Background: COVID-19 caused significant disruption to Axial Spondyloarthritis (AxSpA) services during the initial 2020 lockdown. In response, The National Axial Spondyloarthritis Society (NASS) piloted provision of remote consultations with a physiotherapist specialised in the management of AxSpA to their members in urgent need. This project was funded by the UK National Lottery Fund.

Objectives: To provide a total of 130 hrs of remote consultation to members of NASS, unable to access specialist care and in need of self-management advice for their condition.

Methods: Remote consultations were offered to NASS members from Sept 2020 to Feb 2021. The preferred format being 1hr assessment and 2 x 30min at 1 and 3 weeks from assessment. Participants consented to video consultations via Zoom and the inclusion of anonymised outcomes and comments in the project evaluation. Patient Reported Outcomes (BASDAI and BASFI) were collected immediately prior to assessment, at final consultation and in April 2021, between 8-16 weeks from final consultation. Content was individually tailored, centring on self-management (pacing, sleep management), education (AxSpA pathology, medication) and individualised exercise plans. Exercise plans were formulated through "Rehab My Patient" software, including links to YouTube video references and daily exercise log sheets.

Results: 67 members received online consultations, 63 receiving the full 3 sessions. Missed appointment rate = 2.5%.

Participants represented a wide geographical area across England and a spread in time since diagnosis.

Patient Reported Outcomes Measures (PROMs) on assessment:
- Mean BASDAI score (n=55) on assessment = 5.8
- Mean BASFI score (n=56) = 5.5
- 24 participants returned PROMs at final consultation, 10 at longer follow-up (8-16 weeks).

Results for complete data set (n=10):

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<table>
<thead>
<tr>
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<th>Follow-up</th>
</tr>
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<tbody>
<tr>
<td>Mean BASDAI</td>
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<td>4.3</td>
<td>4.0</td>
</tr>
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<td>Mean BASFI</td>
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Satisfaction:
- 60 members completed an online feedback survey provided by NASS:
  - 9 Feedback to questions were asked, with a satisfaction scale of 1-5 (ascending positivity)
  - 96.6% of all scores were 3 or above.

Example responses:
- How would you rate the overall experience: 92% = 5, 100% = 3-5
- How useful was it to be in direct contact with a Physiotherapist: 93% = 5, 100% = 3-5
- How useful was it to have the guidance and support of a professional who knows what they are talking about when it comes to AxSpA?

Conclusion: A set of 1-3 sessions per person achieved desirable patient reported outcomes with modest and enduring improvements seen in disease activity and function. This pilot project enabled those living with Axial SpA across England access to a Physiotherapist highly experienced in treatment of their condition. The majority of participants reported having no previous experience of seeing a therapist with specialised knowledge of their condition. The knowledge and experience of the clinician was a key theme in the positive nature of feedback linking to another key theme of improved confidence to manage their condition. These results highlight the value to patients of specialised knowledge amongst health professionals. Remote consultations may provide access to specialist knowledge "out of area" and may be an efficient method of delivering self-management advice.

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Disclosure of Interests: Emily Clarke Speakers bureau: Has previously received speaker fees from Novartis Pharmaceutical UK, Jill Hamilton: None declared, Sally Dickinson: None declared.

DOI: 10.1136/annrheumdis-2022-eular.3004

POS1605-HPR THE VALUE OF REMOTE CONSULTATIONS WITH A PHYSIOTHERAPIST, SPECIALISED IN AXIAL SPONDYLOARTHRITIS DURING THE COVID 19 PANDEMIC: EVALUATION OF A MEMBER-SUPPORT PROJECT WITH THE NATIONAL AXIAL SPONDYLOARTHITIS SOCIETY.

E. Clarke1, J. Hamilton2, S. Dickinson3, 1ASTretch, Committee Member; Bath, United Kingdom; 2National Axial Spondyloarthritis Society, Policy and Health Services, London, United Kingdom; 3National Axial Spondyloarthritis Society, Member Support Services, London, United Kingdom

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Study measures were completed in full and adherence rate was 100% for the intervention group in a centre-based programme. Control participants reported the handbook confusing and not providing enough information, while intervention participants was 53 ± 10.4 and 56.5 ± 3.7 for the controls. Most of the intervention group were males and the majority of controls were female. Disease activity at baseline was similar for both groups: 3.3 ± 2.5 intervention; 3.0 ± 1.8 control. At follow-up, disease activity did not change for intervention group (3.3 ± 0.57) and reduced slightly for CG (2.7 ± 2.4). Slight improvements were noted for both groups in presenteeism and fatigue between T0 and T1 (Table 1). There was no change in anxiety levels of the intervention group, with improvements noted for controls. Greater improvements were noted for the intervention group for depression and HRQOL. Pain measures showed increased pain for controls at T1 in comparison to the intervention group.

