HPR Patients’ perspectives, functioning and health (descriptive: qualitative or quantitative).

POS078-HPR  PHYSICAL ACTIVITY GUIDANCE IN THE RHEUMATOLOGY CLINIC – PATIENT EXPERIENCES AND PREFERENCES. A QUALITATIVE STUDY

Keywords: Qualitative research methods, Lifestyles, Rheumatoid arthritis

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Background: Evidence of the positive health effects of physical activity (PA) and exercise in patients with rheumatoid arthritis (RA) is well established. Nonetheless, higher proportions of patients with RA are physically inactive compared to the general population [1]. Besides disease-related barriers to engaging in health-enhancing PA, a significant barrier may be the lack of specific PA guidance from healthcare professionals [2].

Objectives: The present national qualitative study aimed to explore daily PA levels and the patients’ perspectives on the current and future support from health professionals (HPRs) in promoting PA in patients with RA.

Methods: We recruited participants from five rheumatology departments in Denmark. Recruitment was based on results from an earlier register-based cross-sectional study [3], which aimed to identify socio-demographic and clinical differences between participants and those declining participation in a RCT focusing on promoting light-intensity PA in patients with RA [4]. Accordingly, we used a purposive sampling method to ensure that interview participants varied in age, educational level, smoking status, PA levels, and disease history. Due to COVID-19, the interviews were conducted by telephone, physically, or through online platforms. Data analysis was based on reflexive thematic analysis [5].

Results: Of the 20 participants, 13 were female, and the mean age was 55 years (range 32-77). We generated four themes: 1) Accept of arthritis is a process, which was attributed to acknowledging RA as part of life as an essential mental step before the participants could fully adapt PA levels and exercise. 2) Daily physical activity – motivation and barriers, where participants described how they generally perceived PA. Also, they described their preferred intensities and types of activities as well as motivations and barriers for engaging in PA. 3) Experiences with physical activity guidance – your own responsibility? This theme reflected how participants missed to have more comprehensive and detailed discussions with HPRs in the rheumatology outpatient clinics about PA, - in other words not making it a matter of their own initiation and curiosity. 4) How, when and where physical activity guidance is provided is essential, which refers to the participants’ preferences and needs for future PA guidance in the rheumatology clinic, including timing, content and location.

Conclusion: The study results emphasize that treating patients with RA should hold an integrated and strengthened focus on PA and exercise in routine care. However, to optimize this focus, HPRs may need adequate training in how to hold an integrated and strengthened focus on PA and exercise in routine care.

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POS078-HPR  “IT’S LIKE LISTENING TO THE RADIO WITH A LITTLE INTERFERENCE” – MANAGEMENT OF PAIN AMONG PATIENTS WITH PSORIATIC ARTHRITIS

Keywords: Qualitative research methods, Pain, Psoriatic arthritis

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Background: Psoriatic arthritis (PsA) is an inflammatory rheumatic disease, associated with the skin disease psoriasis. Health-related quality of life is severely affected and is suggested to be so since these people have two chronic diseases at the same time, a skin disease that causes cosmetic changes and a joint disease that causes functional limitations [1]. Both international collaborations [2] and single studies of outcome measures, disease consequences and experiences of pain in PsA emphasize that pain is one of the most important areas to focus on in the assessment and treatment of this patient group [3]. To the best of our knowledge, no studies with a qualitative design exploring the management of pain from the perspectives of patients with PsA exist.

Objectives: To explore and describe approaches towards pain and its management among patients with PsA.

Methods: A descriptive design with a qualitative inductive approach was used. Semi structured interviews were conducted with 11 participants with PsA (3 men and 8 women) recruited from one outpatient rheumatology clinic in the middle region as well as from a university hospital rheumatology clinic in the northern region of Sweden. Variation in gender, age, disease duration, activity limitation, perceived pain, fatigue, and general health was aimed at by using strategic sampling. Qualitative content analysis was used, and a pattern of theme of meaning, descriptive subthemes, and categories was constructed based on the participants’ experiences and perceptions [4, 5].

Results: A main overarching theme of meaning and three subthemes describing participants’ management of pain were identified. They were ‘Taking charge of life despite the constant murmur of pain through ‘Sorting out vulnerability’, ‘Reaching acceptance and engagement’ and ‘Directing focus to change’. Nine categories further described the components of the management; ‘face uncertainty for the future’, ‘consider restrictions’, ‘illuminate the invisible’, ‘increase awareness’, ‘find permissive environment and social support’, ‘enhance inner endurance’, ‘reformulate emotions and thoughts’, ‘use distracting activities’ and ‘adjust activities’ (Figure 1).

Figure 1.

Conclusion: Dealing with and regulating feelings and thoughts within oneself as well as altering behavior and finding new solutions outside oneself seem to be significant for management of pain among patients with PsA. Grasping an understanding of this complex reality of living with a constant murmur of pain has the potential to improve and enhance the overall care. To support patients in taking charge of life health professionals should be able to provide team-based interventions that are underpinned by self-regulation skills and include cognitive, behavior and affective components.

REFERENCES:

HPR Service developments, innovation and economics in healthcare.

Table 1. Organisation, consistency, clarity, and timing of PE tasks described in the included studies, related to development and delivery of healthcare services.

<table>
<thead>
<tr>
<th>PE task</th>
<th>PE* phase</th>
<th>Consistency of PE initiatives</th>
<th>Total n= 48 (N =150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation of PE initiatives</td>
<td>Clearly defined/ operationalized</td>
<td>Undecipherable</td>
<td>Idea/ planning</td>
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<tr>
<td>Delphi Technique Experiment</td>
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<td>n=1</td>
</tr>
</tbody>
</table>

Table 1. Organisation, consistency, clarity, and timing of PE tasks described in the included studies, related to development and delivery of healthcare services.

PE: Patient engagement, *Ten studies reported diverse PE initiatives and are reported in more than one PE initiative, *N = occurrences, *n = primary studies. Light colour indicates few studies, darker indicates more studies.