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[Joint session HPR/ PARE/ ARP] Mastering Self-management: State of art in a New Era

OP0322-HPR

EMPOWERMENT AND ASSOCIATIONS TO DISEASE ACTIVITY AND PAIN IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The WHO describes empowerment as a process in which patients can take control and make informed decisions about their life and health. Empowerment is important for patients with rheumatoid arthritis (RA) since most of the care is provided by the patients themselves.

Objectives: The aim was to study levels of empowerment and associated variables in individuals with RA and to investigate longitudinal clinical data in patients with low and high empowerment.

Methods: This study involved patients with RA from the BARFOT (Better Anti-Rheumatic Pharmacotherapy) cohort, who were recruited between 1992 and 2006 and included in the study at the time for diagnosis (n = 2,837) [1]. The patients were assessed according to a structured protocol at inclusion and after 3, 6, 12, 24, 60, 96, and 180 months. At each follow-up DAS28-3, HAQ and pain were assessed. In 2017, a postal survey was sent to all still living patients (n=1542), with a response rate of 69% (n = 1,065). The questionnaire included disease characteristics, questions about lifestyle habits and the Swedish Rheumatic Disease Empowerment Scale (SWE-RES-23) [2]. The 844 patients who answered the SWE-RES-23 made up the study cohort. Differences in empowerment between groups (lowest third [LE], SWE-RES-23 ≤3.48 vs. highest third [HE], SWE-RES-23 ≥4.04) were analysed with t-tests. Logistic regression analysis was used to study associations with LE vs. all others. Thirdly, differences between LE and HE were studied with longitudinal data (seven time points) of pain, HAQ and disease activity.

Results: Responders were mean 65 (SD13) years old, disease duration 15.6 (3.9) years, and 74% were women. The LE group (n=282) were older and were more often women, and reported worse overall health compared with the HE group (n=270), Table 1.

Table 1. Descriptives at questionnaire 2017, including all participants and comparisons between highest and lowest third of SWE-RES-23

	All	Low SWERES*	High SWERES*	p-value
	Mean (sd)	Mean (sd)	Mean (sd)	
N	844	282	270	
Sex, women, %	74	78	69	0.015
Age	65 (13)	66 (13)	63 (12)	0.002
Disease duration, year	15.6 (3.9)	15.7 (4.1)	15.6 (3.8)	0.917
TJC28 (0-28)	5 (6)	6 (8)	4 (5)	<0.001
SJC28 (0-28)	3 (5)	3 (4)	3 (4)	0.334
PatGA (0-10)	3 (2)	4 (3)	2 (2)	<0.001
Pain (0-10)	3 (2)	4 (3)	3 (2)	<0.001
Fatigue (0-10)	4 (3)	5 (3)	3 (3)	<0.001
HAQ (0-3)	0.62 (0.61)	0.81 (0.69)	0.42 (0.51)	<0.001
EQ5D (0-1)	0.70 (0.25)	0.62 (0.29)	0.79 (0.19)	<0.001
SWERES	3.8 (0.7)	3.1 (0.3)	4.6 (0.3)	<0.001

*tricotomized data, lowest third vs. highest third

Figure 1. Panel showing mean DAS28-3 (A), ESR (B), VAS pain (C) and HAQ (D) over 15 years in the different groups.

Regarding lifestyle habits, there were no differences between the groups in smoking habits, diets, or drinking habits. Moderate physical activity for ≥150 min/week was reported by 27% in the LE group vs. 41% in the HE group, $p < 0.001$. Vigorous physical activity ≥60 min/week was reported by 22% vs. 37% in the LE and the HE group respectively, $p < 0.001$.

In the logistic regression analysis (n=844), several factors were associated with LE: being a woman (OR 1.40, 95% CI 1.00-1.97), pain-related factors as higher tender joint count (OR 1.04, 95% CI 1.01-1.06), worse patient global assessment (OR 1.19, 95% CI 1.12-1.27), pain (OR 1.14, 95% CI 1.08-1.21), fatigue (OR 1.14, 95% CI 1.09-1.21), HAQ (OR 2.08, 95% CI 1.64-2.64) and EQ-5D (OR 0.16, 95% CI 0.09-0.28). There were also associations between moderate physical activity (<150 min/week) (OR 1.60, 95% CI 1.16-2.19) and vigorous (< 60 min/week) (OR 1.50, 95% CI 1.07-2.10) and LE.

Analysing longitudinal data, the LE group reported worse pain and HAQ at all timepoints, a worse DAS28-3 at year 2 and 8, and a worse ESR at 15 years follow-up compared with the HE group ($p < 0.05$).

Conclusion: In patients with RA, low empowerment is associated with worse all over health. Interventions aimed to improve empowerment may include mastering of pain, physical function, and improved physical activity.

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Members and Volunteers – Unknown beings? How to explore their interests, establish contacts and support

OP0323-PARE

“CELEBRATING THE 50TH ANNIVERSARY OF OUR ORGANISATION IN TIMES OF PANDEMIC: HOW WE USED DIGITAL TOOLS TO OVERCOME CHALLENGES AND DIFFICULTIES AND CAME INTO CONTACT WITH MORE PARTICIPANTS AND VIEWERS THAN EVER ENVISAGED!”

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Background: The German League against Arthritis (DRL) with about 300.000 members wanted to celebrate its 50th anniversary in 2020. The original idea to perform a large jubilee gala was crossed by the limitation of contact and the precaution for members our organisation in times of pandemic.

Objectives: It was a big challenge to transfer the celebration into a digital form in the pandemic. Our goal was to reach as many people (with RMDs, their family, colleagues, politicians) as possible, not only members of our organisation. We wanted to generate even more awareness for people with RMDs, their needs and difficulties nationwide.

Methods: We decided to focus on digital formats and produced video clips and podcasts that were presented online. Some of the topics of the videos: Voluntary work,