

Development of a Physical Activity Programme for People with Recently Diagnosed Rheumatoid Arthritis

F. Cramp¹, J. Withall¹, A. Haase², N. Walsh¹, A. Young¹, S. Hewlett¹

Author Affiliations

1. Faculty of Health and Applied Sciences, University of the West of England
2. School for Policy Studies, University of Bristol, Bristol, United Kingdom

Abstract

Background People with rheumatoid arthritis (RA) are less physically active (PA) than the general population and lower PA levels are associated with work disability, reduced physical function and co-morbidities. This suggests an urgent need to identify programmes that effectively promote sustainable PA to improve physical function in RA.

Objectives The purpose of this research was to seek patient's views in relation to a range of potential PA programmes.

Methods Focus groups were carried out with adults with RA with participants purposefully sampled to reflect a range of age and gender. Prior to commencing the research a draft interview guide was reviewed by the study Patient Research Partner and a pilot interview conducted. The interview guide was designed to explore PA support needs and experiences since diagnosis as well as motivators and facilitators to support engagement in PA. Each focus group was subsequently provided with information regarding potential PA programmes and invited to comment upon their suitability for people with a recent diagnosis of RA. Focus groups were audio recorded, transcribed and anonymised. Ethics approval for the study was obtained. Written informed consent was obtained from all participants. Thematic analysis was used to identify the main themes across the groups. Emerging themes were verified through discussion and a coding framework based on these themes developed. Themes and sub-themes were subsequently reviewed and the interpretation and analysis discussed and agreed.

Results Three focus groups were conducted with 19 patients in total (15 female, 4 male); mean age (SD) 60 (± 10) years; mean time (SD) since diagnosis 44 (± 34) months. There was strong support for a PA programme with four key themes garnered from the focus groups:

Recruitment and adherence included programme endorsement from peers and PA endorsement from health professionals; the need for support to overcome barriers to PA, such as pain and fatigue; and prompts such as text messages to improve adherence.

Programme scheduling included timing with most suggesting six to 12 months following diagnosis, once a stable drug regime was established; afternoon sessions were preferred; views on frequency of sessions and duration of the programme were disparate.

Programme content included support for education on relaxation and coping strategies, medication, flare, fatigue and pain; supervised exercise sessions; home exercise training; and expert physiotherapy input. Goal setting received mixed opinions with emphasis on the need to be patient-led.

Programme delivery suggested group sessions were preferred by most, but not all; individual sessions in addition to the group were positively received; telephone support polarised opinion; but an accessible location was an agreed priority.

Conclusions Participants supported development of a PA programme delivered at an accessible location, by physiotherapists within six to 12 months of diagnosis. Mixed views relating to delivery suggests a flexible approach may need to be developed.

Disclosure of Interest None declared