

(95% CI 0.48 – 1.00)). Further, a high level of co-morbidity was associated with lower odds for remote follow-up participation compared to a low/medium level of co-morbidity (OR 0.53 (95% CI 0.34 – 0.81)). No association was found between health literacy and remote follow-up. Remote follow-up attendees reported more confidence in remote care (OR 1.33 (95% CI 1.20 – 1.47)).

**Conclusion:** Patients participating in remote follow-up were more likely attached to the labor market, had higher income levels, had a lower level of comorbidity, and expressed higher confidence in remote care. Future research should focus on how to support RA patients in conventional follow-up to achieve confidence in remote follow-up, as well as increased focus on vulnerable patient groups and the need for differential use of healthcare services.

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OP0182-HPR

### EFFICACY OF NON-PHARMACOLOGICAL INTERVENTIONS: A SYSTEMATIC REVIEW INFORMING THE 2023 EULAR RECOMMENDATIONS FOR THE MANAGEMENT OF FATIGUE IN PEOPLE WITH INFLAMMATORY RHEUMATIC AND MUSCULOSKELETAL DISEASES

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

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**Background:** 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, 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. Physical 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=0.04) 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). 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 multicomponent 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.

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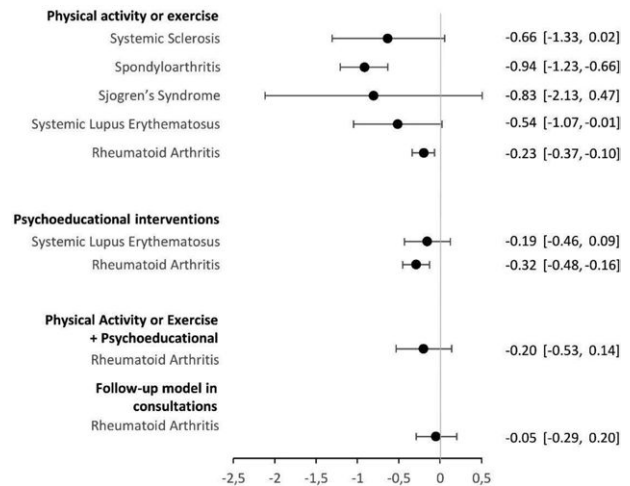


Figure 1. The summary of the meta-analyses

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### 0 – 100 in 75 minutes; RMDs have no age

OP0183-PARE

### 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 arthritides, Non-pharmacological interventions

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**Background:** Juvenile idiopathic arthritis (JIA) is the most frequently occurring rheumatic disease of childhood. It causes ongoing joint inflammation, pain and stiffness making everyday activities difficult. Studies have emphasised the negative impacts JIA has across physical, social, psychological, and educational development. Devices exist to assist with daily activities such as washing, eating, or writing. However, a survey we conducted in 2018 highlighted that the majority of these are designed for adults. Those designed for Children and Young People (CYP) are often either difficult to use, stigmatising, patronising, or fail to address their unique needs and contexts. This has resulted in numerous unmet needs and a lack of effective innovations for this population. The innovation, JIA Toolbox, was co-designed, meaning CYP with JIA, their parents, healthcare professionals, teachers and design researchers collectively collaborated throughout its development. Here, we present the intervention stage of the project, where 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