and motivation. Participants were enthusiastic about accessing several intervention techniques via an app, but worried that smartphones and technology can exacerbate mental fatigue and eye dryness. The invisible nature of symptoms, and highly visible nature of medication techniques (e.g. applying eye drops), presented further self-management challenges relating to their interaction with other people.

**Conclusion:** Promising components to include in an SS app were identified but should be tested in an optimisation trial. The in-app delivery of component modules should be designed to support diverse self-management approaches, choice and autonomy, yet provide module recommendations and guidance when needed, and be simple to use to reduce mental fatigue and dry eye symptoms. A self-management app should also be designed to enable users to share information about SS with other people.

**References:**

**Acknowledgments:** Versus Arthritis (Grant 22026)

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2020-eular.2283

**SATURDAY, 06 JUNE 2020**

**HPR Patients’ perspectives, functioning and health (descriptive: qualitative or quantitative) — SAT0615-HPR**

**FACTORS ASSOCIATED WITH PATIENT ACTIVATION IN PEOPLE WITH RHEUMATIC CONDITIONS**

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**Background:** Patient activation describes the skills, abilities and confidence someone uses to actively manage their health. Patient activation abilities in rheumatology are unclear, and there is little knowledge about factors that explain variation in patient activation. Therefore, understanding these factors can contribute to the development of appropriate, rheumatology-specific interventions targeting activation. The Patient Activation Measure (PAM) captures patient activation and provides people with both a score and a level to describe how able they are to actively manage their health.

**Objectives:** To explore longitudinal changes to patient activation (measured using the PAM) (Hibbard et al., 2005), and the PAM’s associations with related constructs (including self-efficacy, health literacy and health beliefs) in a sample of participants with inflammatory arthritis.

**Methods:** A postal survey was administered at two time points that were nine months apart. This survey captured the PAM and a range of clinical, demographic and psychosocial variables in a sample of rheumatology patients from 6 NHS sites in England. The measures included in the survey had been selected based on both theory and prior qualitative research and the survey pack was designed in collaboration with a patient partner. Following data collection, candidate variables for a multiple regression analysis were initially identified using univariable analysis. These variables were included in a forced entry multiple regression at each time point, and the variables that were statistically significant contributors at a 0.1 level were included in the final models. Changes to PAM scores over time were investigated using a Wilcoxon matched-pair signed rank test.

**Results:** 251 participants completed the first survey and 154 participants completed both full surveys. Self-efficacy, illness beliefs, health literacy and health locus of control were consistently associated with variance in PAM scores. The first three factors were also predictive of variance in PAM levels. With the 154 participants who fully completed both surveys, there was a statistically significant difference in participants’ PAM scores between the two surveys.

**Conclusion:** The findings suggest factors that may be targets for interventions that aim to increase patient activation. The changes to PAM scores across the data collection period also suggest that when using the PAM as a clinical tool, healthcare professionals would benefit from incorporating regular reviews and preparations for any increases or reductions in patient activation.

**References:**

**Disclosure of Interests:** Bethan Jones Speakers bureau: Honorarium for Lilly in their work with the British Society of Rheumatology for the delivery of 2 webinars due to be held on 30th January 2020, Andrew Hunt: None declared, Sarah Hewlett Grant/research support from: Received independent learning grant from Pfizer for the STRIDE project, however, the work has been completed and the grant closed, Diana Harcourt: None declared, Emma Dures Grant/research support from: Independent Learning Grant from Pfizer, combined funding for a research fellow from Celgene, Abtive and Novartis, Paid instructor for: A fee from Novartis to deliver training to nurses.

**DOI:** 10.1136/annrheumdis-2020-eular.3810