P201 THERAPISTS' EXPERIENCES OF REMOTELY DELIVERED COGNITIVE-BEHAVIOURAL AND GRADED-EXERCISE INTERVENTIONS TO LESSEN THE IMPACT OF FATIGUE IN INFLAMMATORY RHEUMATIC DISEASES: A QUALITATIVE EVALUATION

Sarah E. Bennett[1,2], Emma Dures[1,2], Celia Almeida[1,2], Eva-Maria Bachmair[3], Karina Lovell[4], Lorna Paul[5], Alison Wearden[4], Gary J. Macfarlane[3], Neil Basu[6] and The LIFT study team.
[1]*Department of Nursing and Midwifery, The University of the West of England, Bristol, UNITED KINGDOM,* [2]*Academic Rheumatology, Bristol Royal Infirmary, Bristol, UNITED KINGDOM,* [3]*Aberdeen Centre for Arthritis and Musculoskeletal Health (Epidemiology Group), University of Aberdeen, Aberdeen, UNITED KINGDOM,* [4]*School of Health Sciences, University of Manchester, Manchester, UNITED KINGDOM,* [5]*School of Health and Life Science, Glasgow Caledonian University, Glasgow, UNITED KINGDOM,* [6]*Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow, UNITED KINGDOM*

Background/Aims
There is evidence for non-pharmacological interventions to support patients to self-manage fatigue, however implementation in clinical practice is a challenge. LIFT (Lessening the Impact of Fatigue in inflammatory rheumatic diseases: a randomised Trial) is a multi-centre three-arm randomised trial using a remotely delivered cognitive-behavioural approach (CBA) or personalized exercise programme (PEP) interventions, in addition to usual care, compared to normal care alone. Interventions were delivered to patients by rheumatology health professionals using a manual, after training. The aim of this nested qualitative evaluation was to understand their perspectives of delivering the interventions.

Methods

A subgroup of rheumatology healthcare professionals who had delivered the CBA and PEP interventions took part in semi-structured telephone interviews to explore their experiences of training and delivery, the challenges and benefits of learning new skills, and the barriers and facilitators to supporting patients remotely (mainly by telephone) using the LIFT manual.

Results

A total of 17 rheumatology healthcare professionals (13 women, 4 men) from the CBA ($n = 9$) and PEP ($n = 8$) arms contributed. SB conducted an inductive thematic analysis of the data set. ED, CA, AW and KL reviewed a sub-set of transcripts. Five main themes were identified: The benefits of informative, structured training: Rheumatology healthcare professionals reflected how training, including role-play, helped them to practice their skills, even though this could feel uncomfortable. Those allocated shorter four-hour training sessions would have liked more time to practice. Many felt anxious before meeting patients for the first time but liked the manual to refer to.

Getting into the swing of it: Practice gave rheumatology healthcare professionals the confidence to tailor content to individual patients' requirements. Clinical supervision in the PEP and CBA arm supported rheumatology healthcare professionals to query their own practice, gain valuable feedback, and request assistance where needed. Benefits of telephone delivery: The initial face-to-face session enabled rheumatology healthcare professionals to build rapport with patients. Thereafter, patients seemed engaged and valued the opportunity to address their fatigue and challenge their own beliefs via the telephone. Some patients not ready to change: Rheumatology healthcare professionals struggled to work collaboratively with a minority of patients who were not willing to make changes, lacked motivation to complete tasks or stopped engaging with the intervention.

LIFT developing clinical skills: Rheumatology healthcare professionals were confident that they were doing the 'right thing' for patients with fatigue and gained professional satisfaction seeing patients' fatigue improve. Many felt that the skills they acquired and their experiences of remote delivery were helping them to respond to the current COVID-19 related changes in service provision.

Conclusion

Findings support the value of skills training for rheumatology health professionals to deliver fatigue management interventions remotely. These insights can inform service provision and clinical practice.

Disclosure

S.E. Bennett: None. **E. Dures:** None. **C. Almeida:** None. **E. Bachmair:** None. **K. Lovell:** None. **L. Paul:** None. **A. Wearden:** None. **G.J. Macfarlane:** None. **N. Basu:** None.