Background: Self-management skills are important for people with inflammatory rheumatic diseases, and can be supported through patient education (PE) (1, 2). Following an increasing use of telehealth (3), digital PE is gaining ground to support patients’ self-management skills, but the evidence is still limited. Currently, we are testing the effectiveness of a digital PE e-learning program designed for people with rheumatoid arthritis (RA), the WebRA trial (4). In the present qualitative study, we aimed to provide in-depth insight into patient perspectives of the e-learning program.

Objectives: To explore patients’ perceptions of taking part in web-based PE, and how this contributes to self-management of RA.

Methods: We conducted 20 individual qualitative interviews based on the ‘Interactive Description’ methodology, an inductive research strategy implying an iterative process of data collection and analysis. Newly diagnosed RA-patients were recruited from the intervention group of the WebRA trial after having finalized their one-year follow-up period (4). A purposive sampling strategy was used to achieve information power by inclusion of participants with different sex, age, and sociodemographic background. The analysis contained a descriptive part followed by interpretation and extraction of main messages.

Results: Overall, participants had positive perceptions of the e-learning program, and only minor technical difficulties were identified. Advantages of e-learning were flexibility, the possibility for repetition, varied and entertaining presentation forms, availability, and learning in familiar and calm surroundings. Disadvantages were described as missing the dialogue with health care providers (HCPs), and therefore unmet relational support needs. The degree to which e-learning perceived to play a role for acquiring knowledge about RA differed. For the majority, a need for information and knowledge, a need for normality and a desire for focusing on the diagnosis and only to a limited extent in the time hereafter. This was explained by fulfilled informational needs, a need for normality and a desire for focusing on everyday life. Participants found that the e-learning program facilitated learning and contributed to self-management of their disease. Patients, however, relied on more than knowledge in their self-management including the interaction between information and knowledge, relational support from HCPs, own experiences, and an underlying positive attitude towards living with the disease.

Conclusion: Most patients consider web-based PE to be a well-suited solution for self-management support. The opportunities of e-learning are related to information and knowledge support whereas challenges cover relational and emotional support needs. Thus, it is suggested that future organization of PE offer different forms and combinations of PE to accommodate different needs and preferences of patients throughout the disease course.

REFERENCES:

Figure 1. The role of e-Learning and components of self-management in patients newly diagnosed with RA.

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POS0076-HPR EXERCISE COMBINED WITH ACCEPTANCE AND COMMITMENT THERAPY FOR ADULTS WITH CHRONIC PAIN: A RANDOMIZED CONTROLLED TRIAL ONE YEAR FOLLOW-UP

Keywords: Physical therapy/Physiotherapy, Randomized control trial, Pain
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Background: Acceptance and Commitment Therapy (ACT) is a type of Cognitive Behavioral Therapy (CBT) that has demonstrated positive outcomes in individuals with chronic pain. There has been limited research to date investigating the efficacy of ACT when combined with physical activity.

Objectives: The purpose of this randomized controlled trial (RCT) was to compare the effect of an 8-week combined Acceptance and Commitment Therapy (ACT) and supervised exercise program (ExACT) with a supervised exercise program for people with chronic pain at one-year follow-up. The results for 12-week follow-up for this RCT have previously been published[1].

Methods: 175 people with chronic pain were randomly assigned to the ExACT or supervised exercise only group. The ExACT group completed an 8-week ACT programme with a psychologist in addition to supervised exercise classes with a physiotherapist. The control group attended an 8-week supervised exercise class only. Adults (aged ≥ 18 years) with any type of chronic pain (other than cancer pain) diagnosed by a medical doctor, and who reported a score of ≥2 on the Brief Pain Inventory Interference Scale (BPI-IS) were eligible for inclusion in the study. Outcome measures included the primary outcome BPI-IS, Pain Catastrophizing Scale (PCS), Patient Health Questionnaire (PHQ 9), General Anxiety Disorder (GAD 7), Chronic Pain Acceptance Questionnaire (CPAQ) and Pain Self Efficacy Questionnaire (PSEQ) were administered at baseline, post intervention, at 12-month follow-up and 1 year following completion of the intervention. Data were analyzed using a linear mixed-effects model.

Results: No significant differences were observed between groups for the primary outcome BPI-IS at 1-year follow-up. There were clinically and statistically significant improvements between groups for the PCS total scale and 3 PCS subscales (P<0.005) in favour of the ExACT group. Significant differences were observed within both groups at 1-year follow-up for the PHQ-9, GAD-7, and CPAQ, and in the ExACT group only for the PSEQ.

Conclusion: Long-term improvements in pain catastrophizing, and within-group improvements in pain interference and severity, suggest that exercise combined with ACT may be an effective intervention for the long-term management of chronic pain. Future studies could investigate factors that predict a response to these types of interventions with a view to enhancing treatment outcomes for people with chronic pain.

REFERENCES: