Hackett KL, Forder R, Lendrem DW, Hargreaves B, Strassheim V, Gotts Z, Deary V, Ng W-F, Newton JL.

Objective Improvement in Fatigue Scores for Primary Sjögren’s Patients Receiving a Tailored Multidisciplinary Fatigue Intervention in a Generic Fatigue Clinic.

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Background/Purpose:

Primary Sjögren’s syndrome (PSS) is an autoimmune disease which targets secretory glands resulting in dry eyes and mouth. Approximately 70% of PSS patients experience chronic fatigue. The Newcastle Fatigue CRESTA clinic was recently established in the northeast of England to offer multidisciplinary care for people with the symptom of fatigue. A cohort of fatigued PSS patients (n=28) were referred from a rheumatology service to the Fatigue CRESTA clinic in order to support them in managing this troublesome symptom. All PSS patients were assessed by a physician and an occupational therapist at their first CRESTA appointment. They were subsequently offered a therapy intervention tailored to their individual requirements. This may include occupational therapy (activity management, goal setting and graded activity/exercise), physiotherapy (including Pilates based exercises to improve body posture and strength), cognitive behavioural therapy for insomnia, psychological therapy or a combination of several therapies.

The aim of this study was to determine whether there was a difference in fatigue scores before and after a multidisciplinary intervention at the Fatigue CRESTA.

Methods:

Patient reported outcomes were collected by the referring consultant at baseline and follow up at their routine rheumatology appointments. Fatigue (visual analogue scale 0-100) scores were compared for each consecutive patient pre and post a Fatigue CRESTA multidisciplinary intervention. Data were checked for normality and compared using a paired t-test.

Results:

Participants attended a median of 8 appointments at the clinic. The mean fatigue scores improved from 84.52 (SD 10.66) at baseline to 69.61 (SD 15.30) at follow up. This finding was statistically significant (p<0.001) and represents a clinically important difference [1].
Conclusion:

A tailored multidisciplinary fatigue intervention has objectively improved fatigue severity in this PSS patient group and warrants further investigation. These findings highlight the importance of an individualised, multidisciplinary approach for fatigue management in PSS.