Table 1.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Intervention (n=3)</th>
<th>Control (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
<td>Median (min-max)</td>
<td>Median (min-max)</td>
</tr>
<tr>
<td>Work Role Function</td>
<td>84.1 (81.8-92.1)</td>
<td>85.7 (83.4-97.2)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>13.0 (8.0-14.0)</td>
<td>10.0 (10.0-14.0)</td>
</tr>
<tr>
<td>HADS Anxiety</td>
<td>5.0 (3.0-6.0)</td>
<td>5.0 (3.0-6.0)</td>
</tr>
<tr>
<td>HADS Depression</td>
<td>5.0 (3.0-5.0)</td>
<td>3.0 (2.0-4.0)</td>
</tr>
<tr>
<td>HRQOL</td>
<td>68.0 (47.0-90.0)</td>
<td>75.0 (65.0-90.0)</td>
</tr>
<tr>
<td>Pain Level</td>
<td>4.0 (2.0-5.0)</td>
<td>2.0 (2.0-4.0)</td>
</tr>
<tr>
<td>Pain Intensity</td>
<td>1.0 (1.0-2.0)</td>
<td>1.0 (1.0-2.0)</td>
</tr>
</tbody>
</table>

Those allocated to FAME-W attended all four sessions. FAME-W participants reported that the programme content was comprehensive and relevant. They stated that the occupational therapist facilitator was able to “see things from a different perspective for managing symptoms.” Participants also reported a better understanding of fatigue: “It helped me understand my fatigue. If you understand it you can manage it better.” The online delivery format was favored over attending a face-to-face programme.

Conclusion: This feasibility study showed that an online programme to improve work ability was feasible and acceptable to individuals with Rheumatic Diseases. Study measures were completed in full and adherence rate was 100% for the intervention. The findings support a definitive intervention trial of FAME-W.

REFERENCES:


Disclosure of Interests: None declared


Lupus Erythematosus and Systemic Sclerosis. Karolinska Institutet, Division of Rheumatology, Department of Medicine Solna, Stockholm, Sweden; Örebro University, Department of Rheumatology, Faculty of Medicine and Health, Örebro, Sweden; University Hospital of Geneva and University of Geneva, Division of Rheumatology, Department of Medicine, Geneva, Switzerland; Medical University of Vienna, Section for Outcomes Research, Center for Medical Statistics, Informatics and Intelligent Systems, Vienna, Austria; Ludwig Boltzmann Institute, Cluster Arthritis and Rehabilitation, Vienna, Austria; Karolinska Institutet, Division of Physiotherapy, Department of Neurobiology, Care sciences and Society, Stockholm, Sweden

Background: The heterogeneity and complexity of the chronic autoimmune diseases systemic lupus erythematosus (SLE) and systemic sclerosis (SSc) necessitate comprehensive person-centred management, including non-pharmacological approaches. Recommendations for non-pharmacological management are currently lacking.

Objectives: To perform a systematic literature review to inform the EULAR task force for recommendations-points to consider for the non-pharmacological management of adult patients with SLE and SSc. Among research questions formulated by the task force, we aimed at identifying (i) non-pharmacological interventions that have been evaluated and (ii) their target health domains or organ systems.

Methods: We searched the Medline, Embase, Web of Science Core Collection and CINAHL for articles published between January 2000 and June 2021. From the initial search (n=15,803), 2 researchers independently performed the article selection. Conflicts were discussed until consensus with 2 additional researchers. Subsequent data extraction from the selected articles was performed by 4 researchers, with an overarching guidance by 2 additional researchers. Risk of bias assessment was performed according to Joanna Briggs Institute Critical Appraisal Checklists.

Results: A total of 111 articles for SLE and 75 for SSc were selected for analysis. Non-pharmacological interventions identified for SLE included physical exercise (n=34), psychological support and nutrition (n=15), patient education and self-management (n=14), photoprotection (n=5), medication adherence interventions (n=5), complementary and alternative medicine (CAM) e.g., Chinese medicine (n=5), multidisciplinary care (n=4), and phototherapy/laser modalities (n=4). Interventions identified for SSc included physical exercise e.g., hand, oral and general exercise (n=21), phototherapy/laser modalities or shockwave therapy (n=15), patient education and self-management (n=10), CAM (n=8), hand-bathing e.g., in paraffin (n=5), manual therapy e.g., osteopathic manipulative treatment (n=5), dietary therapy and nutrition (n=5), oral hygiene (n=2), hyperbaric oxygen or ozone therapy (n=2) and multidisciplinary care (n=2). Target health domains and organ systems identified within SLE included (in descending order) (i) disease activity, (ii) health-related quality of life (HRQoL), (iii) depression/anxiety, (iv) skin sclerosis including microstomia, (iii) Raynaud’s phenomenon and telangiectasias, (vi) skin ulcers, (vii) oral hygiene, (viii) fatigue, (ix) digestion, and (x) depression/anxiety.

Conclusion: Physical exercise was a frequently researched non-pharmacological intervention within both SLE and SSc. While psychological support and dietary therapy/nutrition were frequently investigated in SLE, phototherapy modalities were common in SSc. Patient education and self-management was advocated in both SLE and SSc literature. HRQoL was a frequent target domain in both diseases; while disease activity and psychosocial domains emerged as important targets in SLE, functional impairment and skin-related aspects constituted predominant targets in SSc. Efficacy of interventions varied considerably across studies. Current evidence is limited by the overall small study populations, and the lack of large RCTs.

Table 1. Studies categorised by design.

<table>
<thead>
<tr>
<th>Study design</th>
<th>SLE</th>
<th>SSc</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCT (including long-term follow-up or post-hoc analysis)</td>
<td>41</td>
<td>28</td>
</tr>
<tr>
<td>Non-randomised longitudinal controlled/cohort studies</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Retrospective cohort study, cross-sectional or case-control study</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Case series or open pilot studies</td>
<td>21</td>
<td>37</td>
</tr>
</tbody>
</table>

Acknowledgements: The authors would like to thank the members of the EULAR task force for recommendations/points to consider for the non-pharmacological management of systemic lupus erythematosus and systemic sclerosis.