

[S-008]

**The lifestyle management for arthritis programme (LMAP):
Long-term follow-up of a randomized controlled
trial in inflammatory arthritis**

Alison Hammond¹, Joanne Rayner²

¹University of Salford, Centre for Health Sciences Research, Salford, UK

²Royal Derby Hospital, Rheumatology, Derby, UK

Objective: The LMAP is a group self-management programme of two modules (weekly meetings: 4 x 2.5h) plus review (2h). Module A includes: arthritis information, joint protection and fatigue management; and module B: exercise (flexibility, strength, walking programme, Tai Chi for Arthritis), foot care, pain and stress management. A randomized parallel group trial (n=167) demonstrated significant improvements at 12 months in pain, perceived control, self-efficacy and self-management in people with early inflammatory, rheumatoid or psoriatic arthritis, compared to a standard arthritis education programme (SAEP: 10 hours). In this study, we evaluated the LMAP's long-term effects.

Materials-Methods: At 6.5 years (y), the participants completed the trial postal questionnaire including: pain 10cm scale; Multi-dimensional Health Assessment Questionnaire (MDHAQ: function, psychological status, perceived control), arthritis self-efficacy scales, adherence with self-management. Mean change (SD) scores from 0-6.5y were compared between groups using ANCOVA, with baseline scores as covariates. Data were analysed as a) completers only and b) missing cases' data imputed (estimation-maximization method, 25 iterations using IBM SPSS v20 software).

Results: 58% responded, 54 (63%) LMAP and 43 SAEP (53%) participants. There were no statistically significant differences in baseline characteristics of responders versus non-responders or response rates between groups. Among completers, the LMAP group had better use of joint protection (p=0.03), with no other statistically significant differences. After multiple imputation, the LMAP group had better self-efficacy for self-management (p=0.05), self-reported use of joint protection (p=0.001) and exercise (although less than at 12 months; p=0.05).

Conclusion: The LMAP led to some long-term benefits in improved self-efficacy and use of self-management. Higher self-efficacy is associated with better health status (Cross et al, 2006, Rheumatology 45(1):92-6) although in this study other benefits, particularly improved pain, were not sustained. We recommend evaluating the effect of booster sessions. A limitation was the high drop-out rate.

Keywords: Inflammatory arthritis, patient education, self-efficacy, health behaviour change