 Fibromyalgia Syndrome in Medical Students

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Background: At the university, students begin to be responsible for their own life decisions and lifestyles. First year students are required to adapt especially to a new learning environment and to cope with the academic and social demands of educational. High academic expectations are stressful and can pose a risk to students mental and physical health. Anxiety and depression are among the most common psychiatric problems among students.

Objectives: The aim of this study is to evaluate the prevalence of fibromyalgia syndrome (FMS) in medical students and to compare students from engineering faculty.

Methods: 392 (284 faculty of medicine, 108 faculty of engineering) students selected from Firat University Faculty of Medicine and Engineering were included in the study. Hospital Anxiety and Depression Scale (HADS) forms were filled in for all participants. Anxiety and depression among students of medical and engineering were examined. Moreover, 2016 ACR FMS classification criteria was used to select the student who have FMS.

Results: In our sample, 185 (47.1%) and 207 (52.9%) of participants were male and female, respectively. HADS anxiety and HADS depression scores were significantly higher in engineering students than in medical students (mean HADS anxiety and depression scores were 9.07; 10.29, p=0.007 and 7.61; 8.52, p=0.039, respectively). While a significant difference was found among medical and engineering students in terms of HADS anxiety and depression scores in men (p<0.001 and p=0.006), no significant difference was found in women (p=0.676 and p=0.278). On the other hand, 46 (16.1%) of medical students and 13 (11.7%) of students from engineering faculty have FMS (p=0.170).

Conclusion: FMS prevalences are similar in the medical students and students from engineering faculty. However, anxiety and depression are more common among male engineering students than medical students. This may be related to the future employment anxiety among students from engineering faculty.

References:

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BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY IN JUVENILE IDIOPATHIC ARTHRITIS (JIA): A SCOPING REVIEW

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Background: Physical activity is an important aspect in the management of JIA (1). However physical activity levels are low in this population (2). Limited research has been conducted to identify definitive barriers and facilitators to physical activity in children and adolescents who have JIA.

Objectives: The objective of this scoping review was to identify the common barriers and facilitators to physical activity in JIA.

Methods: Original studies, either quantitative or qualitative, including participants with a diagnosis of JIA, who were under 18 years of age were included. Two independent reviewers carried out a search of the literature and full text reviews of papers to determine eligibility for inclusion. The Critical Skills Appraisal Programme (CASP), Appraisal tool for Cross-Sectional Studies (AXIS) and Downs and Black critical appraisal tools were used to assess the quality of the included research articles.

Results: Eighteen studies were included in the review. The included studies were of a variety of low, moderate and high quality. The synthesis of the data identified pain to be the most common barrier and the modification of physical activities to the need of the individual to be the most common facilitator to physical activity in JIA.

Conclusion: Identifying the most common barriers and facilitators to physical activity allows clinicians to apply better management strategies when treating an individual with JIA. Our findings demonstrate the need for further research in this area to assist increasing physical activity participation for children and adolescents who have JIA.

References:
Table 1 - Results of the surveys, across different countries, concerning patient perspective on the efficacy and risks of glucocorticoids in patients with RA.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not or quite important</th>
<th>Very or extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctor-patient relationship, n (%)</td>
<td>12 (6.0)</td>
<td>188 (94.0)</td>
</tr>
<tr>
<td>2. Psychological well-being/stress, n (%)</td>
<td>15 (7.5)</td>
<td>185 (92.5)</td>
</tr>
<tr>
<td>3. Physical activity, n (%)</td>
<td>45 (22.5)</td>
<td>155 (77.5)</td>
</tr>
<tr>
<td>4. Nutrient intake habits/alcohol, n (%)</td>
<td>50 (25.0)</td>
<td>150 (75.0)</td>
</tr>
<tr>
<td>5. Alternative therapies, n (%)</td>
<td>56 (28.0)</td>
<td>144 (72.0)</td>
</tr>
<tr>
<td>6. Work activity, n (%)</td>
<td>56 (28.0)</td>
<td>144 (72.0)</td>
</tr>
<tr>
<td>7. Environmental pollution, n (%)</td>
<td>66 (33.5)</td>
<td>134 (67.0)</td>
</tr>
<tr>
<td>8. Social life, n (%)</td>
<td>79 (39.5)</td>
<td>121 (60.5)</td>
</tr>
<tr>
<td>9. Cigarette smoke, n (%)</td>
<td>81 (40.5)</td>
<td>119 (59.5)</td>
</tr>
</tbody>
</table>

Conclusion: This survey highlights the relevance of several unmet needs. The holistic approach, in terms of medical consultation and psychological well-being, is considered the most important component able to influence disease perception. By capturing patient opinions on non-pharmacological topics for clinical research, this survey indicates that the active patient involvement is essential to design successful translational studies and improve clinical outcomes.

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AB1136-HPR  PATIENTS’ EXPERIENCE OF INVOLVEMENT IN A RHEUMATOLOGY OUTPATIENT CLINIC

Background: Involvement in own treatment and care is a wish from patients and a vision from politicians in Denmark. (1,2) In outpatient rheumatology patient involvement also leads to increased patient satisfaction, better quality of treatment and better utilization of resources in health care. (3,4,5) On the basis of this we ought to involve our patients at our Outpatient Clinic in Svendborg, but are we? Objectives: To gain knowledge about how patients with rheumatoid arthritis experience involvement in treatment and care in the Rheumatology Outpatient Clinic, Svendborg.

Methods: An interview study of six patients with subsequent analysis based on Ricoeur. (6) Patient inclusion: patients with rheumatoid arthritis in remission by DAS28 for more than 2 years. The participants elected were 3 males and 3 female at the age of 50 – 78 visiting the clinic during Marts and April 2019. They were asked about their experience of involvement from time of diagnosis until present time.

Results: The study provided knowledge that patient involvement was new to the participants. This is also found in other literature about patient involvement. (7,8) All participants in this study felt involved in own care and treatment. The involvement was based on being seen and heard as persons with individual needs and not just as patients with arthritis. The way the participants experienced involvement showed that there are individual differences in how to provide the experience. In order to clarify what involvement meant for each patient, relationship with the health professional was necessary, as other studies also shows. (7,8) The relationship was conditioned by continuity, trust, care and mutual respect. For all the participants informed consent was equal to involvement. Disease activity or fear of this was the main reason for feeling involved this way. Literature describes the same: amongst other factors, the severity of the disease is significant for the patients desire to be involved. (7,8)

Conclusion: The participants experienced involvement in own care and treatment. The relation to the health professional was important providing this experience. All defined involvement as informed consent as it also is to many healthcare professionals. (9) All participants needed time to reflect on what