**Methods:**

Lack of continuity in rehabilitation across levels of care is a known challenge to patient experience. The objective of this study was to explore what patients with RDMs experienced with follow-up after rehabilitation discharge, and to identify socio-economic, disease-related, and personal factors associated with participation in remote follow-up. A cross-sectional study was conducted among patients with rheumatoid arthritis (RA) and today, 35% of the outpatient population attends remote care. However, no study has explored factors associated with participation in remote care.

**Objectives:**

To identify socio-economic, disease-related, and personal factors associated with participation in remote follow-up in RA patients.

**Methods:**

We conducted a cross-sectional study among 775 prevalent RA patients from Aarhus University Hospital, Denmark. In January 2019, eligible RA patients received an electronic questionnaire, covering health literacy and patient experience regarding involvement and confidence with remote care. In addition, we collected data from nationwide registers regarding socio-economic status, labor market affiliation, and comorbidity. Associations between register and questionnaire-based factors and remote follow-up were analyzed using multiple logistic regression.

**Results:**

A total of 775 patients were included in the register-based analyses. Since 129 patients did not have a digital mailbox, 646 patients received the follow-up protocol. The patients most often reported needs for follow-up from General Practitioners, 35% from Helseviden, and 15% from General Practitioners and other healthcare services after rehabilitation in secondary care. Clinical outcomes 1 year after rehabilitation appeared to be influenced by several other factors than the actual received follow-up support. Health personnel’s competence and structural factors across health service levels, such as waiting lists and limited access to care, seemed to be decisive for the progress of the rehabilitation process over time, together with factors related to the individual patient and his/her life situation. The findings can contribute to increased insight into what promotes continuity in rehabilitation processes, effective follow-up, and better health for this patient group.

**References:**


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(95% CI 0.48 – 1.00). Further, a high level of co-morbidity was associated with lower odds for remote follow-up participation compared to a low/medium level of co-morbidity (OR 0.53 (95% CI 0.34 – 0.81)). No association was found between health literacy and remote follow-up. Remote follow-up attendees reported more confidence in remote care (OR 1.33 (95% CI 1.20 – 1.47)).

Conclusion: Patients participating in remote follow-up were more likely attached to the labor market, had higher income levels, had a lower level of comorbidity, and expressed higher confidence in remote care. Future research should focus on how to support RA patients in conventional follow-up to achieve confidence in remote follow-up, as well as increased focus on vulnerable patient groups and the need for differential use of healthcare services.

REFERENCE:

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E. Santos1, B. Farisogullari2, E. Dures3,4, P. Machado4,5,7, 1Nursing School of Coimbra (ESEnFC), Health Sciences Research Unit: Nursing (UCISCA: E), Coimbra, Portugal; 2Hacettepe University. Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey; 3University of the West of England, School of Health and Social Wellbeing, Bristol, United Kingdom; 4Bristol Royal Infirmary, Academic Rheumatology, Bristol, United Kingdom; 5University College London, Centre for Rheumatology & Department of Neuromuscular Diseases, London, United Kingdom; 6University College London Hospitals NHS Foundation Trust, National Institute for Health Research (NIHR) University College London Hospitals Biomedical Research Centre, London, United Kingdom; 7Northwick Park Hospital, London North West University Healthcare NHS Trust, Department of Rheumatology, London, United Kingdom

Background: Several EULAR recommendations for the management of people with specific inflammatory rheumatic and musculoskeletal diseases (I-RMDs) have highlighted the importance of some non-pharmacological interventions in the management of fatigue [1-3]. However, these recommendations are either disease-specific or focusing on a single intervention, and lack an integrated view of the overall evidence for fatigue management with non-pharmacological therapies in the wider context of all I-RMD.

Objectives: To identify the best evidence on the efficacy of non-pharmacological interventions in reducing fatigue in people with I-RMDs and to summarise their safety in the identified studies to inform EULAR recommendations for the management of fatigue in people with I-RMD.

Methods: Systematic review of adults with I-RMD conducted according to the Cochrane Handbook. Search strategy ran in Medline, Embase, Cochrane Library, CINAHL Complete, PEDro, OTseeker and PsycINFO. Assessment of risk of bias, data extraction, and synthesis performed by two reviewers independently. Data pooled in statistical meta-analyses.

Results: From a total of 4,150 records, 454 were selected for full-text review, 82 data were extracted and included in meta-analyses. Physical activity or exercise were efficacious in reducing fatigue in rheumatoid arthritis (RA) (SMD=-0.23, p<0.001), systemic lupus erythematosus (SLE) (SMD=-0.54, p<0.001) and spondyloarthritis (SpA) (SMD=-0.94, p<0.001). A reduction in fatigue was also observed in Sjögren’s syndrome and systemic sclerosis, although not statistically significant (SMD=-0.83, p=0.21; SMD=-0.66, p=0.06, respectively). Psychoeducational interventions were efficacious in reducing fatigue in RA (SMD=-0.32, p<0.001), but not in SLE (SMD=-0.19, p=0.18). Follow-up models in consultations and multicomponent interventions reduced fatigue in RA, although the effect was not statistically significant (SMD=-0.05, p=0.71; SMD=-0.20, p=0.24, respectively).

Conclusion: Non-pharmacological interventions are efficacious for the management of fatigue in people with I-RMD.

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0 – 100 in 75 minutes; RMDs have no age

Keywords: Self-management, Inflammatory arthritides, Non-pharmacological interventions

U. Ankeny1,2, C. Dunbar2, N. Dulake1, J. Langley1, D. Hawley1, 1Sheffield Hallam University, Lab4Lving, Sheffield, United Kingdom; 2Sheffield Children’s Hospital, Paediatric Rheumatology, Sheffield, United Kingdom

Background: Juvenile idiopathic arthritis (JIA) is the most frequently occurring rheumatic disease of childhood. It causes ongoing joint inflammation, pain and stiffness making everyday activities difficult. Studies have emphasised the negative impacts JIA has across physical, social, psychological, and educational development. Devices exist to assist with daily activities such as washing, eating, or writing. However, a survey we conducted in 2018 highlighted that the majority of these are designed for adults. Those designed for Children and Young People (CYP) are often difficult to use, stigmatising, patronising, or fail to address their unique needs and contexts. This has resulted in numerous unmet needs and a lack of effective innovations for this population. The innovation, JIA Toolbox, was co-designed, meaning CYP with JIA, their parents, healthcare professionals, teachers and design researchers collectively collaborated throughout its development. Here, we present the intervention stage of the project, where JIA Toolbox was tested and evaluated by CYP with JIA.

Objectives: To evaluate the potential impacts of JIA Toolbox in improving independence and functional ability of CYP with JIA. To obtain real-world feedback on