SATURDAY, 15 JUNE 2019

12:00:00 – 13:30:00

Behaviour change in fibromyalgia

SP0204

CASE1 PRESENTATION: FACILITATING BEHAVIOUR CHANGE IN FIBROMYALGIA: A CASE STUDY FROM THE UK

Yeliz Prior. University of Salford, Centre for Health Sciences Research, Manchester, United Kingdom

Background: Fibromyalgia is a chronic pain condition which, is commonly accompanied by the symptoms of fatigue, sleep disturbance, low mood and cognitive dysfunction. 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 Hospitals 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 dysfunction, 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, using Thematic Analysis [2].

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.

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- [2] Macfarlane GJ, Kronisch C, Dean LE, et al. (2017) EULAR revised recommendations for the management of fibromyalgia. *Annals of the Rheumatic Diseases* 76:318-328.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8566

SATURDAY, 15 JUNE 2019

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How to build a clinical scientist

SP0205

SCIENCE CARRIER AND MENTAL HEALTH

Annet van Royen. **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

DOI: 10.1136/annrheumdis-2019-eular.8613

SATURDAY, 15 JUNE 2019

12:00:00 – 13:30:00

Restless lives: managing fatigue, sleep and pain

SP0206

LINKS BETWEEN SLEEP QUALITY AND IMMUNITY IN RMDs

Tanja Lange. University of Lübeck, Department of Rheumatology and Clinical Immunology, Lübeck, Germany

Summary: Sleep and the immune system are bi-directionally linked. An immune activation induces fatigue, sleepiness and changes in sleep architecture. These range from a deepening of sleep to severe sleep disturbances with shallow and fragmented sleep. Patients with rheumatic and musculoskeletal diseases (RMDs) often complain about feelings of debilitating fatigue, of problems initiating and maintaining sleep and of unrefreshing sleep. Chronic low-grade inflammation due to the RMD, disease symptoms such as pain, concurrent diseases such as depression and medication such as glucocorticoids are potential triggers of poor sleep. Often it is demanding to delineate the exact cause(s) of sleep impairments in patients with RMDs and attempts to improve sleep quality therefore often fail. However, as fatigue and sleep problems can substantially impair quality of life and as poor sleep may further aggravate RMDs and their symptoms it is key to unravel the pathophysiology of fatigue and poor sleep in these patients. A deeper understanding of sleep-immune interactions in RMDs will advance targeted interventions that presumably will encompass a combination of immunomodulatory drugs, chronopharmacology and cognitive behavioral therapy.

REFERENCES:

- [1] Besedovsky L, Lange T, Born J. Sleep and immune function (2012) *Pflügers Arch* 463(1):121-37.
- [2] Tan X, van Egmond L, Partinen M, Lange T, Benedict C. A narrative review of interventions for improving sleep and reducing circadian disruption in medical inpatients (2018) *Sleep Med pii: S1389-9457(18)30314-9*.
- [3] Lacourt TE, Vichaya EG, Chiu GS, Dantzer R, Heijnen CJ. The high costs of low-grade inflammation: persistent fatigue as a consequence of reduced cellular-energy availability and non-adaptive energy expenditure (2018) *Front Behav Neurosci* 12:78.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8526

SP0207

PHYSICAL ACTIVITY, CHRONIC MUSCULOSKELETAL PAIN AND INSOMNIA

Eivind Skarpsno. Norwegian University of Science and Technology (NTNU), Department of Public Health and Nursing, Trondheim, Norway

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