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Background

- As little as 1-14% of people with rheumatoid arthritis are participating in strength training (Iversen et al., 2014).

Objective

To examine patient-identified barriers, facilitators, and tailoring considerations for designing interventions to improve strength training participation among people with rheumatoid arthritis

Methods

- Semi-structured interviews:** Interviews were co-developed with nine patient partners. Questions were iteratively modified to reflect new knowledge gleaned from interviews that were coded at mid-way points in the data collection.
- Analysis:** Inductive thematic coding was used. Peer checking amongst researchers and patient partners was conducted to ensure credibility. We continued the interviews until content saturation was reached in the analysis.
- Themes were mapped onto the COM-B model which proposes that capability, opportunity, and motivation are the three factors necessary for enacting a behaviour, such as strength training (Michie et al., 2011)

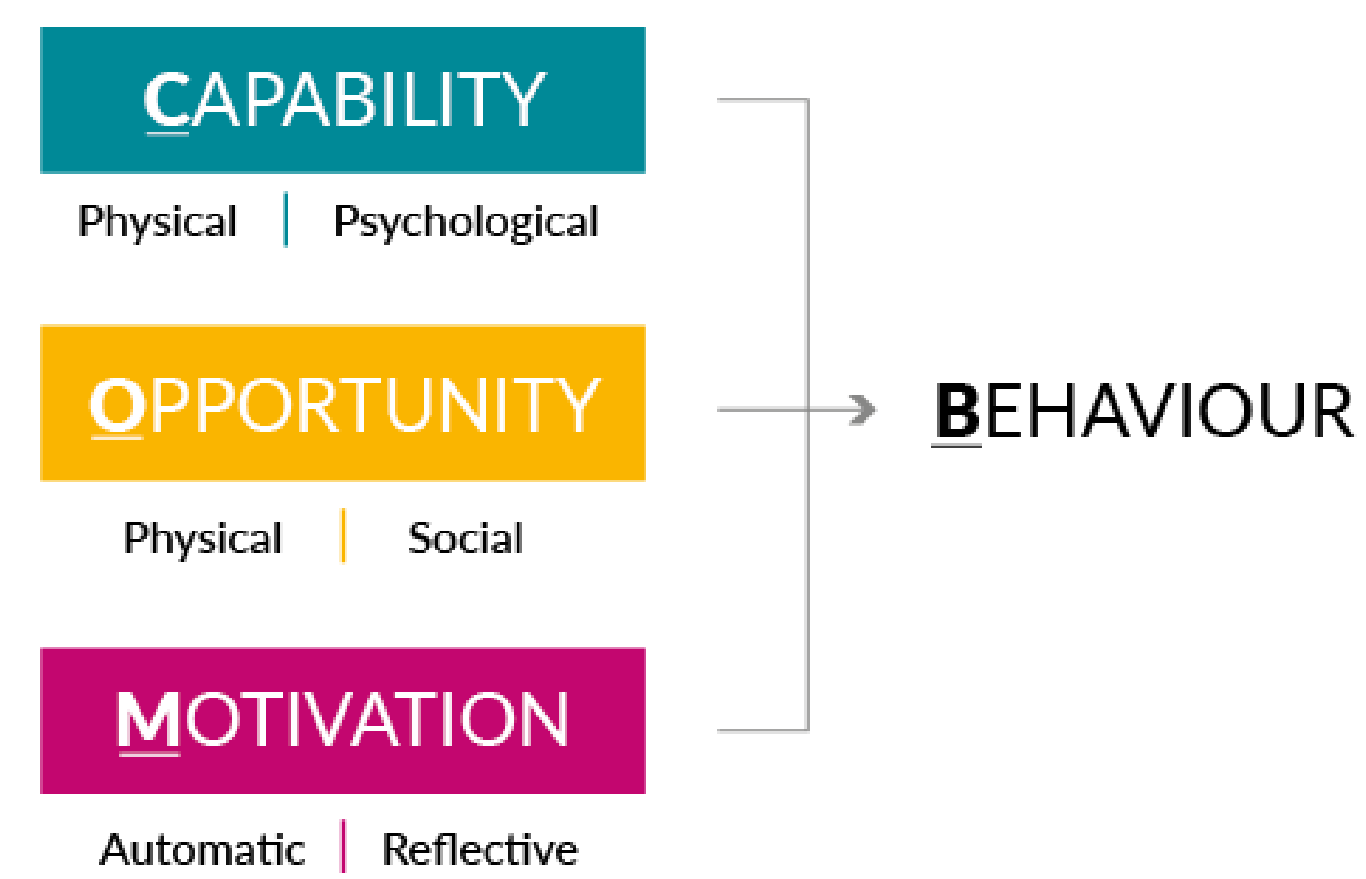


Figure 1: COM-B model

Results

- 13 participants**
- Age:** Range=25-70, Mean=47+/-15
- Gender:** 3 males, 10 females
- Geographic location:** 2 rural, 11 urban
- Strength training experience:** 5=no experience, 5=some experience but less than the guidelines, 3=exceeding the guidelines (2 days/week or more)
- Perceived RA severity:** 2=severe, 4=moderate, 7=well-controlled

Results (Cont'd)



Figure 2: Factors that affect strength training participation among people with rheumatoid arthritis. RA=rheumatoid arthritis, ST=strength training.



Figure 3: Probes for developing tailored exercise programs

Conclusion

- There are challenges to strength training that are unique to people with rheumatoid arthritis
- Participants identified important probes that can be used when developing tailored strength training prescriptions
- COM-B analysis revealed a need for greater knowledge and resources on prescription parameters and considerations that meet the needs of people with rheumatoid arthritis.