

The WATCH Program Women with Arthritis Taking Charge of their Health

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Goals of the Program

From the Perspective of the participants

- ◆ WATCH your joints move with less pain
- ◆ WATCH your sleep improve
- ◆ WATCH your mood lift
- ◆ WATCH your thinking sharpen
- ◆ WATCH your overall health improve!

Foundations for this Project

Personal experience



Theoretical framework



Clinical intervention to improve outcomes

Personal Experience

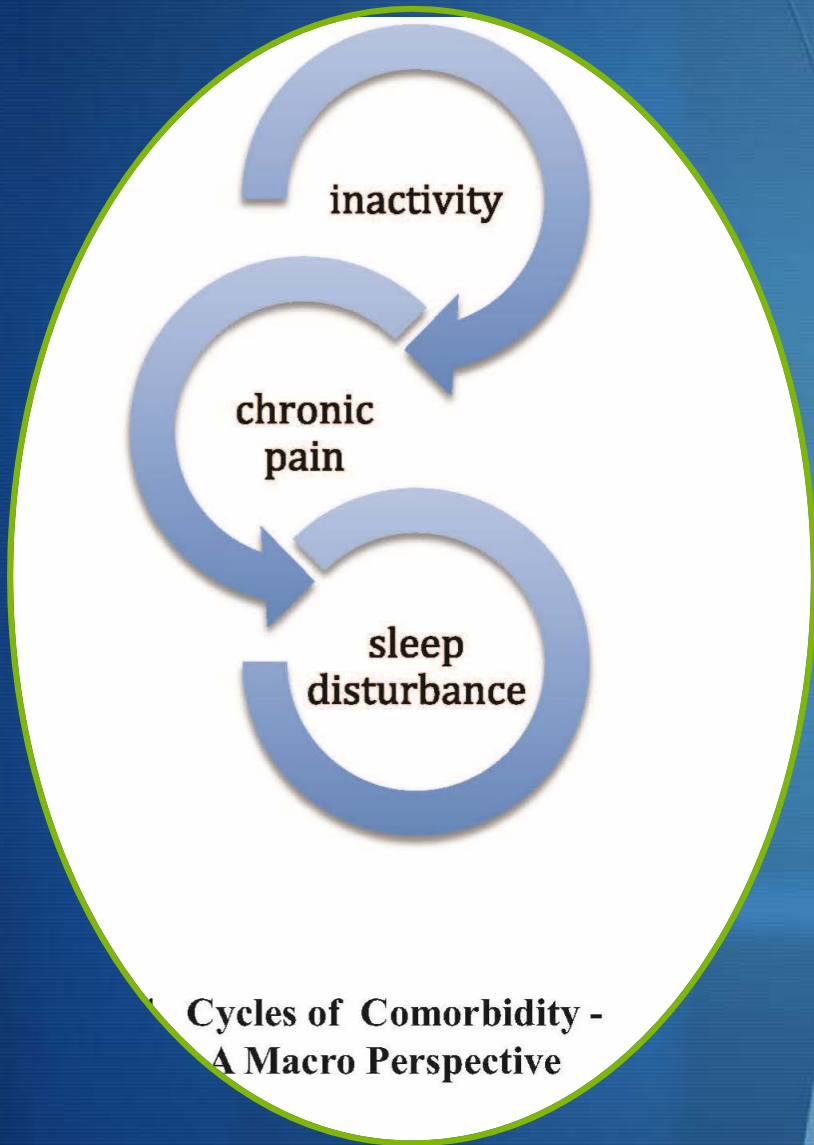
Unable to walk /dependent on wheelchair due to a completely dysplastic hip from severe arthritis.

Muscles in both legs atrophied.

Chronic pain, sleep disruption, depression.

Three years of intensive rehabilitation following 2 hip replacements.

