

POS1503-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 SPONDYLOARTHRITIS SOCIETY.

E. Clarke¹, J. Hamilton², S. Dickinson³. ¹Stretch, 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

Background: COVID-19 caused significant disruption to Axial Spondyloarthritis (AxSpA) services during the initial 2020 lockdown¹. 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 consult. 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 on assessment (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):

Table 1.

PROMS	Assessment	Final consultation	Follow-up
Mean BASDAI	5.0	4.3	4.0
Mean BASFI	5.1	4.0	4.1

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)

99.6% of all scores were 3 or above.

Example responses:

- How would you rate the overall experience: 92% = 5, 100% = 3-5
- To what extent do you feel more confident to manage your condition: 40% = 5, 100% = 3-5
- How useful was it to be in direct contact with a Physiotherapist: 93% = 5, 100% = 3-5

46 members chose to leave additional, overwhelmingly positive comments, with 2 obvious themes arising:

- 1)The **value of the experience and knowledge of the therapist.** "was great to have the guidance and support of a professional who knows what they are talking about when it comes to AxSpA"
- 2)The **value of education in condition management** "set me back on track", "very helpful for my mental strength in dealing with this enduring disease", "I learned so much about my AS and ways to keep mobile"

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

REFERENCES:

- [1] Marzo-Ortega M, et al. COVID-19 in Axial Spondyloarthritis care provision: helping to straighten the long and winding road. *Lancet Rheumatology*. 2021. Jan 3(1) e11-13

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POS1504-HPR THE EFFECT OF REMOTE AND FACE-TO-FACE STABILIZATION EXERCISES ON FUNCTIONAL CAPACITY OF ASYMPTOMATIC INDIVIDUALS

Y. Özel Aslıyüce¹, O. Ulger¹. ¹Hacettepe University, Faculty of Physical Therapy and Rehabilitation, Ankara, Turkey

Background: In recent years, it has been emphasized that preventive rehabilitation approaches for problems such as low back and neck pain, which are very high in health expenditures, are more cost-effective than treating them. Due to the Covid-19 pandemic, risk factors for individuals' spinal health have increased and access to health care has become difficult (1). Therefore, interest in tele-rehabilitation, which is an important part of telehealth, has increased recently.

Objectives: This study aims to investigate the effectiveness of remote and face-to-face spinal stabilization exercise training on functional capacity tests in asymptomatic individuals.

Methods: Individuals who did not have chronic low back and neck pain and between the ages of 18-55 were included in the study. While the face-to-face group traditionally exercised under the supervision of a physiotherapist, the telerehabilitation group exercised with videoconferencing and asynchronous video recordings. Both groups performed progressive spinal stabilization exercises 3 days a week for 8 weeks (2). Before and after the training functional capacity tests (repetitive reaching, lifting object overhead, and sustained overhead work) were performed (3).

Results: Twenty (11 female, 9 male) individuals with a mean age of 30,252±9.06 and a mean body mass index of 24.36±4.09 were included in the study. There was no difference between the baseline values of functional capacity test scores of both groups (p>0.05). There were significant improvements in the repetitive reaching and sustained overhead work tests after the exercise program in both groups (p< 0.05), while there was no difference in the lifting object overhead test (p> 0.05). There was no difference between the changes in functional capacity test scores between the groups after the training (p> 0.05).

Conclusion: According to our preliminary results, face-to-face and remote spinal stabilization exercise programs caused similarly positive changes in functional capacity test scores (repetitive reaching, sustained overhead tests) of asymptomatic individuals. These exercises are known to improve deep muscle activation. This development may have led to improvements in tests, which mostly evaluate speed, coordination and endurance. Weight lifting capacities have not changed. This may be because stabilization exercises focus more on deep muscle activation and not on developing superficial muscle strength like upper extremity strength(2). Success of exercise training with telerehabilitation may have contributed to the younger population and possibly better adaptation to technology. It is planned that these preliminary results will be extended and make greater contributions to the current literature.

REFERENCES:

- [1] Galbusera F, Côté P, Negrini S. Expected impact of lockdown measures due to COVID-19 on disabling conditions: a modelling study of chronic low back pain. *European spine journal: official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society*. 2021;30(10):2944-54.
- [2] Brumitt J, Matheson J, Meira EP. Core stabilization exercise prescription, part I: current concepts in assessment and intervention. *Sports health*. 2013;5(6):504-9.
- [3] Soer R, van der Schans CP, Geertzen JH, Groothoff JW, Brouwer S, Dijkstra PU, et al. Normative values for a functional capacity evaluation. *Archives of physical medicine and rehabilitation*. 2009;90(10):1785-94.

