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<b>Authors</b>	Hammond, A and Rayner, J
<b>Type</b>	Conference or Workshop Item
<b>URL</b>	This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/58115/">http://usir.salford.ac.uk/id/eprint/58115/</a>
<b>Published Date</b>	2013

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[S-008]

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

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**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