

Article BMP Results – Denise Hanssen (May 2020)

Master your pain: Improving access to personalized psychosocial treatment of pain due to rheumatic diseases

Inflammatory rheumatic diseases, such as rheumatoid arthritis, psoriatic arthritis and Bechterew's disease, are among the most prevalent and disabling chronic diseases in Western adult populations. Primary symptoms of these diseases contain pain and stiffness. Literature suggests that doctors and patients differ in their aspirations concerning treatment of pain due to rheumatic treatment. Doctors aim to reduce the inflammation, and thereby prevent structural damage and disability. For patients, treatment goals go beyond physical capacity. However, these psychosocial questions are often not or only minimally addressed in treatment programs for rheumatic diseases. Our eHealth system Master Your Symptoms (www.grip.health) offers online, personalized self-help for patients with unexplained physical symptoms. Thanks to the BMP grant we were able to explore the potential of Master Your Symptoms for patients with pain due to inflammatory rheumatism.

First, with the help of patients and clinicians, we made a video with education about the psychosocial consequences of pain caused by inflammatory rheumatism. This video is available in Dutch and in English (please send an e-mail to d.j.c.hanssen@umcg.nl for a free copy of this video). We integrated this video into Master Your Symptoms, so that patients get reliable information about why psychosocial treatment may be helpful in case of rheumatic pain.

Next, with the help of local patient organizations, we found 12 patients with pain due to inflammatory rheumatism who wanted to try Master Your Symptoms. All of these patients, with an average age of 52 years old, are still using the system. For instance, a 67-year old female patient already did the relaxation exercises and exercises concerning how to deal with anger due to physical symptoms. She told us that these exercises are helping her a lot in dealing with the pain. Once this patient and the other patients have finished using Master Your Symptoms, in-depth interviews will take place to explore how the system can be adapted to the situation of patients with inflammatory rheumatism.

In order to further explore the implementation possibilities of Master Your Symptoms in rheumatology care, we held 1-hour in-depth interviews with 24 stakeholders, including

representatives from patient organizations, nurses, and rheumatologists. Although we are still in the process of analyzing the interview data, it seems that the chances of successful implementation will be increased if we pay attention to specific barriers and facilitators. These barriers and facilitators are present at different implementation levels, such as the level of the intervention, the patient, the doctor, the organization, and the (Dutch) healthcare system. For instance, at the implementation level of the intervention it would be helpful if Master Your Symptoms could be linked to electronic patient files. This would improve the user-friendliness of the system and thus increase the chance of successful implementation. At the level of the organization, it seems necessary to make clear agreements about which professional will use Master Your Symptoms for a specific patient. In some cases, for example, this could also be the general practitioner. We are currently writing the scientific paper on these results (in English); if you are interested in receiving this paper in due course, please feel free to contact us (d.j.c.hanssen@umcg.nl).

In sum, although the project is still ongoing, our preliminary results point to opportunities to implement Master Your Symptoms in care programs for inflammatory rheumatism. In doing so, we want to incorporate the specific wishes for patients with inflammatory rheumatism in Master Your Symptoms as much as possible. If possible, barriers and facilitators for implementation are taken into account when writing the long-term implementation plan. By implementing Master Your Symptoms in clinical care, we aim to improve the quality of life of patients with rheumatic pain and meet their psychosocial care needs.