

Axial Spondyloarthritis; Education and Exercise programmes for the modern era

Supporting self management

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Introduction

- Good education has been shown to improve efficacy, motivation and compliance to treatment for people with long term conditions
- What is good education?
- How can it be delivered in today's climate?
- Limit to resources
- Evidence based practice

History

- 1990's "Gwent Rheumatology Service" model based on RNHRD Bath
- 2000's Introduction of Physiotherapy led AS service
- Introduction of weekend **Exercise** and Education programmes.
- Six 1x week hydro sessions (NP)
- Six 1x week education/exercise sessions (NP)
- 2010 New patient **education**/exercise groups using external health club facilities.
- 2015 Establishment of brief intervention self management facilitation.

Reasons for change

- Economics
- Facility Space
- Staffing
- Taking the programme to the patient (2 facilities taking into account the geography of the county.
- Utilizing the multidisciplinary team
- Evidence from Psychological approaches and adherence to self management strategies

Stratification – the right person, the right treatment at the right time, right place

Coping Strategies

- ❖ Male age 6 Retired
(Refused education strategies 2010)
- " I didn't need Ant-TNF, I went to Bath"
- " I would do the 2 week course and that would keep me going for the 2/3 years until the next one"
- " *Do you think the fact that you have continued with local NASS sessions regularly may be the reason?*"
- "No!"
- " *What do you do besides NASS*"
- " As little as possible"

(Quote 2016)

BASMI	BASDAI	BASFI	BASGI	SP VAS

- ❖ Male age 75 Retired
(Attended 2 day education 2010)
- " The course helped me to realise that by pacing my activity I can cope with this and live my life as well as the next man"
- " *How are you maintaining your fitness now?*"
- "I walk miles, swim and run around after my children and grandchildren, I can knock spots off people of my age!"

(Quote 2016)

BASMI	BASDAI	BASFI	BASGI	SP VAS

Supporting Evidence

1. Exercise programs, home-based or supervised, are better than no exercises and improve movement and physical function. Adding a few weeks of exercising at a spa resort to weekly group exercises is better than just weekly group exercises.
2. Patient education should be seen as a means of promoting self-efficacy amongst people with AS, thus enhancing psychological well-being and performance of health behaviour (exercise).
3. Stuart Porter (2009) and Melanie Martins (2014) studies found exercise and modification behaviour models
4. Motivation to exercise not only had a direct effect on function, but also an indirect effect of improving activity levels thereby improving both current and future function.
5. A growing body of evidence that consistently demonstrates the efficacy of brief interventions.

1. Dagfinrud H, Hagen KB, Kvien TK. Physiotherapy interventions for ankylosing spondylitis. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD002822. DOI: 10.1002/14651858.CD002822.pub3.

2. Barlow, J Barefoot, J. Group education for people with arthritis. *Patient Education and counselling* 1996;27:3

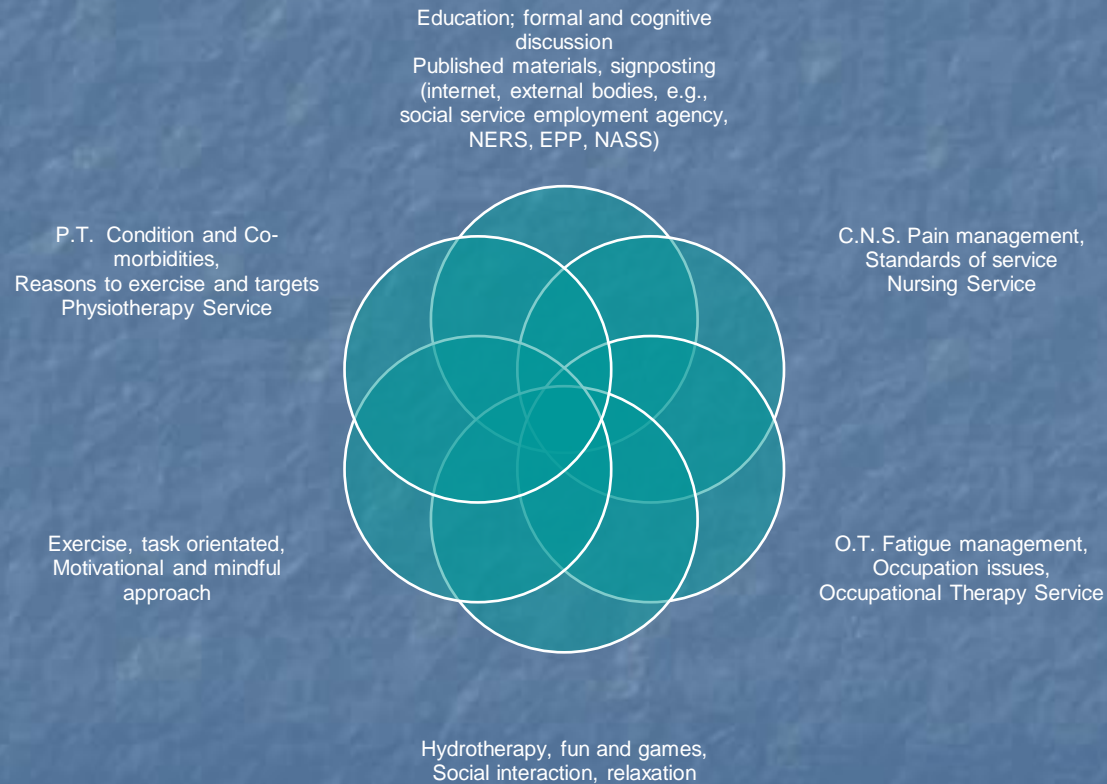
4. Brophy, S et al. The effect of physical activity and motivation on function in ankylosing spondylitis: A cohort study. *Semin Arthritis Rheum* 2013 42:619-26

5. Heather, N. Interpreting the evidence on brief interventions for excessive drinkers: The need for caution. *Alcohol and Alcoholism*. 1995;30(3):287-296

Brief Intervention programme

- New patient invited via PT led clinic
- PR posters in clinic
- Based on 4 sessions year
- 6-10 patients per group
- 60:40 Education: Exercise
- Education: Provided by Physiotherapists, Clinical Nurse Specialists and Occupational Therapists
- Exercise provided by physiotherapists with special interest in ax-SpA.

The programme



Outcomes

- Too early
- Outcomes from 2 day intervention based on the same principles

ADD

Future

- Early Days; How do we measure success or failure?
 - ? 2nd interactive feedback session
 - ? Feedback in PT axial-Spondyloarthritis Clinics
 - ? Feedback in MDT sessions
 - How do we determine efficacy?
 - How do we measure physiological and psychological response?
 - How can we compare????
 - Effective screening and outcome tools.....

Conclusions

- **Individuals living with long term conditions spend approximately 3 hours every year with healthcare professionals... for the other 8,757 hours they look after themselves**
- Evidence that a holistic understanding of the condition is required by physiotherapists so AS patients can be treated effectively with an exercise programme.
- Associations between anxiety and depression with disease outcomes
 - This programme has tried to address some of the multifaceted complications of delivery of a self management programme to this group of patients. It is geared to individual needs, based on modern holistic approaches.

WATCH THIS SPACE!!!!!!