POS1471-HPR

EVALUATION OF THE EFFECTIVENESS OF MOBILE APP-BASED EXERCISES PROGRAMME IN PATIENTS WITH NECK PAIN: THE RANDOMIZED CONTROLLED TRIAL

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Background: Mobile health applications are frequently used to increase exercise adherence in patients with musculoskeletal problems. However, the usability of these health mobile applications mostly has not been proven. In our previous study, the usability of the mobile app, which includes postural correction and neck spinal stabilization exercises, has been proven. (M.U-NeckExercise application)
Objectives: The aim of this study is to evaluate the effectiveness of the mobile application-based home exercise program for patients with chronic neck pain.
Methods: 60 people with chronic neck pain were participated in the our study. They were randomized into two groups. The first group (n:30) received home exercises via the novel mobile app, and the second group (n:30) received the same home exercises via the brochure. The exercise program consisted of neck and thoracic postural correction and neck spinal stabilization exercises. Participants has been requested to do the exercises 3 days in a week for 6 weeks. Participants' pain levels were assessed by using the Visual Analogue Scale (VAS), their neck-related functional limitations were evaluated by Neck Pain and Disability Index (BADI). Exercise adherence was meausered with a ratio of total participated sessions compared with the target defined by patient activation monitor and exercise adherance questionnaire. Targeted participation were %60 of total sessions.
Results: In both groups, the improvement in VAS and BADI scores was statistically significant (p<0.05). It was found that the pain parameters of VAS score decreased statistically more in the mobile application-based exercise group (p<0.05). While there was no statistically significant difference between the groups in the BADI score, the effect size results was higher in the mobile app group (effect size= 0.411). Our exercise commitment target in the mobile app group was an average of 10.5 sessions. The target session number has been reached 11.25 sessions.
Conclusion: It has been observed that the mobile application-based exercise program is effective in reducing pain and increasing exercise adherence in people with chronic neck pain. The findings support M.U-NeckExercise-App could be recommended to health professionals for exercise prescription in patients with cronic neck pain.

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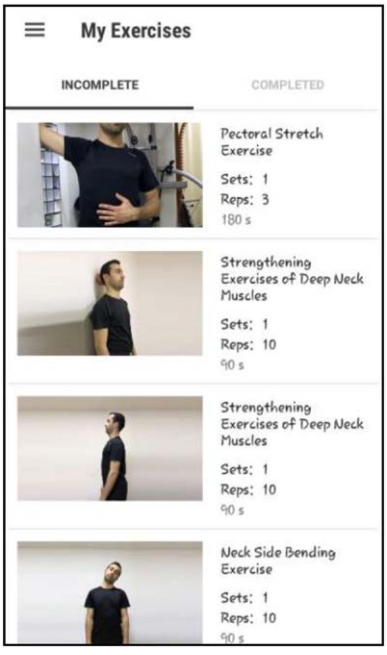
Variable	*Group*	*X±SS*	*z*	*p*
Post-Exercise VAS Value (0-10 cm)	Mobile app Brochure	2,90±2,04 4,63±1,69	*-3,272*	****0,001**
Post-Exercise BADI Value	Mobile app Brochure	38,86±12,38 32,23±12,35	*0,031*	**0,861**



Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2204

POS1472-HPR

CLINICIANS' PERSPECTIVES ON PSYCHOLOGICAL DISTRESS AND MEETING PATIENTS' SUPPORT NEEDS IN RHEUMATOLOGY CARE SETTINGS

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Background: People with inflammatory rheumatic diseases (IRDs) face challenges that include fluctuations in pain, fatigue and flares of disease activity, complex medical regimens, and decisions about when to seek clinical help with symptoms [1,2]. Evidence suggests levels of anxiety and depression are higher in people with IRDs compared to the general population [3]. Rheumatology teams report that psychologically distressed patients can have additional support needs and require more time. Patients' concerns include health-related anxiety and difficulty accepting the diagnosis. This group can have poor outcomes and poor adherence to treatments. However, little is currently known about optimal ways to meet these patients' support needs.
Objectives: To understand rheumatology clinicians' perspectives on psychological distress in care settings with the long-term aim to develop a proposed model/pathway of support.
Methods: Telephone interviews were conducted with members of UK rheumatology teams who have clinical experience with patients experiencing distress. The semi-structured interviews explored both 'what happens now' (current clinical practice) and 'what should happen' (acceptable models of future psychological support provision). The semi-structured format provided flexibility to probe more deeply and develop new lines of enquiry based on participants' responses.
Results: Fourteen interviews were conducted with rheumatology clinicians including 2 consultants, 4 nurses, 1 physiotherapist, 4 occupational therapists, 2 clinical psychologists and 1 podiatrist. Inductive thematic analysis was used to analyse the data. Two main themes represent the data (Table 1).

Table 1.

Main Theme	Sub-themes
1. 'No one shoe fits all' – the many manifestations of distress in patients. 'I pick up on distress as increased emotion…tearfulness and sadness I suppose, but also frustration, anger...A lot of helplessness comments'	1. 'Distress can be quite emotive and quite obvious, but then it can also hide away' 2. 'They're [patients] trying to manage their own conditions, but they're also trying to manage life'
2. 'If Rheumatology could be interwoven with psychological principles' – the need to attend to the psychological impact of IRDs, alongside the physical impact. 'The physical and mental health side of things are so closely linked because one affects the other…after a while they [patients] don't really know what's affecting what'	1. 'Prioritising physical health…sometimes the stress gets not thought about' 2. 'Make best use of everyone in the team to work with patients who are struggling' 3. 'For the psychological side of things we don't measure anything about that at all'

Conclusion: Distress can be obvious or hidden and cause issues for both patient and clinician. It can lead to poor engagement with care provision. Clinicians differ in their perceptions of distress and in their thresholds for dealing with distress and have described the inconsistency of support offered for distressed patients. They described the powerful link between physical and mental distress, the vicious cycle that can develop, and the benefits of incorporating a psychological approach to treatment. This study suggests psychological support should be embedded within the team as it is felt there is a need for speciality understanding and for patients' emotional wellbeing to consistently be given equal priority to their physical wellbeing.

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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2429