) on physical activity and exercise. It was found that 82% of participants wanted to increase the amount of physical activity and exercise that they do and 71% of participants were either motivated or very motivated to participate in physical activity and exercise. However, a range of barriers to increasing levels of physical activity and exercise were expressed as summarised in table 1.

Abstract SP0078 – Table 1. What is preventing you from increasing the amount of physical activity and exercise that you do?

Energy Levels	Exhaustion, tiredness, no energy after work, ADLs draining, 'payback', fatigue, mentally and physically exhausted, stressful job
Symptoms	Pain, aching, flare, muscle spasms, headaches, migraines, stiffness
Strength, balance and mobility	Bad falls, jelly legs, legs dead weight, balance, dizziness, giddiness, loss of control, mobility, light headed, lack of strength
Fitness	Level of fitness poor, lack of stamina/endurance, overweight, deconditioned
Psychological	Anxiety, depression, worry about side effects, stressful, scary, uncertain what can do, not sure if safe, no willpower, no motivation, no confidence, laziness, worry about negative effect on work
Environment	Resources, membership cost, travel costs
Time	Lack of time, work, carer, dependents, family demands, life too hectic, busy life, have to balance activities, do enough already

From a patient perspective, managing home and work priorities to get things done without compromising health is a tricky task! Self-management is an important skill for anyone with an RMD, but it is a challenging skill to learn as RMDs are often unpredictable and the art of listening to your body takes time and experience. Having the flexibility to adjust the cumulative load and stressors placed on your body and mind in response to your current health status is crucial. Exercise interventions need to be personalised and, importantly, be flexible so that they can be easily adjusted to reflect the health uncertainties and disruptions associated with many RMDs. These adjustments can be made to a variety of parameters including scheduling, type of exercise, volume, frequency, intensity or duration all of which need guidance for the patient. Flexibility can also be incorporated into work participation through changes to work tasks, location, start/finish times, breaks and working from home. In many countries, it is now a legal right to request flexible working and employers have legal obligations to provide reasonable adjustments for individuals with health conditions such as RMDs.

In our APS study, two-thirds of people said that they had not been given any advice regarding participation in physical activity and exercise and of those who

had received advice only 30% thought they had received adequate advice. The latest BMJ Best Practice for APS recommends in patient instructions "exercise regularly".⁽⁴⁾ However, evidence from our study suggests that people are uncertain as to what physical activity they can or should do and the specifics of exercise in terms of type, frequency, duration or intensity. People wanting to exercise looked for guidance from health care professionals as well as online, but found a lack of information regarding the types of exercise they should be doing and how to determine if they were doing too much or too strenuous exercise.

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MAJOR ACHIEVEMENTS AND FUTURE CHALLENGES IN PHYSICAL ACTIVITY

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Research demonstrates that physical activity and exercise yield numerous health benefits for individuals with arthritis without adversely impacting joint health. Despite these data, individuals with arthritis remain less physically active than their healthy counterparts. Over the past decade, professional organisations and researchers have synthesised these data and incorporated information on the role of physical activity in management guidelines for clinicians and patients, and developed public health campaigns to motivate individuals to become more physically active. Corporations and researchers have also created and launched new software applications to measure, monitor, and promote physical activity for persons with arthritis that are easy to use and readily accessible. This presentation will highlight the major accomplishments related to the measurement of physical activity, promotion of knowledge and self-management skills to promote physical activity at the individual and population level and discuss future challenges regarding the development of effective population-based and individualised interventions to improve physical activity engagement among individuals with arthritis.

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Data visualisation: tables and graphs for publication and presentation I

SP0080

DATA VISUALISATION: TABLES AND GRAPHS FOR PUBLICATION AND PRESENTATION

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This workshop (held both on Thursday and on Friday) is an introduction to the principles of good graph and table design as pioneered by Cleveland¹ and Tufte² and updated by Few³ so that the participant can better answer the following questions: Which of the messages in my research results requires a graph or table?

Recognising how graphs improve on simple statistics and convey much more information. Knowing when a table is better, or when to keep the data in the body text.

How can I best convey the message?

Striving for clear vision by choice of graph, scaling, discrimination of data series, minimising non-data ink, avoiding chart junk. Striving for clear understanding through a balance between data and explanation. Using order, subheadings, formatting and rules to guide your reader through your table data.

Is my graph/table truthful?

Creating a direct proportion between graph and data quantities, avoiding forms prone to misinterpretation, labels to prevent ambiguity; keeping data in context,