acknowledge the persons own views rather than focusing on the "system", regulations and standards. In addition, 4 sub-themes were identified: 1) "empowerment and disempowerment", covering how most patients want to be in control and take action but they may lack the energy and ability to express their needs and thus give up; 2) "Lack of communication and coordination", involving processes between the staff in the same department, between departments or sectors. Patients feel forced to take on coordinating tasks themselves, which they do not feel qualified to perform; 3) "Interventions meant as help may be felt as restrictions", which encompass i.e. free physical therapy delivered at times not appropriate for the patient and types of support which can lead to a feeling of social control, and finally, 4) "The system is difficult to get through". Information about possible support are provided at random and some ask for a coordinating person.

Conclusion: Facilitators for coherent pathways among people with IA encompass dedicated professionals working with a person-centered approach aiming to empower people. This encompass to provide relevant knowledge and enable the person to ask for the right type of help. A coordinator may facilitate coherence.

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SATURDAY, 06 JUNE 2020

HPR Professional education, training and competencies

SAT0611-HPR

LOW ADHERENCE TO RECOMMENDED PHYSICAL THERAPY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS: A MIXED-METHOD CONTENT AND UTILIZATION ANALYSIS.

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Background: Patients with axial spondyloarthritis (axSpA) encounter limitations during daily activities and societal participation which seriously impact health-related quality of life. Optimal management of axSpA consists of combined pharmacological and non-pharmacological treatment modalities, including the encouragement of exercise and the consideration of physical therapy given the latter's superior efficacy¹. Few studies investigated the use of physical therapy and the alignment of treatment content with practice recommendations among patients with axSpA.

Objectives: 1) To estimate physical therapy use in patients with axSpA in a real life cohort; 2) to quantitatively and qualitatively describe the content of these physical therapy sessions; 3) explore possible determinants of physical therapy use and content.

Methods: This cross-sectional study included 197 patients diagnosed with axSpA (Males/Females: 62.4/37.6%; mean±SD, age 42.6±12.0, BASDAI 3.7±2.1, BASFI 3.6±2.4, BASMI 3.1±1.8) and recruited during their routine consultation. The mixed-method approach included questionnaires (physical therapy use and content, medication, depression/anxiety (HADS), fear (TSK), physician global disease activity (PGDA)) and an in-depth qualitative interview (content of physical therapy). Interviews were analyzed using the Qualitative Analysis Guide of Leuven by two physical therapists. Spearman's Rho correlations guided the exploration of determinants of physical therapy use and content.

Results: Less than half (42.6%, n=84) of the axSpA of patients were in treatment with a physiotherapist. Most patients (40.0%) reported a physical therapy frequency of 1x/week. Session duration was typically 30 minutes (51.7% of the sample) and longer in fewer cases (30.0%). Exercise was in only 31.7% the cornerstone of their sessions. The majority of subjects (53.3%) were classified as receiving 'passive therapy only', with 10% of cases in the 'exercise only' and 36.7% in the 'combination therapy' groups. Interviews also revealed a lack

of clear patient-centered treatment goals. We found moderate associations between physical therapy use/content parameters and medication, spinal mobility, fear, anxiety, depression, physician's global disease activity versus (p<.05), but no relationship with patient-reported pain or disease activity.

Conclusion: Despite the importance of exercise and the added value of physical therapy in axSpA, few patients engaged in physical therapy sessions that include exercise training of adequate dosage. Remarkably, physical therapy utilization seems to be predominantly guided by psychological factors. Professional education for physical therapists should therefore include skills training in the management of complex clinical presentations². Last, future research should prepare the evidence-based implementation of state-of-the-art physical therapy guidelines in axSpA.

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Rehabilitation

SAT0612

TEAM-REHABILITATION BENEFITS BODY COMPOSITION AND FUNCTIONAL OUTCOME BEYOND TIME OF THE REHABILITATION PERIOD IN INFLAMMATORY ARTHRITIS, OF WHICH BODY COMPOSITION IS LINKED TO CHANGE IN LEVEL OF CARDIORESPIRATORY FITNESS, WHEREAS MUSCLE MASS AND STRENGTH ARE LINKED TO PHYSICAL FUNCTIONING

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Background: Low physical activity, accumulated disability and disease chronicity contribute to adverse body composition and reduced cardiorespiratory fitness in patients with chronic inflammatory diseases. In the general population, physical exercise improves body composition, muscle strength and aerobic capacity but in inflammatory diseases it is not well established.

Objectives: To investigate whether 1) exercise intervention in patients with arthritis affects body composition, physical and aerobic capacity, and whether 2) body composition and physical capacity could explain outcomes as HAQ and aerobic capacity.

Methods: Consecutive patients with inflammatory arthritis and a clinical need for rehabilitation, ages 18-80 years, participated in a team-rehabilitation program for 4 weeks. Anthropometry, body composition assessed with bioelectrical impedance analysis, muscle force with hand grip strength and Times sit-to-stand test (TST), activity limitation with the HAQ score and cardiorespiratory fitness with the Åstrand 6-minute cycle test for VO2 max were measured pre-rehabilitation and after 3 and 12 months. The ANOVA model with Bonferroni correction, adjusted for age, sex and baseline measures, was used for the pairwise comparisons of repeated measures overtime. Association between body composition, physical functioning, and the course of HAQ and cardiorespiratory fitness for 12 months was determined with linear mixed models adjusted for age, gender and comorbidity.

Results: The study evaluated 149 patients with rheumatoid arthritis (RA), psoriasis arthritis, spondylarthritis and juvenile idiopathic arthritis, aged mean (SD) 53(13) years, 74% women, disease duration 21(13) years, HAQ 1.1(0.6) at inclusion and DAS28 4.1(1.3) for those with RA.

There was a statistically significant reduction of BMI between pre-rehabilitation and after 3 months, reduction of waist circumference, body fat, fat mass and the fat mass index after 3 and 12 months, adjusted p<0.05. The muscle mass of total body, arms and legs did not change significantly post-rehabilitation compared to pre-rehabilitation. Hand grip strength and TST improved together with reduction of HAQ and increased VO2 max after 3 and 12 months, adjusted p<0.05 adjusted for age, sex and baseline measures.

The HAQ overtime was independently associated with total body muscle mass, legs muscle mass, hand grip strength, and TST pre-rehabilitation, but not to the change of body composition overtime.