Background: Previous research show that patients with rheumatic and musculoskeletal diseases (RMDs) benefit from rehabilitation, but the health effects are small and decline over time. Later reports reveal that the quality of rehabilitation services for this patient group.

Objectives: To evaluate if a new rehabilitation program (the BRIDGE program) designed to improve the quality and continuity of rehabilitation across levels of care, was more effective than traditional rehabilitation in improving goal achievement, function, self-assessed health and health related quality of life (HR-QoL) in patients with RMDs.

Methods: In a stepped wedge cluster randomised controlled trial 8 rehabilitation centres organised in secondary health care and located across all health regions of Norway recruited a total of 374 patients with rheumatic and musculoskeletal diseases. These patients received either traditional West rehabilitation (control) (n=206), or traditional rehabilitation extended with an individually adapted complex intervention consisting of structured goal setting, plans for self-management, motivational interviewing, self-monitored digital feedback, and tailored follow-up support according to patients' needs and available resources in primary healthcare (the BRIDGE program) (n=168). Patient-reported data were collected electronically on admission and discharge from the treat population, using all available data, by linear mixed models adjusted for the baseline scores and for the potentially confounding effects of calendar time and data clustering. Sensitivity analyses were performed on data provided by the per protocol population according to predefined criteria, in addition to centerwise comparisons of the control and intervention groups.

Results: No significant treatment effects of the BRIDGE-program were demonstrated either for patients’ goal achievement (mean difference 0.1 [95% CI: -0.5, 0.8], p=0.70 (Figure 1), function (mean difference 0.9 [95% CI: -0.4, 2.2], p=0.18), self-assessed health (mean difference -0.1 [95% CI: -4.1, 3.9], p=0.98), or HR-QoL (mean difference 0.0 [95% CI: -0.0, 0.0], p=0.99) seven months after rehabilitation. Sensitivity analyses confirmed the findings from the primary analysis. A secondary analysis of missing data for the primary outcome measure (25% in the control and 41% in the intervention group), caused by errors in the digital data collection system, may impair the reliability of the results.

Conclusion: The BRIDGE program was not shown to be more effective than traditional rehabilitation in terms of improving goal achievement, function, self-assessed health and HR-QoL in patients with RMDs. There is still a need for more knowledge about factors that can improve the quality, continuity and long-term health effects of rehabilitation for this patient group.

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