Results: Results suggest that disease-agnostic self-management improves disease activity scores as well as patient-reported outcomes regardless of patient diagnosis. Enhancing patients' capacity to deal with the burden of chronic inflammatory arthritis disease plays a vital role in their long-term management. Longer duration of self-management training and increased follow-up time are required to incorporate lifestyle changes.

REFERENCE:

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Figure 1. Correlation of anti-CarP circulating levels with DAS28 CRP in all RA patients

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POS0464 DISEASE-AGONISTIC SELF-MANAGEMENT PROGRAM: IMPACT ON DISEASE ACTIVITY AND HEALTH RELATED QUALITY OF LIFE MEASURES FOR PATIENTS LIVING WITH CHRONIC INFLAMMATORY ARTHRITIS

Keywords: Inflammatory arthritides, Patient reported outcomes, Self-management


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Background: A diagnostic approach refers to strategy that is generalized so that it is interoperable among various disorders or systems. In general, regardless of the underlying specific pathology, patients prioritize which self-management strategy they would like to start with according to their own requirements. They also select the issues they would like to address based on their individual perceptions of ability, need and context. Therefore, implementation of a disease-agnostic self-management program is a key priority to optimize the care of patients with chronic inflammatory arthritis.

Objectives: To determine, based on self-efficacy theory, the effectiveness of a disease-agnostic self-management program which can be undertaken by the individual inflammatory arthritis patient in any sequence to meet his/her specific needs.

Methods: Prospective multi-center assessment of patients with inflammatory arthritis, who were randomly assigned to either a 16-week program in self-management (intervention group, n = 121) or standard care for rheumatology (control group, n = 120). The program is composed of 4-arms: joint learn, joint change, joint-cise and joint act [1]. The patient is free to choose whichever component of the program that meets his/her individual requirement. Outcome variables were assessed at baseline and 6-, and 12-months after commencement of the intervention. This included measures of disease activity, adherence to therapy, motivation, functional disability, and quality of life.

Results: The intervention group included patients living with rheumatoid arthritis (30 patients), psoriatic arthritis (30 patients), lupus (30 patients), and osteoarthritis (31 patients). The mean age of participants (96 females [79.3%], 25 males [20.7%]) was 54.3±4.51 years. There was no significant difference on comparing the baseline characteristics and variables between the two groups. At 6-months following initiation of the self-management program, when compared to the control group, there was significantly better improvement in the intervention group patients' motivation score (p<0.05), functional ability (p<0.05) as well as quality of life (p<0.05). At 12-months follow-up, the self-management intervention demonstrated improvement for disease activity (effect size 1.4). Similarly, there was improvement of the patients' adherence to therapy (P<0.01) in the intervention group.

Conclusion: Results suggest that disease-agnostic self-management improves disease activity scores as well as patient-reported outcomes regardless of patient diagnosis. Enhancing patients' capacity to deal with the burden of chronic inflammatory arthritis disease plays a vital role in their long-term management. Longer duration of self-management training and increased follow-up time are required to incorporate lifestyle changes.

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