Background: Patients with fibromyalgia (FM) suffer from high symptom burden and few available treatments. EULAR evidence-based recommendations for the management of FM state that optimal management should focus on prompt diagnosis, patient education and non-pharmacological treatments. We tested a 10-session group-based mindfulness- and acceptance-based intervention, the Vitality Training Programme, followed by low threshold physical exercise counselling in primary healthcare, compared to treatment as usual (TAU) for patients diagnosed with FM.

Objectives: To explore possible changes in health status in a group of FM patients, two years after participation in a multicomponent rehabilitation programme.

Methods: A total of 170 patients with confirmed FM diagnosis according to ACR 2011-criteria were randomised, 85 to intervention and 85 to control. Self-reported data were collected electronically at baseline, 3 and 12 months. However, there were no statistically significant health effects in any disease-related variables at 12 months. There were significant between-group differences in patients’ tendency to be mindful. All patients were asked to complete the same questionnaire two years after completion of the intervention group. Because the TAU-group had been offered the same programme after 12 months, only data from the intervention group was included in this study. Primary outcome was Patient Global Impression of Change (PGIC), scored as 1=much worse, through 4=as much change, to 7=much better. Values 6 and 7 were considered clinically relevant improvement. Secondary outcomes were self-reported pain, fatigue, sleep quality, psychological distress, mindfulness, physical activity, motivation and barriers for physical activity, and work participation. Changes from baseline to two years were analysed by paired sample t-tests.

Results: Totally, 48 (56.5%) of the patients who had been randomised to the intervention group responded to the questionnaires, 94% female, median (range) age 47 (28 to 54), symptoms duration 12 (5 to 33) years. Only seven patients reported clinically relevant improvement on PGIC; 32 (67%) reported a little better, worse or no change (Figure 1). There were small improvements in pain (p=0.048), fatigue (p=0.014) and self-efficacy for physical activity (p=0.012), but the changes were probably not clinically relevant. The improvement seen in patients’ tendency to be mindful at 12 months was sustained (p=0.012). Only 58% were in paid work compared to 70% at baseline.

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Long-COVID

POST-TRAUMATIC STRESS DISORDER AND SYMPTOMS IN PATIENTS WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES DURING THE COVID-19 PANDEMIC: PRELIMINARY RESULTS FROM THE PERMAS STUDY

G. Fulvio1, V. Pedrinelli2, G. Andreozzi3, F. Trentin1, S. Fantasia3, S. Fonzetti1, C. Fustini2, M. Da Rio1, G. Cappellato2, C. Cigolini1, D. Schiliro1, M. Matti1, L. Scagnellato1, A. Valeievich1, F. Fattorini1, I. C. Navarro Garcia1, I. Palla4, V. Lorenzoni1, A. Gaggioli1, C. Carrà1, C. Tani1, G. Turchetti5, L. Dell’Osso2, M. Mosca1, University of Pisa, Rheumatology Unit, Department of Clinical and Experimental Medicine, Pisa, Italy; University of Pisa, Psychiatric Clinic, Department of Clinical and Experimental Medicine, Pisa, Italy; Institute of Management, Scuola Superiore Sant’Anna, Pisa, Italy

Background: The COVID-19 pandemic, with its uncertainties, fears of contagion, mass lockdowns and containment measures, has dramatically impacted on people’s everyday lives leading to an increased risk of mental disorders, particularly Post-Traumatic Stress Disorder (PTSD). Despite evidence in general population and healthcare workers1,2, scant data emerged on vulnerable populations, such as patients with chronic diseases, highlighting the potentially catastrophic burden of the COVID-19 pandemic in this particular population, especially among females, suggesting the need of further investigations to address the needs of these populations.

Methods: PERMAS is a monocentric prospective observational study led by the Rheumatology Unit, the Psychiatric Clinic and the Institute of Management, the School of Advanced Studies. Patients with a RMD diagnosis, were consecutively enrolled from May 2021 to January 2022. During the visit, sociodemographic characteristics and psychopathological data were collected through online survey, whereas clinical data were collected by physician. The survey included the Trauma and Loss Spectrum-Self Report (TALS-SR) and the Impact of Event Scale-Revised (IES-R), aimed to assess symptomatology of PTSD and post-traumatic stress symptoms related to the impact of the COVID-19 pandemic.

