From abstract to concrete – the variety of activities of PARE organizations

OP0200-PARE 
**BARING IT ALL: A REPORT ON THE SEXUAL AND REPRODUCTIVE HEALTH EXPERIENCES OF WOMEN WITH INFLAMMATORY ARTHRITIS, RHEUMATIC AND PSORIATIC DISEASES**

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**Baring it All: a report on the sexual and reproductive health experiences of women with inflammatory arthritis, rheumatic and psoriatic diseases**

**Background:** Inflammatory arthritis and psoriasis commonly affect women in the prime of their lives with significant impacts on sexual, reproductive and mental health. There have been some efforts to provide educational resources and policies to support people with these conditions. A sex and gender lens can be used in the creation of resources and policies to support people with these conditions.

**Disclosures:** none

**REFERENCES:**

Disclosure of Interests: Laurie Proulx Grant/research support from: Ant treasures can be used in the creation of resources and policies to support people with these conditions.


OP0201-PARE 
**DEVELOPMENT THROUGH CO-CREATION OF A PERSONALIZED, MULTIMODAL, PHYSOTHERAPIST-LED, WORK-ORIENTED INTERVENTION TO INCREASE WORK ABILITY IN WORKING PEOPLE WITH RHEUMATOID ARTHRITIS OR AXIAL SPONDYLOARTHRITIS.**

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Background: Although work ability is considered a key element of quality of life for working people, work is undervalued in current treatment in people with rheumatoid arthritis (RA) or axial spondyloarthritis (axSpA). Most people with RA or axSpA attend a physiotherapist (PT). Physiotherapy can effectively improve physical fitness, which is associated with work ability. Therefore, PTs might play an important role in optimizing work ability of people with RA or axSpA.

Objectives: Developing a personalized, multimodal, PT-led, work-oriented intervention for working people with RA or axSpA who have a reduced work ability, through a co-creation process.

Methods: A systematic co-creation process with all relevant stakeholders was conducted following the Medical Research Council (MRC)-framework for complex interventions (see Figure 1). In step 1, all relevant clinical guidelines and treatment protocols were assessed. Based on the results of this assessment, a draft version of the intervention was developed, consisting of mandatory (i.e., work-oriented intake, patient education, exercise therapy, referral-roadmap of work-related professionals) and optional treatment modalities (i.e., workplace-intervention, self-management course). In step 2, focus groups with people with RA or axSpA, PTs and occupational/rheumatology experts were organized and qualitatively analysed. In the focus groups, barriers and facilitators of work-oriented treatments and necessary adaptations to the draft intervention were discussed. In step 3, a pre-test was performed to test the feasibility of the intervention in a primary physiotherapy setting, which was evaluated in the group of PTs participating in the pre-test in step 4. Finally, in step 5, a final focus group with researchers in this field was held to discuss the findings from previous steps in this co-creation process and to agree on necessary adaptations in the final intervention.

Results: After developing the draft intervention, we conducted two focus groups with people with RA/axSpA (n=16; 4 with RA, 12 with axSpA), one focus group with PTs (n=12) and one focus group with occupational/rheumatology experts (n=9; 2 rheumatologists, 2 nurse specialists, 1 physiatrist, 1 physician assistant, 1 nurse practitioner, 1 labour expert and 1 occupational therapist). People with RA or axSpA emphasized 3 aspects: i) PTs should have adequate expertise in RA/axSpA, ii) high potential for a role of ‘buddy’ by PTs to support them in work-related problems, and iii) most PTs currently lack adequate expertise on work-related problems. PTs and experts underlined the importance of extensive training of PTs on work-related laws and regulations and adequate (work-related) interprofessional collaboration. After revision of the draft intervention, the intervention was tested for feasibility by three PTs and three working people (2 with RA, 1 with axSpA), who indicated that the intervention was feasible and that the developed intervention facilitated PTs to support people optimizing their work ability. However, adequate training on providing this intervention was recognized to be essential. In a final focus group with researchers (n=6), consensus was reached on minor adjustments to the intervention that were based on findings from previous steps.

Conclusion: Through a systematic co-creation process based on the MRC-framework, we have been able to develop a personalized, multimodal, PT-led, work-oriented intervention for working people with RA or axSpA and a reduced work ability. The (cost-)effectiveness of this intervention is currently being tested in a large trial (Physiotherapy WORKs study).

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NRAS NEW2RA RIGHT START SERVICE FOR PEOPLE RECENTLY DIAGNOSED WITH RA

Background: The National Rheumatoid Arthritis Society (NRAS) follows best practice, evidence-based standards in all we do. Huge strides have been made in the diagnosis and treatment of Rheumatoid Arthritis (RA), but impact on quality of life can be significant and for many, RA remains hard to come to terms with and depression and pain are frequent co-morbidities seen in RA, and this can impede people’s ability to acquire knowledge of their disease together with supported self-management skills and coping strategies.

Objectives: The aim of Right Start (RS) is to improve outcomes of the recently diagnosed with RA through a framework of emotional, educational and peer support. We proceed each service quarterly supported self-management resources tailored to individual need. RS also enables us to dispel myths and unhelpful health beliefs so that people get the ‘right start’ on their journey with RA to maximise health outcomes. A diagnosis of an incurable disease treated with life-long strong drugs is a life-changing event and without the right support it can be an isolating and emotionally very challenging experience for both the individual and their close family. We also wanted to give an understanding of the key role that supported self-management can play in improving quality of life, giving people back some control over their symptoms. Our goal was also to create a quick and easy way for HCPs to refer their patients to Right Start in a consented and GDPR compliant way.

Methods: HCPs are able to refer their patients via the ‘Refer a patient’ button on our website which takes them to a simple form which is filled in and submitted to NRAS with the patient’s consent. NRAS receive the referral and the form is integrated with our Salesforce database, and we contact the patient. RS involves a simple, 4-step process and the individual receives: A call (up to 1hr) with a member of our helpline; 1:1 peer support (phone/Teams/Zoom) from trained vol-

Disclosure of Interests: Ailsa Bosworth Speakers bureau: Where I have in the past the honorarium has been paid to NRAS not to me personally, Grant/research support from: Unrestricted educational grants have been paid to NRAS by a num-

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Fatigue in Patients with Rheumatic and Musculoskeletal Diseases: A Scoping Review on Its Definition, Measurement Instruments, Determinants, Impact and Interventions

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Background: Fatigue is one of the most important symptoms of patients with rheumatic and musculoskeletal diseases (RMDs) and numerous studies on fatigue in patients with RMDs have been published. However, no overview exists of Applied Sciences, Musculoskeletal Rehabilitation Research Group, Nijmegen, Netherlands; 1HAN University of Applied Sciences, Research Group Occupation & Health, Nijmegen, Netherlands; 2Reade, Center for Rehabilitation and Rheumatology, Amsterdam, Netherlands; 3Maastricht University Medical Center, Department of Internal Medicine, Division of Rheumatology, Maastricht, Netherlands; 4General Board Member Axial SpA Foundation, not applicable, not applicable, Netherlands.

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Figure 1. Process of systematic development of co-created, work-oriented physiotherapist-led intervention following the MRC-framework.