Objectives: The aim of this study was to present an overview of the evidence of the effect of job loss prevention interventions, which can improve work participation and decrease absenteeism and job loss in persons with IA.

Methods: A systematic literature search was performed in the databases PubMed, EMBASE, CINAHL, PsycINFO and the Cochrane Library in two steps: 1) an update of the Cochrane review, restricted to studies published from January 2014 to February 2019 and 2) an additional search with updated keywords with no time restriction. Quality assessment and data extraction were performed independently by two authors. The results were summarized narratively.

Results: The first search identified 1276 titles and the second search identified 2384 titles. Six studies (including the three RCT's included in the Cochrane review (1)) were included. The results indicated that job loss prevention interventions may have effect on work ability, absenteeism and in particular job loss, but the results across study outcomes, were not consistent. This may be due to heterogeneity in the interventions delivered (i.e. dose, duration and setting) and outcome measures used. Most of the studies were of low quality. Therefore, the results should be interpreted with caution.

Conclusion: Job loss prevention interventions may have an effect on work ability, absenteeism and in particular job loss among persons with IA. Further studies of high quality regarding job loss prevention interventions for people with IA are recommended.

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FRI0625-HPR

APPS TARGETING SYMPTOMS ASSOCIATED WITH SJÖGREN'S SYNDROME AND POTENTIAL USERS' PERCEPTIONS OF THEIR FEATURES: CONTENT ANALYSIS AND THINK ALOUD STUDY

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Background: Sjögren's syndrome (SS) is a rheumatic disease requiring self-management which may be delivered through smartphones. When developing digital interventions it is important to review what is already available (market segmentation)¹ to identify unique selling points and aid uptake and adoption. While there are no dedicated SS apps, many are publicly available for other rheumatic conditions². Understanding user preferences for existing apps may help to design an engaging app for SS self-management.

Objectives: To explore apps targeting SS symptoms of dryness, sleep disturbances, fatigue and pain. To explore views of people with SS on these app features.

Methods: Apple Store apps were retrieved on 04 March 2019 using the following search terms: *dry, dry eye, sleep, insomnia, fatigue, tiredness and pain*. Included apps were English and in Medical or Health & Fitness genres. Exclusion criteria were; duplicates, additional external devices required and apps targeting alcohol reduction or children.

Included apps were grouped by symptom. App descriptions were open-coded to generate a thematic coding framework (i.e. full list of features) for each symptom which was then applied to all app descriptions. To obtain views of people with SS, several of the reviewed apps for each symptom covering the full list of features were given to 13 focus group participants to use in 'think aloud' sessions (n=4). Audio data was recorded, transcribed and deductively analysed using the framework to gather opinions relating to each feature.

Results: Of 914 apps retrieved, 542 were included. Features within apps targeting dryness (n=15) provided dry eye information, self-assessment and reminders to blink or look away from screens. Apps targeting sleep (n=310) included features to support sleep restriction, sleep hygiene, sleep tracking (sleep onset and wake up times, time in bed, overall sleep quality), relaxing sounds, guided meditation, sleep stories, snore recording and alarms. Fatigue apps (n=79) included features to detect current physical and mental fatigue levels, support pacing (i.e. track fatigue, label tasks as 'high energy', prioritise tasks), and self-massage instructions. Apps targeting pain (n=138) featured pain tracking (of severity, affected body areas), guided exercises, and mindfulness.

Dryness apps prompted participants to reflect on its impact on daily activities, but further dryness features were desired relating to: using a humidifier; eye drop reminders; and dryness tips for other body areas e.g. vaginal dryness. Sleep restriction features were believed to be irrelevant but viewing and selecting sleep hygiene tips to "try" were considered useful. Beyond entering sleep onset and wake up times, participants wished to track "when and why I woke up", to understand night awakenings in relation to other symptoms. Fatigue detection features

were felt to be more useful for those recently diagnosed, as experienced participants could easily identify when they were fatigued ("I don't need an app to tell me!"). Participants valued pacing features but found them difficult to use. Daily pain tracking was considered demotivating, but useful for remembering and explaining issues to healthcare professionals. Participants believed that a dedicated app for SS would support self-management and raise SS awareness.

Conclusion: Existing apps targeting SS symptoms do not meet the needs of those with SS. App features should be tailored to SS by supporting dryness management in body areas beyond eyes, and night-awakenings. Pacing features must be easy to use. The ability to track pain should be optional and tracking prompts should be limited. Design considerations should be implemented alongside evidence-based behaviour change techniques to support self-management.