Results: A total of 194 eligible patients, with a mean age of 50.3±12.17 years, was included: 142 (73.19%) were females; 112 (57.74%) patients reported connective tissue diseases (CTD), 63 (32.47%) arthritis and 19 (9.8%) vasculitis. A total of 33 (17%) subjects reported a symptomatological PTSD by means of the TALS-SR The prevalence of Partial PTSD (defined by at least 2 out of the 4 criteria for DSM-5 diagnosis of the disorder) was 56.7%, with significant higher rates among females (90, 81.8%) with respect to males (20, 18.2%) (p=.013). Accordingly, a IES-R mean total score of 21.90 ±15.98 was found in the total sample and a gender difference emerged, with higher mean scores among females rather than males (23.42 ±16.26 vs 21.90 ±15.98, p=.031).

Conclusion: The present findings point out high prevalence rates of symptomatological PTSD among patients suffering from RMDs, highlighting the potentially traumatic burden of the COVID-19 pandemic in this particular population, especially among females, suggesting the need of further investigations to address tailored prevention and intervention strategies.

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How do we overcome the research-to-practice gap? Implementation of evidence into the rheumatology practice

**OP0198-HPR**

DEVELOPMENT OF AN INTERDISCIPLINARY NURSE-COORDINATED SELF-MANAGEMENT INTERVENTION (INSELMA) FOR PATIENTS WITH INFLAMMATORY ARTHRITIS

J. Primdahl1,2,3, K. M. Latocha4, A. Bremander1,2,5, O. Hendricks1,2, M. Ostergaard2,5, L. Andersen6, K. V. Jensen6, B. A. Esbensen8,7, University of Southern Denmark, Department of Regional Health Research, Odense, Denmark; 4Dano Hospital for Rheumatic Diseases, University Hospital of Southern Denmark, Sønderborg, Denmark; 7Swiss Tropical and Public Health Institute, Basel, Switzerland; 5Patient research partner, Danish Hospital for Rheumatic Diseases, Sønderborg, Denmark; 5Patient research partner, Copenhagen Center for Arthritis Research, Center for Rheumatology and Spine Diseases, Copenhagen University Hospital - Rigshospitalet, Glostrup, Copenhagen, Denmark; 5Lund University, Department of Clinical sciences, Lund, Sweden; 4Copenhagen Center for Arthritis Research, Center for Rheumatology and Spine Diseases, Copenhagen University Hospital, Glostrup, Copenhagen, Denmark; 8University of Copenhagen, Department of Clinical Medicine, Copenhagen, Denmark; 5Patient research partner, Danish Hospital for Rheumatic Diseases, Sønderborg, Denmark

**Background:** Up to 30% of patients with inflammatory arthritis (IA) do not respond sufficiently or tolerate the pharmacological treatment. Consequently, they may experience a substantial impact of their arthritis in everyday life. Even patients in remission or low disease activity state are at risk of substantial arthritis related symptoms and burden. These patients may need coherent interdisciplinary self-management support to manage symptoms and life with the chronic condition to increase their quality of life. A previous EULAR review on the effectiveness of self-management interventions in patients with IA (1) found that well-structured self-management programmes were lacking or were poorly reported.

**Objectives:** This study aimed to develop a nurse-coordinated interdisciplinary self-management intervention, delivered in routine clinical care, for patients with inflammatory arthritis and with a substantial impact of their arthritis to support their self-management ability.

**Methods:** The study was planned across two Danish hospitals following the British Medical Research Councils (MRC) framework for developing and evaluating Complex Interventions (2). The development process consisted of four phases: 1) a comprehensive scoping review on patients support needs and elements in self-management interventions; 2) six workshops involving health professionals (rheumatologists, nurses, physiotherapists, occupational therapists, a social worker and a psychologist) and 2 patient representatives from the two hospitals and staff from primary health care, 40 people in total; the workshops focused on ideas for the content, outline of the intervention and needs for competence development of the staff; 3) self-management, self-efficacy, health literacy and principles of Acceptance and Commitment therapy (ACT) were selected as theories to tailor the intervention and 4) development of a manual through recurrent feedback from patient research partners, clinicians and the involved researchers. Two patient research partners with IA were involved in all phases of the development of the intervention.