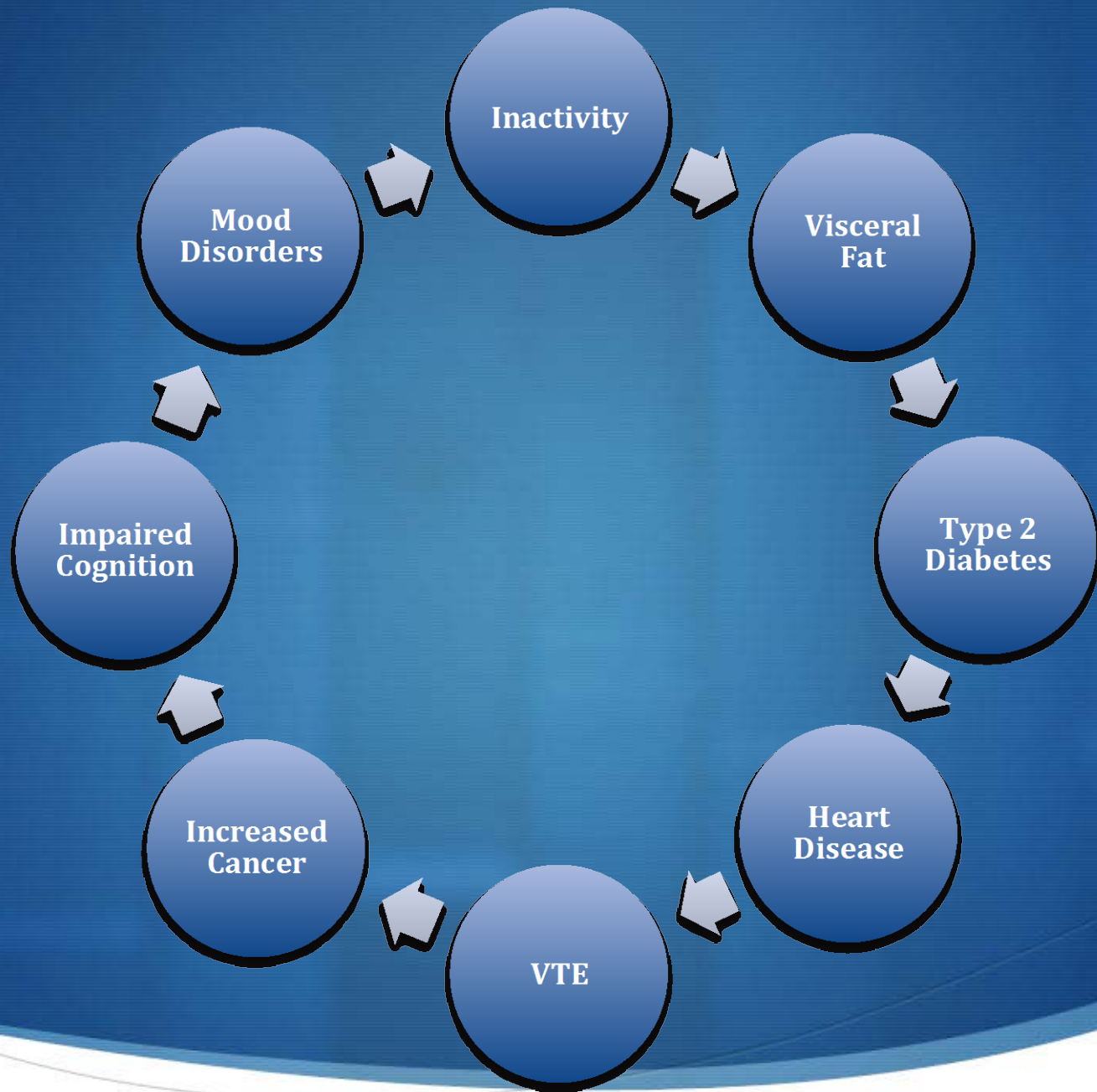




**Cycles of Comorbidity -
A Macro Perspective**

Theoretical Framework

Disrupting the
Cycle of
Comorbidities
for people with
arthritis



CYCLE of COMORBIDITIES ASSOCIATED WITH INACTIVITY

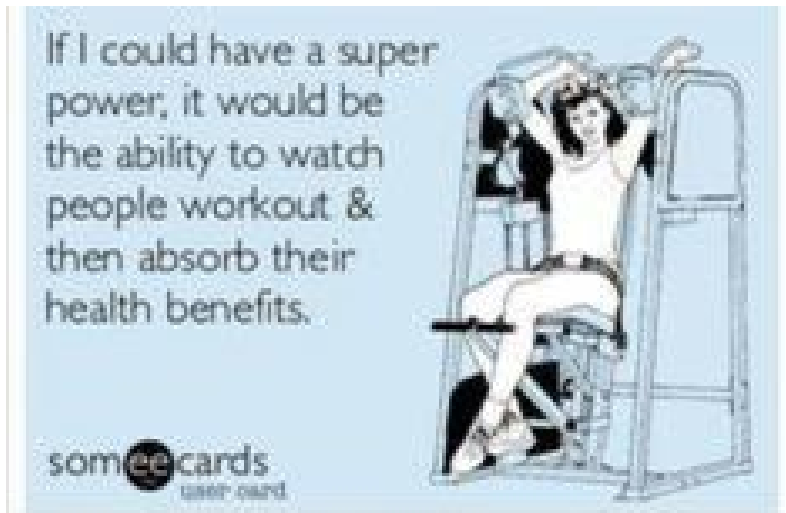
Target Population

- ◆ Rural women. Women in these areas consistently report lower rates of physical activity than their male and urban counterparts (1).
- ◆ Age 40-65 years. Over two-thirds of people with arthritis are younger than 65, with a prevalence higher among women than men in every age group (2).
- ◆ Doctor diagnosed arthritis
- ◆ Does not require the use of any assistive devices

A Telehealth Intervention

- ◆ Daily 30 minute real time and on demand streaming videos
- ◆ Delivered by a nurse practitioner who is also personally dealing with arthritis
- ◆ Incorporates stretching, strength, balance and mindfulness
- ◆ Arthritis wellness information interspersed with appropriate humor

Program NOT exercise



- ◆ Negative connotations associated with the word “exercise”.
- ◆ Social engagement through a video blog on the program website.
- ◆ Positive feelings and social support fuel intrinsic motivating factors to continue to exercise over time (3,4).

Study Design

- ◆ Phase 1 Clinical Research Model
- ◆ Study website via Assessment Center (5)
 - ◆ Consent forms
 - ◆ Study questionnaires
- ◆ Mixed methods:
 - ◆ Quantitative to measure outcomes
PROMIS 57 Profile v.2.0 (6)
 - ◆ Qualitative to assess the process: focus groups and field notes

Study Terminated Lessons Learned



- ◆ Traditional methods employed including flyers, brochures, word of mouth
- ◆ Target population apprehensive regarding the use of technology, even with support
- ◆ Concern regarding the learning curve needed to participate

