

Video abstract transcript**Patient Empowerment Among Adults With Arthritis: The Case for Emotional Support**

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[SLIDE1 – TITLE – no audio]

[VIDEO] The purpose of this study is to identify the characteristics of people who feel more or less empowered as patients, the magnitude of those differences, and which measures best explain differences in patient empowerment. Feeling empowered is really important for people with arthritis and other chronic illnesses who have a lot of interactions with the healthcare system and who play an important role in managing their own care.

[SLIDE2 – with audio from video, 0:28 – 0:44] This study included nearly 7,000 adults with arthritis in the US who completed a survey from March 2019 to March 2020 as part of the Arthritis Foundation Live Yes! INSIGHTS program, and who had seen a doctor in the past 6 months.

[VIDEO] Patient empowerment can be measured in many ways – we used the Health Care Empowerment Questionnaire to measure two aspects of empowerment:

[SLIDE3 – with audio from video, 0:55 – 1:09] Patient Information Seeking (what patients do to get the information and support they need) and Healthcare Interaction Results (which is the result of actually getting their questions answered and getting the help they needed).

[VIDEO] We used statistics to determine how empowerment differed across groups of people, and to determine how important each of those characteristics were explaining patient empowerment.

[SLIDE4 – with audio from video, 1:21 – 1:41] We found that empowerment was lower among those who were male, older, less educated, or who had lower income, osteoarthritis, less emotional support, or better physical function, although the effect of most of those had on empowerment was small or very small.

[VIDEO] More than any of the other characteristics we measured, emotional support was the most important for patient empowerment.

[SLIDE5 – with audio from video, 1:49 – 1:56] When we talk about having emotional support, we're talking about having someone to talk to, someone to confide in, and someone who appreciates you.

[VIDEO]People who had more of that kind of support in their lives described feeling more empowered in their visits with healthcare providers – both in information seeking (pursuing what they need) and in healthcare interaction results (receiving what they need from their provider). We now understand the important role that emotional support plays in patient empowerment. This suggests that programs, caregivers, and others who seek to improve patient empowerment may play an important role in providing patients with arthritis with the emotional support that will help them get the most out of their interactions with their healthcare providers.

[SLIDE6 – TITLE – no audio]

Slide 8:

One of the most surprising findings from our analysis was the significantly higher prevalence of central obesity in women with AxSpA compared to men. This has huge implications in terms of trying to improve control of disease activity and even treatment response in women with AxSpA.

The WHR offers an opportunity to improve identification and detection of obesity in all patients with AxSpA. This is important to consider especially in women because BMI was developed for use in males and has previously been shown to perform quite poorly in certain female populations. By comparison the WHR is a simple yet effective tool to screen for obesity in AxSpA. Use of this tool creates a window of opportunity for intervention in patients who develop central obesity.

Slide 9:

In conclusion, central obesity is highly prevalent in AxSpA and especially so in women. It is significantly associated with worse patient outcomes and we should be considering use of the WHR when performing screening for obesity in AxSpA. Last but most importantly, it is important to remember central obesity is a potentially modifiable state and prompt identification can create a window of opportunity for intervention with a multidisciplinary approach. Thank you.