at least 10 hours was required. The VO\textsubscript{2}max measured with a graded maximal exercise test was used to determine the CRF. Pearson correlation coefficients were calculated for the associations between the different measures of physical activity and VO\textsubscript{2}max. For the variables that were associated, linear regression analysis was carried out, with pain and disease activity as possible confounders.

**Results:** Thirteen females and five males were included in the study. The mean age was 66.5 (± 15.0) years. Only 22% of the patients met public health physical activity guidelines for the minimal amount of 150 minutes a week. The mean step count was 6237 (± 2297) steps per day and mean moderate-to-vigorous physical activity time was 16.50 (± 23.56) minutes per day. The median VO\textsubscript{2}max was 16.23 [4.63] ml·kg\textsuperscript{-1}·min\textsuperscript{-1}, which is under the standard. The median duration of symptoms was 127 days with a good outcome. 6 patients developed a polyethylene insert exchange.

**Discussion:** This study is the first to apply theoretically-informed approaches to the management of JHS/EDS-HT. Through a modified nominal group technique, potential behaviour change interventions for addressing barriers to self-management have been prioritised. Discussion with participants indicated poor access to psychological support, occupational therapy and a lack of knowledge of JHS/EDS-HT. Future research with healthcare professional and patient stakeholder groups will further delineate which intervention options would be most acceptable and feasible for the management of JHS/EDS-HT.

**References:**


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

**AB1321-HPR**

**DEVELOPING A SELF-MANAGEMENT INTERVENTION TO MANAGE JOINT HYPERMOBILITY SYNDROME AND EHLENS-DANLOS SYNDROME HYPERMOBILITY TYPE: AN ANALYSIS INFORMED BY BEHAVIOUR CHANGE THEORY**

S. Bennet\textsuperscript{1}, N. Walsh\textsuperscript{1}, T. Moss\textsuperscript{1}, S. Palmer\textsuperscript{1}. \textsuperscript{1}University of the West of England - UWE Bristol, Faculty of Health and Applied Sciences, Stoke Gifford, United Kingdom

**Background:** Joint Hypermobility Syndrome (JHS) and Ehlers-Danlos Syndrome Hypermobility Type (EDS-HT) are heritable disorders of connective tissue that can cause joint instability and pain and are associated with increased anxiety and depression. There is currently little UK guidance for supporting patients with JHS/EDS-HT. The analysis presented here used the Behaviour Change Wheel (made up of the Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation and Behaviour (COM-B) model\textsuperscript{2}) to identify possible intervention options to improve self-management in people with JHS/EDS-HT.

**Objectives:** To determine recommendations for the components of a behaviour change intervention for people with JHS or EDS-HT.

**Methods:** Data from: 1) A systematic review of a systematic synthesis of the literature; 2) A thematic analysis of interview data where UK adults with JHS/EDS-HT (n=17, 14 women, 3 men) discussed the psychosocial impact of the condition on their lives\textsuperscript{3}, which were mapped onto the TDF and COM-B in a behavioural analysis. A modified Nominal Group Technique group focus (n=9, all women) explored which interventions identified by the TDF/COM-B mapping exercise were most important to them.

**Results:** Participants prioritised a range of potential self-management interventions, including:

**Education:** Participants wanted greater support to improve their knowledge of JHS/EDS-HT, including self-help strategies for coping with injury, fatigue and overexertion, and to have education with information about their condition.

**Training:** In activity pacing, assertiveness and communication skills, and what to expect during pregnancy, when symptoms of JHS/EDS-HT can worsen.

**Environmental restructuring and enablement:** Support from occupational therapists to maintain independence at home. Enablement of access to CBT, mindfulness and emotional support.

**Modelled behaviour:** Positive first-person narratives that address how other patients with JHS/EDS-HT have coped with anxiety, depression, distress, fear, frustration and feelings of loss.

**Conclusion:** This study is the first to apply theoretically-informed approaches to the management of JHS/EDS-HT. Through a modified nominal group technique, potential behaviour change interventions for addressing barriers to self-management have been prioritised. Discussion with participants indicated poor access to psychological support, occupational therapy and a lack of knowledge of JHS/EDS-HT. Future research with healthcare professional and patient stakeholder groups will further delineate which intervention options would be most acceptable and feasible for the management of JHS/EDS-HT.

**References:**


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