Problem 1

Potential Resolution

- ◆ Incorporate internet social networking strategies in recruitment plan (7).
- ◆ Access to women already using technology.
- ◆ Facebook user base is more likely female compared to male with increasing numbers of middle aged and older (8).
- ◆ Successfully used in survey research (9)
- ◆ Rarely used for intervention studies (10).



Problem 2

Potential Legal Ramifications

- ◆ A US health care provider can be held responsible for possible injuries.
- ◆ The Data and Safety Monitoring Plan (DSMP) is difficult to implement in cyberspace.
- ◆ High risk litigation climate exists in the US.
- ◆ Very little in the literature that addresses this particular concern, specifically in regards to clinical interventions conducted in cyberspace.

Problem 2

Potential Resolution

- ◆ A clinical intervention trial, based entirely in cyberspace is problematic.
- ◆ A broader umbrella of resources and protections is needed in case of an adverse event.
- ◆ Consider going beyond the Midwest section of the US where there are very few independent practitioners.
- ◆ Collaboration with local health care providers and/or health systems, perhaps internationally.

Conclusion

- ◆ The age of technology requires a different approach to research.
- ◆ Recruitment needs to take place where people spend their time.
- ◆ Intervention trials in cyberspace need to be paired with practitioners within brick and mortar settings until there is further clarification regarding how to manage potential risks.

Thank you!

This clinical intervention as well as the methodology to evaluate it has brought many issues to the surface. Please feel free to contact me with any further questions, comments and ideas!

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