Case 1 Presentation: Facilitating Behaviour Change in Fibromyalgia: A Case Study From the UK

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Background: Fibromyalgia is a chronic pain condition which, is commonly accompanied by the symptoms of fatigue, sleep disturbance, low mood and cognitive dyscognition. EULAR Revised Recommendations for the management of Fibromyalgia suggests initial management should involve patient education and focus on non-pharmacological therapies [1]. Occupational Therapists at the Rheumatology Outpatients Department, Leighton Hospital, Mid Cheshire NHS Trusts Foundation Trust developed the Fibromyalgia Self-Management Education (FAME) Group Programme, based on the current evidence-base and patient partner involvement. The primary aim of this programme is to support self-management of Fibromyalgia using behaviour change interventions as outlined in the NICE recommendations. FAME comprises 2.5 hrs weekly sessions over six weeks (6-Wks) and core components include education about Fibromyalgia, pain, fatigue, sleep and mood management, dealing with dyscognition, physical exercise and practicing mindfulness, based on Cognitive Behavioural Therapy (CBT) and Motivational Interview (MI) approaches.

Objectives: Service evaluation aims to assess how well a service is achieving its objectives. This service evaluation was undertaken with a view to benefit patients using the FAME Group Programme and is designed and conducted with the sole purpose of defining and examining the current occupational therapy service provision for people with Fibromyalgia at the Mid Cheshire NHS Trust Hospitals. This Case Study will report on the findings of this service evaluation with reference to patient outcomes and discuss the barriers and facilitators of implementing this programme at an NHS Hospital setting.

Methods: Patients with a primary diagnosis of FM were screened and recruited from the rheumatology department of the Mid-Cheshire NHS Hospitals. Patients self-completed postal questionnaires at home [including socio-demographic characteristics; General Health Questionnaire SF-12; Revised Fibromyalgia Impact Questionnaire; Arthritis Self Efficacy Scale; Multidimensional Assessment of Fatigue Scale] at baseline, and again at 6 and 12-week follow-up. Focus groups were held at the hospital following the completion of the FAME Group Programme, to obtain patients’ views on the programme content, delivery and the impact on their self-management. Quantitative data from the baseline, 6 and 12-week follow-up questionnaires were analysed using paired t-tests and effect sizes calculated using eta-squared. Focus groups were transcribed and analysed by three independent researchers, not involved in the initial design or the delivery of this programme.

Results: As the service evaluation is in progress at the time of submitting this abstract, the results will be presented and discussed at the annual meeting.

Conclusion: To be discussed at the meeting.

REFERENCES:

Disclosure of Interests: None declared

How to build a clinical scientist

Annet van Rooyen. Background: Clinician scientists are at the heart of the translational medicine process. Over the last decades many reports and studies have showed that they risk becoming extinct, and that efficient career pathways are lacking. Recently more reports show that alarming numbers of clinicians and clinical scientists suffer from burn out and depression.

To address this issue, next to thorough study of the root factors leading to mental problems it is important to develop career pathways for clinician scientists and educational programs to improve resilience. New educational programs such as those offered by the Eureka Institute help to build networks of translational scientists and help to strengthen resilience, needs to overcome the challenges they face while pursuing translational research.

Disclosure of Interests: None declared

Physical activity, chronic musculoskeletal pain and insomnia

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The interplay between physical activity, chronic musculoskeletal pain and insomnia
The unfavourable consequences of insomnia and musculoskeletal pain for both individuals and society underscore the importance of identifying modifiable factors for prevention and treatment. Prospective studies have shown that there exists a bidirectional relation between insomnia and musculoskeletal pain, i.e., insomnia is associated with risk of chronic musculoskeletal pain and vice versa. This suggests that management of insomnia symptoms may be an efficient treatment objective for people with musculoskeletal pain and that management of musculoskeletal pain has the potential to improve sleep quality. Furthermore, some evidence shows that physical activity may represent an efficient initiative that can improve both sleep quality and chronic pain, potentially leading to effects as beneficial as pharmacological treatment. However, many unresolved questions need to be resolved before physical activity can be prescribed as an optimal treatment.