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

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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 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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SATURDAY, 15 JUNE 2019

12:00:00 – 13:30:00

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

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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

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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.

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SP0207

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

option for these conditions. For instance, in contrast to leisure-time physical activity, recent evidence has shown that occupational physical activity seems to be associated with more insomnia symptoms, and that this association is particularly evident among people who also report musculoskeletal pain. These latter findings therefore call attention to the domain-dependent association between physical activity and health related outcomes, including musculoskeletal pain and insomnia. As methods to deal with physical activity have improved the recent years, the intention of this presentation is to provide an updated review of the interplay between domains of physical activity, insomnia and chronic musculoskeletal pain

Learning objectives:

- To understand the bidirectional relationship between insomnia and musculoskeletal pain
- To understand the interplay between domains of physical activity, chronic musculoskeletal pain and insomnia

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SP0208 UNDERSTANDING THE IMPACT OF PAIN, SLEEP AND FATIGUE ON PATIENTS LIVES

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Pain is well known to be a common dominant symptom in people with rheumatic musculoskeletal diseases (RMDs). Perhaps less well acknowledged by healthcare professionals are fatigue and sleep disturbances in these patients. Individually these symptoms are problematic but when combined their effect and impact on patients' lives is greatly amplified; often leaving people in a vicious cycle whereby being in pain results in poor sleep leading to fatigue the next day, which lowers patients' pain tolerance resulting in a poorer night's sleep, more fatigue and increased pain.

Pain, fatigue and sleep disturbance greatly reduce quality of life for people with RMDs. Patients have to adapt their daily and leisure activities, or give them up altogether with negative psychological consequences such as anxiety and depression. Patients can end up feeling helpless and sometimes suicidal. Relationships with partners and friends are often altered affecting their sexual and social lives. Major life decisions, such as having a baby, can be put on hold or shelved.

People with RMDs may also have to reduce their working hours or stop working, which has financial repercussions for them and their families. This can exacerbate stress, anxiety and depression leading to poorer health outcomes. It is therefore of great importance that healthcare professionals understand the extent to which pain, fatigue and sleep difficulties impact on patients' lives so that priority can be given to addressing these distressing symptoms as part of any management strategy.

Disclosure of Interests: None declared

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SATURDAY, 15 JUNE 2019

12:00:00 – 13:30:00

EULAR Projects in musculoskeletal imaging

SP0209 EULAR RECOMMENDATIONS FOR REPORTING IN MSK ULTRASOUND STUDIES

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Background: Ultrasound is now considered as an established imaging modality for the management of rheumatic and musculoskeletal diseases (RMDs). However, the reporting of ultrasound information in clinical studies is often inadequate and/or incomplete which hampers the assessment of the generalizability and applicability of their results.

Objectives: to develop European League Against Rheumatism (EULAR) recommendations for the reporting of ultrasound studies in RMDs with the ultimate goal to produce a "reporting checklist" containing a minimal list of items that should be checked when a study using ultrasound is submitted for publication.

Methods: Following the standardised operating procedures for EULAR-endorsed recommendations, a task force has been created, including ultrasound experts, methodologists, patients and health professionals. After a first face-to-face meeting, preliminary recommendations were formulated together with research questions to drive the literature reviews. Based on the results of the literature reviews and on the results of several DELPHI rounds with the participation of external experts, these preliminary recommendations were then refined during a second face-to-face meeting in November 2018.

Results: The current checklist comprises 21 items (19 mandatory and two optional) divided into 13 sections. For helping the interpretation of some specific terms, a glossary has also been created, including 12 definitions. The checklist is currently evaluated by external experts to assess its comprehensiveness. Finally, all the members of the task force will be asked to give their level of agreement with each of the items.

Conclusion: this checklist will help to improve quality and completeness in reporting of ultrasound studies in RMDs.

Disclosure of Interests: None declared

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SP0210 IMPLEMENTATION AND ROLE OF MODERN MUSCULOSKELETAL IMAGING (US, MRI AND PET) IN RHEUMATOLOGICAL PRACTICE IN EUROPE – A EULAR SURVEY

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Objectives: To document the current training, implementation and role of modern musculoskeletal imaging techniques, i.e. ultrasound (US), magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET) among rheumatologists in the member countries of the European League Against Rheumatism (EULAR).

Methods: English-language questionnaires for each imaging modality developed by aEULAR Taskforce were sent out to national and international scientific societies as well as imaging experts in the given modalities involved in research and/or training. The surveys were distributed via an online survey tool (SurveyMonkey). Simple descriptive and summary statistics were calculated from the responses.

Results: More than 90% of US experts reported the availability of an US unit in their department. Suspicion of rheumatoid arthritis and spondyloarthritis were the main clinical indications for performing US for diagnostic purposes. Suspicion of sacroiliitis and degenerative spine disease were the most common indications to perform MRI or CT for diagnostic purposes, while PET was mainly performed to diagnose large vessel vasculitis and to investigate fever of unknown origin. The reported percentage of rheumatologists performing US was highly variable, ranging from more than 80% in 6% of countries to less than 10% in 15% of countries. The majority of experts (77%) reported that their national rheumatology societies organize US courses, while courses in MRI or CT organized by the national rheumatology societies were less commonly reported (29% and 8% respectively).

Conclusions: Rheumatologists in Europe utilise modern imaging techniques, however access to the techniques and training offered is varied.

Disclosure of Interests: None declared

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