Methods: Eligible studies from 2000 - 2020 were identified in OVID Medline, PsycINFO, Embase, and CINAHL databases using a comprehensive search strategy. Quantitative and qualitative studies containing self-reported data on the work impacts of arthritis on younger people were included. Quality assessment was undertaken using validated quality appraisal tools (3).

Results: From a yield of 300 studies, 35 were included in the review. After quality assessment and exclusion of the lowest-ranked studies, 28 studies (17 quantitative, 11 qualitative) were analysed. Work outcomes data were organised into five themes (1-3 for quantitative outcomes, 4-5 for qualitative outcomes): (1) the impacts of arthritis on work productivity; (2) the impacts of arthritis on work participation; (3) other arthritis attributable workplace challenges; (4) barriers to work participation associated with arthritis, and (5) enablers to work participation associated with arthritis. For quantitative themes, arthritis was strongly associated with other workplace challenges: scores on the Workplace Activity Limitations Scale ranged from 5.9 (moderate workplace difficulty) to 9.8 (considerable workplace difficulty); and work disability relative to the healthy population (prevalence ranging from 6% - 80%). For qualitative themes, barriers to work participation included lack of workplace support; enablers included workplace support and intrinsic motivation to work.

Conclusion: Arthritis is associated with poorer work outcomes for younger people relative to healthy peers. The available evidence was heterogeneous across studies. Additional research focusing solely on the unique workplace needs of younger population groups is required. This would inform the development of tailored intervention or workplace support strategies to maximise productive working years.

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Innovative care

OP0152-HPR

A COST-UTILITY ANALYSIS OF MULTIMODAL OCCUPATIONAL THERAPY IN PATIENTS WITH THUMB BASE OSTEOARTHRITIS

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Background: Patient education, hand exercises, and use of assistive devices and orthoses are regarded as first-line treatment for patients with hand osteoarthritis (OA) (1), however there is limited evidence for the cost-effectiveness of such treatment.

Objectives: The objective of this study is to assess the cost-utility of a multimodal occupational therapy treatment delivered in the waiting period before surgical consultation in patients with thumb base OA compared to usual care.

Methods: This study presents an economic evaluation assessing the difference in health care use and quality-of-life during a 24-month period in a Norwegian multicenter randomized controlled trial. All patients referred to surgical consultation due to thumb base OA at three departments of rheumatology between 2013 and 2015 were eligible for inclusion. In total, 180 patients were included and randomized to a control group or a multimodal occupational therapy group (90 patients in each group). During the waiting period between referral and actual surgical consultation, the control group continued with usual care which was staying on the waiting list and receiving information on hand OA. The intervention group got information on hand OA, ergonomic principles and use of assistive devices, and they were instructed in home-based hand exercises and received a day and a night orthosis. The intervention group was instructed to use the orthoses and assistive devices as much as possible and perform home exercises three times per week for 12 weeks. The patients were assessed at baseline and after 4, 18 and 24 months. The within-trial economic analysis reports the incremental cost-effectiveness ratio (ICER) reflecting the between-group difference in incremental cost per adjusted life years (QALY) over 24 months. A generic

health-related quality of life questionnaire, the EuroQol 5 Dimension, was used to calculate the QALYs at baseline, 4, 18 and 24 months. Costs were collected from different sources, taking a health care perspective; The occupation therapist reported the number of consultations related to the intervention; surgical procedure and post-operative follow-up were collected from patients' journals; and additional consumption of primary and specialist health care was self-reported by the patient. Sensitivity analyses were performed. The results are presented in a cost-effectiveness plane using bootstrapping. Willingness-to-pay threshold is set to be € 27 500 linked to the severity of this condition.

Results: The mean age of the included patients was 63 years (SD 7.6) and 79% were women. There was a total between-group difference in QALYs of 0.07 utilities after 24 months, in favour of the intervention group. Operations constituted the main costs with 22 operations in the intervention group compared to 33 in the control group. The between-group difference in costs due to health care consumption was estimated to € 500 in favour of the intervention group (Figure 1).

Conclusion: The results in this within-trial analysis indicate that multimodal occupational therapy in the waiting period before surgical consultation compared to usual care is a cost-effective alternative taking a health care perspective.

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HOW CAN WE HELP PEOPLE WITH FIBROMYALGIA? NO EFFECTS OF AN EVIDENCE-BASED MULTICOMPONENT REHABILITATION PROGRAMME

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Background: Patients with fibromyalgia (FM) suffer from high symptom burden, lack of understanding and few available treatments. EULAR evidence-based recommendations for the management of FM state that optimal management should focus on prompt diagnosis, patient education and initially non-pharmacological treatments¹. Physical exercise is recommended for all patients and may be combined with tailored psychological therapies for those with unhelpful coping strategies. The evidence for these combined therapies is still weak and further studies are warranted. A Norwegian mindfulness- and acceptance-based intervention, the Vitality Training Programme (VTP), has shown beneficial effects in groups of patients with rheumatic and musculoskeletal diseases^{2,3}, but has previously not been tested in combination with physical exercise.

Objectives: To test the effects of a multicomponent rehabilitation programme comprising the VTP followed by supervised physical exercise for patients with recently diagnosed FM.

Methods: Patients with widespread pain ≥ 3 months; aged 20 to 50, who were working or had not been out of work >2 years, were referred to rheumatologists for diagnosis clarification according to ACR 2010 FM diagnosis criteria. All eligible patients participated in a 3-hour group-based patient education programme before inclusion and randomization. The intervention group received the VTP, a 10-session group programme followed by 12 weeks supervised physical exercise. The control group followed treatment as usual. Self-reported data were collected electronically. Primary outcome was Patient Global Impression of Change