Integrated care in Norway: A study on the patient-reported outcome of follow-up support in rheumatic and musculoskeletal diseases (RMDs) by means of goal directed, coordinated, individual patient follow-up.

Methods: The study included 168 patients with RMDs at rehabilitation discharge, receiving individual follow-up support, and 217 patients without follow-up support. The patients were categorized into 4 groups based on their needs for follow-up on discharge (yes/no) and the degree of follow-up received according to stated needs. The findings can contribute to increased insight into what promotes continuity in rehabilitation processes, effective follow-up, and better health for this patient group.

Keywords: Quality of care, Rehabilitation, Patient reported outcomes

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DO: 10.1136/annrheumdis-2023-eular.2976

Figure 1. Work ability score (WAS) at baseline n = 3096, and at 1-year follow up n= 2397.

REFERENCES:
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, OsteoSearch 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 fulfilled the inclusion criteria, and 55 RCTs were included in meta-analyses. Physiological 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=-0.04, p=0.04) and spondyloarthritis (SpA) (SMD=-0.04, p=0.04). 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 multimorbidity 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) (Figure 1). The narrative results of the RCTs not included in the meta-analysis indicated that several other non-pharmacological interventions were efficacious in reducing fatigue, with reassuring safety results.

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

REFERENCES:

Keywords: Non-pharmacological interventions, Patient reported outcomes, Systematic review.