

Understanding the acceptability of delivering a Fibromyalgia Self-Management Programme in the community (FALCON): Qualitative findings

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Purpose: Fibromyalgia (FM) is a complex long-term condition affecting up to 5.4% of the UK population. It is associated with chronic widespread pain, fatigue, stiffness, sleep problems, memory and concentration difficulties, and irritable bowel syndrome. FM can cause high levels of disability, with individuals making frequent use of healthcare resources, and experiencing loss of workdays. Current guidelines for the treatment of FM all recommend non-pharmacological interventions, of which cognitive behaviour therapy (CBT), aerobic exercise, warm water therapy, relaxation and patient education are the best evidenced.

The Fibromyalgia Self-Management Programme (FSMP) is a non-pharmacological, multidisciplinary exercise and education group intervention which aims to provide education and teach core skills, enabling those affected by FM to self-manage. Local audits suggest that the FSMP improves patients' self-efficacy for managing their FM symptoms, reduces healthcare utilisation costs and has high levels of patient satisfaction. To date, the FSMP has been co-delivered by a multidisciplinary team within a secondary care service. A randomised feasibility study has been conducted to see whether or not the FSMP can be delivered in the community. This nested qualitative study aimed to explore the acceptability of delivering the FSMP within a community setting from the perspectives of both patients and therapists.

Methods: Semi-structured qualitative interviews were conducted with patient-participants (n = 13) and occupational therapists and physiotherapists (n = 4) delivering the FSMP in the community. The interviews explored the acceptability of the intervention and informed the feasibility of conducting a full trial in a community setting. All participants consented to the interviews. Interviews were audio-recorded and transcribed verbatim. The qualitative data were analysed using thematic analysis.

Results: Overall, both the therapists and patient-participants found the content of the FSMP, supporting handbook, trial documentation, group-setting and delivery of the intervention in the community acceptable. As a result of the intervention, patient-participants reported: increased knowledge and understanding of FM; validation of their symptoms; improved physical function; and valued meeting others with FM. Some patient-participants noted that financial expenditure and time spent travelling were barriers to attending the intervention.

Conclusion(s): The qualitative results suggest that the FSMP delivered in a community setting is acceptable to both patients and therapists. The results of this study will help to inform a future Randomised Controlled Trial exploring the clinical and cost-effectiveness of delivering the FSMP in a community setting.

Impact: The results of this study support the government's plans to transfer the care of adults affected by long-term conditions from an acute hospital setting into the community. Specialist

services for the management of long-term pain conditions could be successfully co-delivered by physiotherapists and occupational therapists in a community setting.

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