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POS1505-HPR FEASIBILITY OF AN ONLINE "FATIGUE AND ACTIVITY MANAGEMENT EDUCATION IN WORK" (FAME-W) INTERVENTION FOR INDIVIDUALS WITH INFLAMMATORY ARTHRITIS

S. Karkon¹, M. Doran², F. B. O'shea², A. O' Gorman³, H. McCormack³, D. Connolly¹. ¹Trinity College Dublin, Occupational Therapy, Dublin, Ireland;

²St James's Hospital, Rheumatology, Dublin, Ireland; ³St James's Hospital, Occupational Therapy, Dublin, Ireland

Background: A Fatigue Management Education in Work (FAME-W) programme was developed for individuals with inflammatory arthritis to manage fatigue in work (McCormack et al, 2018).

Objectives: This study tested the feasibility and acceptability of an online format of FAME-W for a future definitive intervention trial.

Methods: This was a mixed methods study. Participants were randomly allocated to intervention (IG) or control group (CG). The IG received a four-week online FAME-W. The CG received a FAME-W handbook. Participants were required to complete questionnaires on work presenteeism, fatigue, mood, Health Related Quality of Life (HRQOL) and pain at baseline (T0), and two weeks following intervention (T1). They also attended a focus group and individual interviews. Data were analysed using descriptive statistics

Results: Seven of ten individuals recruited participated in the study (intervention = 3, control =4). The majority of participants in both groups had Rheumatoid Arthritis and were working full-time in non-manual jobs. The mean age of 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: 3.33 ±2.5 intervention; 3.0 ± 1.8 control. At follow-up, disease activity did not change for intervention group (3.3 ±.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.

Measure	Intervention (n=3) Median (min-max)		Control (n=4) Median (min-max)	
	T0	T1	T0	T1
Work Role Function	84.1 (81.9-92.1)	85.7 (83.4-97.2)	84.8 (63.7-93.9)	84.9(72.9-94.5)
Fatigue	13.0 (8.0-14.0)	10.0 (10.0-14.0)	14.0 (12.0-17.0)	12.5 (12.0-17.0)
HADS Anxiety	5.0 (3.0-6.0)	5.0 (3.0-6.0)	10.0 (7.0-14.0)	8.0 (6.0-12.0)
HADS Depression	5.0 (3.0-5.0)	3.0 (2.0-4.0)	5.0 (3.0-11.0)	6.0 (3.0-9.0)
HRQOL	68.0 (47.0-90.0)	75.0 (65.0-90.0)	70.00 (50.00-95.00)	66.5 (50.0-95.0)
Pain Level	4.0 (100-5.0)	2.0 (2.0-4.0)	1.5 (1.0-4.0)	4.5 (200-10.0)
Pain Intensity	1.0 (1.0-2.0)	1.0 (1.0-2.0)	0.5 (0.0-1.0)	1.5 (0.0-2.0)

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 centre-based programme. Control participants reported the handbook content as "informative and reassuring". All participants fully completed all study questionnaires and attended focus groups and interviews.

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:

- [1] McCormack, RC, O'Shea, F, Doran, M, Connolly, D. Impact of a fatigue management in work programme on meeting work demands of individuals with rheumatic diseases: A pilot study. *Musculoskeletal Care*. 2018; 16: 398– 404.
- [2] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

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POS1506-HPR SYSTEMATIC LITERATURE REVIEW TO INFORM THE EULAR TASK FORCE FOR RECOMMENDATIONS/POINTS TO CONSIDER FOR THE NON-PHARMACOLOGICAL MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS AND SYSTEMIC SCLEROSIS

L. Parodis^{1,2}, A. Gomez¹, A. Tsoi¹, J. Weng Chow¹, D. Pezzella¹, C. Girard³, T. Stamm^{4,5}, C. Boström⁶ on behalf of EULAR Task Force for Recommendations/Points to Consider for the Non-Pharmacological Management of Systemic

Lupus Erythematosus and Systemic Sclerosis. ¹Karolinska Institutet, Division of Rheumatology, Department of Medicine Solna, Stockholm, Sweden; ²Örebro University, Department of Rheumatology, Faculty of Medicine and Health, Örebro, Sweden; ³University Hospital of Geneva and University of Geneva, Division of Rheumatology, Department of Medicine, Geneva, Switzerland; ⁴Medical University of Vienna, Section for Outcomes Research, Center for Medical Statistics, Informatics and Intelligent Systems, Vienna, Austria; ⁵Ludwig Boltzmann Institute, Cluster Arthritis and Rehabilitation, Vienna, Austria; ⁶Karolinska 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 (n=21), dietary therapy 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) fatigue, (v) organ damage, (vi) inflammatory markers, (vii) psychological stress, (viii) pain, (ix) body composition/anthropometry, and (x) aerobic capacity. Intervention targets in SSc included (i) functional impairment e.g., hand mobility, (ii) skin sclerosis including microstomia, (iii) HRQoL, (iv) pain, (v) circulation e.g., Raynaud's phenomena 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.

Study design	SLE	SSc
Meta-analysis of RCTs	5	1
RCT (including long-term follow-up or post-hoc analysis)	41	28
Non-randomised longitudinal controlled/cohort studies	28	7
Retrospective cohort study, cross-sectional or case-control study	16	2
Case series or open pilot studies	21	37

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