**Results:** A six month nurse-coordinated interdisciplinary self-management intervention was developed (Figure 1) consisting of: 1) an initial holistic assessment is carried out by a coordinating outpatient nurse. Patients are asked to identify up to five important activities they are unable to perform or having difficulty with in accordance with the Patient Specific Functional Scale; 2) a goal-setting and action planning process involving the patient, relatives and the coordinating nurse; 3) Ongoing support to achieve the goals. The opportunities for support include individual consultations by the coordinating nurse (telephone, online or face-to-face, 2.5 hours in total), and a maximum of four consultations by a physiotherapist and or an occupational therapist. Also, support from primary care and an online session by a social worker about social support opportunities are offered. Two team conferences led by the coordinating nurse can be held during the intervention period. A status consultation will be held after 6 months. A manual for the initial screening, inclusion, detailing the intervention, outcomes and additional materials to support the intervention was developed. Competence development of the health professionals who are to deliver the intervention was planned and completed.

**Figure 1.** Illustration of the 6-month INSELMA intervention

**Conclusion:** A nurse-coordinated interdisciplinary self-management intervention (INSELMA) was developed and described based on MRC’s framework for the development of Complex Interventions. The intervention is ready for feasibility testing before adaptation and test in a subsequent Randomized Controlled Trial.

**REFERENCES:**


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Strengths and weaknesses of experimental models: Moving from animals to human clinical trials

**OP0199**

RADIONIC SIGNATURES REFLECT TREATMENT RESPONSE TO NINTEDANIB IN PRECLINICAL LUNG FIBROSIS MODEL

D. Lauer2,3, J. Schniering4, H. Gabryš5, M. Maciukiewicz2,3,3, M. Brunner3,2, O. Distler6,7, T. Frauenfelder8, S. Tananidi-Lang9, B. Maurer2,3, University Hospital Bern, Department of Rheumatology and Immunology, Bern, Switzerland; 3University of Bern, Department of Biomedical Research (DBMR), Bern, Switzerland; 4University Hospital Zurich, University of Zurich, Center of Experimental Rheumatology, Zurich, Switzerland; 5Helmholtz Zentrum München, Institute of Lung Health and Immunity (LIIH), Comprehensive Pneumology Center, Munich, Germany; 6University Hospital Zurich, University of Zurich, Department of Radiation Oncology, Zurich, Switzerland; 7University Hospital Zurich, University of Zurich, Institute of Diagnostic and Interventional Radiology, Zurich, Switzerland

**Background:** Responses to anti-fibrotic drugs in preclinical disease models are difficult to quantify by histological analysis of single tissue sections. Quantitative in-depth analysis of imaging data, termed “radiomics,” may represent a more reliable and accurate measure of treatment response since the pathology of the whole organ is captured.

**Objectives:** To study the potential of µCT-derived radiomic features to reflect response to Nintedanib in the bleomycin (BLM)-induced murine model of fibrosing interstitial lung disease.

**Methods:** All C57BL/6J mice from both study groups were intratracheally g BLM on day 0 to induce lung fibrosis. Nintedanib was admin- g for two weeks starting from day 7 (n=15). Controls received equivalent treatment with vehicle-only (n=19). Whole lung µCT scans (SkyScan 1176, Bruker) of each animal were acquired at baseline (day 0), pre-treatment (day 7), and post-treatment (day 21). The Ashcroft score was assessed on Sirius Red stained lung sections post-treatment. Lung volumes in µCTs were defined semi-automatically in MIM Software (6.9.2), followed by extraction of radiomic features with our in-house developed software Z-Rad (73.1). Each data set contained 1’386 features, describing image characteris- tics with histogram, texture, and wavelet functions. Data pre-processing involved removal of features sensitive to intra- and interobserver delineation variability (ICC<0.75), highly correlated features (Pearson’s r<0.95), and features not...