To identify the best evidence on the efficacy of non-pharmacological interventions in reducing fatigue in people with I-RMD and to summarise their interventions in the wider context of all 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 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=0.03), and psychosocial interventions were efficacious in reducing fatigue in RA (SMD=-0.32, p<0.001). Physical activity or exercise was efficacious in reducing fatigue in rheumatoid arthritis (RA) (SMD=-0.23, p<0.001), systemic lupus erythematosus (SLE) (SMD=-0.54, p=0.04) 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). Psychosocial 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 multimodality 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 summary of the meta-analyses

Acknowledgements: E Santos and B Farisogullari contributed equally to the manuscript.

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CO-DESIGNING JIA TOOLBOX: A PROOF-OF-CONCEPT STUDY ASSESSING PROTOTYPE INNOVATIONS TO HELP SELF-MANAGEMENT IN CHILDREN AND YOUNG PEOPLE WITH RHEUMATIC DISEASE

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

Methods: Co-design approach with co-participants (Children and Young People with JIA) and co-creation. A tool for self-management (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

Figure 1. The summary of the meta-analyses

Acknowledgements: E. Santos and B. Farisogullari contributed equally to the manuscript.

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0–100 in 75 minutes; RMDs have no age