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FRI0626-HPR

DEVELOPMENT OF A TOOL TO SUPPORT PATIENT AND NURSE IN COMMUNICATING ON SELF-MANAGEMENT SUPPORT NEEDS PROJECT OF V&VN RHEUMATOLOGY RESEARCH GROUP

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Background: Self-management, ability of patients to optimally integrate their illness or disorder into their daily lives, is explicitly part of the new definition of health.

Self-management is considered essential in rheumatology care but is also a challenge for patients and rheumatology nurses. Often patients need support, but clarifying their support needs is difficult. Also, nurses experience difficulties in providing self-management support. A communication tool might help patients and nurses.

Objectives: In preparation for development of an online self-management program, a framework comprising 55 needs from 11 different domains has been developed (1).

The objective of this study is to develop a tool, based on this existing framework that can support patients and nurses in making targeted choices for adequate support.

Methods: The tool was developed in two steps. First, it was explored if existing framework as such was useful as a basis for the tool. It was discussed in a brainstorming session with rheumatology patients and rheumatology nurses. Second, two additional workshops, one with patients and one with nurses were organised. In these sessions, yellow cards with 55 needs from the framework (1) were compared with a more generic framework for self-management support in chronic diseases: the self-management web (2), figure 1. Goal of the workshop was to gain insight into usability of models and to gauge the ideas for a tool. The choice for these two models was based on the scientific background as well as the use with patients with a chronic or rheumatic disease.

Picture 1 : Workshop

Results: In the first brainstorming session 5 patients and 5 rheumatology nurses participated.

In the workshops, 11 patients and 130 nurses participated. Eligible adult patients, diagnosed with a rheumatic disease, were recruited by newsletter from the Dutch Arthritis Foundation. Nurses were recruited by newsletter from the Dutch Nurses Organisation (V&VN).

According to participants, the framework alone is only useable when additional explanation and illustration of concepts will be provided and following missing topics are added; communication between specialisms, knowledge of the health-care system, responsibility allocation, faith, religion, culture, nutrition, lifestyle, prevention.

The self-management web appeared to be helpful. Not all cards with needs could be placed in this web. It was suggested to add following topics to the web: Peer support or experience experts' contact, handling treatment recommendations, patient empowerment, defining limitations and supporting services like physiotherapy and municipality.

There is overlap between topics of the web: Lifestyle, leisure and self-care. It was suggested to place associated topics together or give the same colour.

Practical ideas for application of the web and about involving an experienced expert were discussed as well as the role of health professionals. Integration in e-health, linked to the medical file with visual support is preferred. Patients have to prepare themselves for consulting the nurse or doctor.

Communication plays a very important role for all elements. The tool should be usable for people with limited health literacy skills and nurses need skills like motivational interviewing for using the tool.

Conclusion: Existing frameworks seem useful as a scientific basis for the development of a communication tool for self-management support. Usability of a draft tool will be explored in a pilot study.

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FRI0627-HPR COGNITIVE DISORDERS IN SYSTEMIC LUPUS ERYTHEMATOSUS WITH JUVENILE-ONSET: ONE SINGLE CENTER EXPERIENCE

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Background: Juvenile-onset SLE (jSLE) is a more aggressive disease than in adults due to several reasons including cognitive dysfunction, significantly affected the compliance and social rehabilitation of patients (pts).

Objectives: To analyze the cognitive, emotional and communicative status of pts with jSLE.

Methods: The study included 31 pts (90.3% girls) with jSLE, verified in accordance to SLICC criteria 2012. All pts underwent standard examination in accordance with the diagnosis; in case of suspected neuropsychiatric disorders pts were examined by a neurologist, psychiatrist. Classifying of neuropsychiatric disorders was performed in accordance with the recommendations of the ACR, 1999. SLEDAI 2K was used for disease activity assessment. All pts were examined by a clinical psychologist using the standard pathodiagnostic testing.

Results: The median age at the onset was 12.0 y.o. [10.6;14.5]. The median disease duration at the time of diagnosis - 0.75 ys [0.5;2.1]. 35.5% pts had neuropsychiatric disorders at the onset: psychoses - 12.9%, headaches - 12.9%, cognitive disorders - 19.4%, mood disorders - 16.1%, distal polyneuropathy - 12.9%. MRI of the brain was performed in 15 pts: CNS vasculitis was diagnosed in 3 pts (2 - with psychosis, 1 - with cognitive impairment). Median disease activity by SLEDAI at the time of diagnosis was 15 scores [10;23].

