

based on medical evidence “there is an almost religious way of thinking on how to deal with the pathology. It is not an exact science when you choose the physicians you choose the treatment.” 2) *Relationship with the self and the others* as some patients did not feel understood or even shameful and hopeless about their condition. 3) *Patients’ and Health Professionals’ beliefs about the pathology management* where common thoughts were the perceived (ab)use of passive therapies, the movement as something dangerous and that OA is “something that you try to resist to, but (surgery) is your destiny.” 4) *facilitators* and 5) *barriers of the adherence to therapeutic exercise* that revolve around the cost of the therapy, the time needed and the willingness to change life habits. 6) *Patients’ attitudes towards pathology* in which the oldest patients perceive OA as “something I have to accept since I am getting old” and the youngest as “Something I have to fight.” 7) *Relationship with food* in which diet is seen as something that “you force yourself to follow” which is useful only to lose weight and not to preserve a high health status and where overeating is used “to eat your feelings”.

Conclusion: Patients suffering from hip and knee OA seem to experience an uncertain care process. The lack of clear explanations and the attitude towards conservative treatment, which is considered as “a pastime while waiting for surgery,” fosters the importance of providing patients with adequate information about the treatment, to shift their beliefs and improve their awareness. This will enhance a patient-centred and shared decision-making treatments.

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Figure 1. Categories and Subcategories stemmed from the analysis of the patients’ interviews

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POS0161-HPR BARRIERS AND FACILITATORS RELATED TO SELF-MANAGEMENT OF SHOULDER PAIN: A SYSTEMATIC REVIEW AND QUALITATIVE SYNTHESIS

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Background: Shoulder pain is a significant cause of pain and disability in the general population.¹ Current research suggests that shoulder pain can be resistant to treatment and is often recurrent.² Systematic review-level evidence shows modest short-term benefits for most current treatments.³ Effective self-management strategies that equip patients with the necessary tools to self-manage their condition are urgently required. However, engagement with self-management is poor, potentially compromising treatment outcomes and contributing to ongoing disability.⁴

Objectives: The objectives of this review were to:

- Systematically identify and appraise relevant qualitative evidence on barriers and facilitators relating to self-management from the perspectives of people with shoulder pain and healthcare professionals.
- Collate and synthesise this evidence, to gain an understanding of factors that influence self-management of shoulder pain.
- Develop evidence-based recommendations to inform the implementation and delivery of self-management programmes for shoulder pain.

Methods: A meta-aggregative approach to the synthesis of qualitative evidence was used. Twelve databases were searched, from inception to 13 July 2020, to identify studies exploring barriers and facilitators related to self-management of shoulder pain from the perspectives of people with shoulder pain and clinicians involved in the care of such patients. Two independent reviewers identified eligible articles, extracted the data and conducted critical appraisal. Two reviewers independently identified and developed categories, with validation by two further researchers. Categories were discussed among the wider research team and a comprehensive set of synthesized findings was derived.

Results: Sixteen studies were included in the review, exploring several shoulder conditions: shoulder instability; rotator cuff-related pain; dysfunction post rotator cuff surgery; and degenerative rotator cuff tears. From the perspective of patients, three synthesized findings were identified that influenced self-management: (1) support for self-management, including subthemes related to patient-centred support, knowledge, time, access to equipment, and patient digital literacy; (2) personal factors, including patient beliefs, patient expectations, patient motivation, pain, and therapeutic response; and (3) external factors, including influence of the clinician and therapeutic approach. From the perspective of clinicians, two synthesized findings were identified that influenced adherence to self-management: (1) support for self-management, including education, patient-centred support, patient empowerment, time, and clinician digital literacy; and (2) preferred management approach, including clinician beliefs, expectations, motivation, therapeutic approach, and therapeutic response.

Conclusion: Patients and clinicians identified several barriers and facilitators that influenced self-management of shoulder pain. Clinicians’ awareness of these factors could positively influence patient management, enhance patients’ ability to self-manage, and improve treatment outcomes.

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Metabolic bone disease / Osteoporosis

POS0162 PREDICTIVE FACTORS OF A NEW FRAGILITY FRACTURE AFTER WRIST FRAGILITY FRACTURE

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Background: Fragility fractures (FF) are fractures that result from mechanical forces that would not ordinarily result in fracture, known as low-level (or ‘low energy’) trauma.¹ Studies have shown that history of wrist fracture increases the risk for subsequent FF.²

Objectives: To assess predictive factors of FF occurring after a wrist fracture.

Methods: Retrospective monocentric study that included patients with a wrist FF observed at the emergency department (ED) in a tertiary center, between 1st January 2017 and 31st December 2018. Wrist fractures were identified through the 10th International Classification of Diseases and FF were identified after revision of the clinical record. Patients with relevant missing data were excluded. Seven hundred thirty-three wrist FF were identified. After calculating a representative sample (90% confidence interval), 188 patients were included. Their clinical records until 31th December 2020 (2 to 3 years after FF) were reviewed. SPSS was used for statistical analysis and significance level was defined as 2-sided p<0.05. In multivariate analysis we included variables with a significant association in univariate analysis and those with clinical relevance (reported in others studies).

Results: Wrist fractures represented 44.3% of the FF observed at the ED.