Objectives: To identify the modifiable CFs that can improve clinical outcomes in published randomised controlled trials (RCTs).

Methods: A systematic search was carried out, up until April 18th 2019, on the following databases: MEDLINE via Ovid, EMBASE, AMED, PsycINFO and Cochrane library. RCTs comparing contextual enhanced interventions versus non-enhanced control in adults for any health conditions were searched. The outcomes included both self-reported outcomes and objectively measured outcomes. The effect size and 95% confidence interval were calculated using the standard mean difference. Risk of bias was evaluated using the modified Cochrane tool. The random effects model was used to pool the results.

Results: Of 3900 records generated from the systematic search, 15 trials (4615 participants) met the inclusion criteria, and 13 were included in this meta-analysis (Figure 1). Conditions studied included musculoskeletal [4], cardiovascular [2], irritable bowel syndrome [1], diabetes [1], asthma [1], GP or hospital patients [6]. Three CFs have been identified from these trials, including empathy, patient involvement and positive communication. All were found to be effective for patient experience i.e. satisfaction. Positive communication was also effective for symptoms but not objective outcomes (Table 1).

Table 1. Summary of results.

Outcome	Intervention	Number of studies (Number of participants)	SMD (95% CI)	I ²
Patient experience outcomes, e.g. satisfaction	Empathy	2 (137)	0.45 (0.11, 0.79)	42.2 %
	Patient involvement	4 (1596)	0.31 (0.21, 0.41)	93.0 %
	Positive communication	3 (793)	0.38 (0.24, 0.52)	93.9 %
Symptomatic outcomes, e.g. pain	Empathy	1 (221)	-0.18 (-0.45, 0.08)	0.0 %
	Patient involvement	1 (314)	-0.05 (-0.27, 0.17)	0.0 %
	Positive communication	3 (658)	0.20 (0.05, 0.35)	64.8 %
Objective outcomes, e.g. peak expiratory flow	Positive communication	2 (266)	0.10 (-0.14, 0.34)	66.6 %

Positive SMD favours intervention group. SMD= Standard mean difference, CI= Confidence interval, I²= heterogeneity.

Figure 1. Summary of screening process.

Conclusion: This systematic review has identified three CFs (empathy, patient involvement and positive communication) that have therapeutic effects for different conditions in trials, especially for self-reported outcomes. More research is needed to examine the clinical outcomes of CFs and to understand the influence of health practitioners on disease processes.

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Myths and taboos around relationships: strategies for a sexy life

OP0303-HPR IT IS NOT JUST ABOUT THE SEX: VIEWPOINTS OF DUTCH ADULT MEN WITH INFLAMMATORY ARTHRITIS REGARDING THE IMPACT OF THE DISEASE ON THEIR SEXUAL HEALTH

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Background: Sexual health (SH) can be impaired in men with inflammatory arthritis (IA) (1). In addition to biological factors, such as inflammation, subjective factors such as personal beliefs can also impair SH. The Q methodology combines aspects of qualitative and quantitative approaches to systematically study subjectivity, and has been applied successfully in other medical fields.

Objectives: To describe the viewpoints of adult men with IA on the impact of IA on their SH using the Q methodology.

Methods: Men, 18 years and older, diagnosed with RA or JIA were invited by their rheumatologist. Participants ranked 34 opinion statements about potential impacts of IA on their SH on an agreement scale. A by-person factor analysis identified common patterns in the rankings. These patterns represent the different viewpoints among the men. Data from interviews, in which the men explained their ranking, was used to further interpret the viewpoints. A Q-methodology study usually consists of 30-40 participants.

Results: 30 men with IA were included. Their mean age was 43.2 (range 22–77) years. The analysis revealed three viewpoints:

1. "I am satisfied with my sex life"

Men with viewpoint 1 experience no significant impact of IA on their SH. However, most men indicated that when their disease was active, IA had a negative impact on their SH.

2. "Arthritis has a negative influence on my sex life"

Men with viewpoint 2 experience a dramatic impact, due to pain, fatigue and gloom. Their relationship worsened and they feel guilty towards their partner. Discussing their problems is not difficult.

3. "I am keeping up appearances"

Men with viewpoint 3 experience SH impairment mainly as a result of pain. IA impairs them physically, makes them feel less of a man, less attractive and reduces their self-confidence. Due to problems with accepting their disease and communicating their problems, these men tend to hide their problems.

Conclusion: We identified 3 viewpoints on the impact of IA on male SH, 2 of them revealing a negative influence that goes beyond the physical act of sex. IA can also affect relationships, self-confidence and manhood. Future research will focus on identifying men with SH problems in the clinic and the best counseling approach.

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