easy” to complete, remaining responses: “neutral” 20%, “somewhat difficult” 10%, “extremely difficult” 0%.

Conclusion: We have created and tested a system of remote clinical management for patients with RA and AS. Amongst the 108 responders, just 31% required a face-to-face appointment, with treatment changes made accordingly. With a backlog of 3,800 awaiting allocation to follow-up appointments, remote clinical management will allow us to safely and efficiently prioritise patients requiring urgent follow-up for treatment optimisation. We will integrate this system into our standard care pathway beyond the COVID-19 pandemic to streamline our service, deliver effective care and provide evidence to support the use of costly biologic drugs. We plan to investigate the barriers for non-responders.

REFERENCES:


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POS0143-HPR

TARGETING IDENTIFIERS FOR BEHAVIOURAL INTERVENTIONS IN FIBROMYALGIA: PHYSICAL ACTIVITY BEHAVIOUR

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Background: There has been much interest in the efficacy of exercise and physical activity interventions in people with Fibromyalgia. This has resulted in guidelines recommending exercise as the first line of management (Macfarlane et al., 2017). Notwithstanding the efficacy of exercises, adherence to structured exercise interventions in people with Fibromyalgia has resulted in guideline recommendations on physical activity: most participants expressed increased pain intensity following a vigorous physical activity which, have led to spending more time on sedentary behaviour to avoid pain during such a procedure.

Results: Four main themes emerged from the data: (i) Lack of guidance on physical activity: most participants expressed increased pain intensity following a vigorous physical activity which, have led to spending more time on sedentary behaviour to recover from pain. (ii) Participants expressed fear of fatigue as a barrier to physical activity participation. This also led to increased sedentary and protective behaviours. (iii) Impact of treatments on physical activity: Participants who received multimodal therapies and patient education reported better coping strategies e.g., pacing physical activities and less pain. (iv) Impact of social support on physical activity participation: Participants felt that a lack of understanding from employers, their family and friends and the wider society has negatively impacted their physical activity behaviours, access to workplace support and psychological well-being.

Conclusion: A multimodal approach, incorporating patient education with physical activities and support self-management. However, there is an increasing recognition of the importance of self- and shared-management of Fibromyalgia. Therefore, there is a lack of an overall, cohesive approach to self- and shared-management between healthcare providers, educators, and the third sector.

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DIAPHRAGMATIC BREATHING RELAXATION TECHNIQUE TO DECREASE ANXIETY DURING JOINT INFLTRATION: A RANDOMIZED CONTROLLED TRIAL

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Background: Joint infiltration is the therapeutic intervention of choice for patients with a joint. It may be a stressful experience for patients as imagined different treatment outcomes. However, there is little evidence on the effectiveness of the diaphragmatic breathing relaxation technique to reduce pain during joint infiltration.

Methods: Patients scheduled for a joint infiltration at the rheumatology department’s day-care unit were recruited. All infiltrations were performed using steroids without anaesthetic therapy except for the hip. Patients were randomized into two groups (cases=38, controls=34). Cases learned from a trained health agent diaphragmatic breathing relaxation technique to perform it immediately before and during the procedure while controls received the usual procedure. We used the Visual Analogue Scale (VAS) to assess self-estimated both anxiety (VAS-Anx) and pain (VAS-Pain) as evaluated on pre and post-joint infiltration.

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FACTORS FACILITATING THE SELF- AND SHARED-MANAGEMENT OF JIA BY CHILDREN, YOUNG PEOPLE, THEIR FAMILIES, AND PROFESSIONALS INVOLVED IN THEIR CARE: A REALIST EVALUATION

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Background: Juvenile idiopathic arthritis (JIA) is a long-term condition, often requiring some element of lifelong management. Therefore, it is logical that children and young people are empowered to become competent at self-managing their health and wellbeing, while families are supported in their shared-management role during childhood, relinquishing control at age- and developmentally appropriate periods in their child’s development. However, there are limited theoretical foundations underpinning optimal self- and shared-management support for children, young people and families living with JIA.

Objectives: To explain the factors facilitating the self- and shared-management of JIA by children, young people, and their families, with professional support from healthcare professionals, third sector organisations, and education professionals.

Methods: Guided by the Individual and Family Self-management Theory and the Shared Management Model, a three-stage realist evaluation was undertaken: 1) initial JIA self- and shared-management question theories were elicited from a document review, integrative review, and stakeholder insights [1]; 2) seven initial question theories were tested using qualitative research methods with 20 participants (young people, families, healthcare professionals, education professionals, and third sector representatives); 3) analysis of findings using a theory-driven approach to thematic analysis, in order to identify semi-regularities to extend or refute the initial question theories. The analysis drew on deductive, inductive, and retroductive reasoning.

Results: There were six refined JIA self- and shared-management question theories: 1) meaningful and bespoke self-management support across the life course for children and young people with JIA; 2) recognised and valued shared-management support for the families of children and young people with JIA, with autonomy in mind; 3) individual healthcare plans as a shared management communication tool to facilitate optimal management of JIA; 4) consistent recognition, value, and encouragement of self- and shared-management support from the paediatric rheumatology multi-disciplinary team and associated professionals; 5) child, young-person, and family-focused paediatric rheumatology care and support services across the lifespan and in different settings; 6) bespoke and inclusive approaches by education providers to enable children and young people with JIA to feel safe, supported, and able to fulfil their potential.

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DIAPHRAGMATIC BREATHING RELAXATION TECHNIQUE TO DECREASE ANXIETY DURING JOINT INFILTRATION: A RANDOMIZED CONTROLLED TRIAL

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