At the time of examination by the clinical psychologist, the median age of pts was 15.2 ys [12.9;16.5]. The median disease duration was 1.1 ys [0.6;3.8]. Cognitive disorders were detected in 96.8% of the pts. The auditory-speech short-term memory was distributed between the medium and high levels (54.8% and 45.2%, respectively), and the high level of memorization prevailed in the long-term memory (67.7% high, 32.3% medium). A high level of indirect memory was revealed in 67.8% of pts, medium - in 25.8%, and low - in 6.4%. Distribution of the difficulties of attention were identified (64.5% - uneven distribution, 35.5% - sufficient distribution), as well as increased attrition of attention (74.2% - attrition is detected, 25.8% - no attrition). 58.1% of pts demonstrated a high level of inclusion into work, 41.9% - a low one. Concentration of attention was recognized as sufficient in 87.1% of pts, insufficient in 12.9%. The effectiveness of attention was rated as

good in 87.1%, decreased - in 12.9%; stability is sufficient - in 64.5%, low - in 35.5%. In the operational side of thinking, a decrease in the level of generalization was revealed (48.4%); there were no disturbances in the motivational component, lability of thinking in the dynamic (12.9%). Various neurotic fears are characteristic for 54.8% of pts; the level of personal anxiety was increased in 41.9%, moderate - in 48.4%, low - in 9.7%. Signs of aggression were revealed in 19.4% of pts, a decrease in the level of social adaptation - in 51.6%. Communication difficulties experienced 83.9% of pts. According to the results of the clinical conversation, attention was focused on availability of conflict situations with peers in the disease onset in 38.7% of pts.

Conclusion: Cognitive disorders were detected in the majority of pts with jSLE, regardless of the presence of neuropsychiatric disorders at the onset. The revealed features of the clinical and psychological status of pts with jSLE must be considered when working out an individual rehabilitation model and develop psycho-correctional programs.

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FRI0628-HPR EVALUATING A COMPLEX PACKAGE OF CARE IN THE EAST-MIDLANDS KNEE PAIN FEASIBILITY COHORT RANDOMISED CONTROLLED TRIAL

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Background: The role of nurses in managing painful knee OA has been advocated but whether nurses can deliver such interventions as a package of care is unknown. The overall aim of this research is to develop and test a nurse-led complex intervention for knee pain comprising non-pharmacological and pharmacological components. In the first study phase, we report on fidelity and acceptability of a non-pharmacological intervention, to resolve possible challenges to delivery.

Objectives: To evaluate fidelity of delivery and acceptability of non-pharmacological components of a complex intervention.

Methods: This was a mixed-methods study. Participants with chronic knee pain were recruited from the community to receive the intervention, delivered in 4-sessions over a 5-week period by a trained research nurse. The intervention consisted of holistic assessment, patient education and advice, aerobic and strengthening exercise and weight-loss advice if required. All sessions were video-recorded. Fidelity checklists were completed by the nurse (nurse-rated) and two researchers from the video-recordings (video-rated). Median fidelity scores (%) and interquartile ranges (IQR) were calculated for each component and each session. Semi-structured interviews were conducted with participants. These were audio recorded, transcribed and analysed following the framework approach.

Results: 18 participants (34% women), with a mean (SD) age and BMI of 68.7 (9.0) years and 31.2 (8.4) kg/m², took part in the study. Of these, 14 completed all visits. In total, 62 intervention sessions were assessed for fidelity. Overall fidelity was rated high by both nurse-rated scores (97.7%) and video-rated scores (84.2%). The level of agreement between nurse-rated and video-recorded methods was 73.3% (CI 71.3, 75.3) and the inter-rater agreement was 65.5% (CI 60.3, 70.5). Fidelity of delivery was lower for advice on footwear modification and walking aids in all sessions and moderate for education in session 1 and for exercise in session 4 (Table 1).

Table 1. Fidelity scores of the components of the intervention for each session,

Intervention components	Session 1*	Session 2*	Session 3*	Session 4*
Education	78.1 (74.1, 93.7)	87.5 (50, 100)	87.5 (50, 100)	100 (93.7, 100)
Exercise	94.4 (88.9, 100)	88.9 (75, 94)	86.1 (72, 100)	75 (67.6, 82.8)
Adjunctive treatments	50 (45.83, 100)	0 (0, 50)	50 (0, 100)	-

*median (IQR)

17 participants were interviewed. Most found advice supplied straightforward. They were satisfied with the package, which changed their perception of