

THE REUMATROPPI PROJECT

Experiences from the pilot phase – Jenni Karvonen, Project planner, M.Sc., the Finnish Rheumatism Association



Background

People with rheumatic diseases have been reported to have poorer health-related quality of life than the general public¹. Physical activity² and the arts³ have been shown to be beneficial to the physical and mental well-being and functioning of those living with a chronic condition. Nature contact has also been shown to promote human health in many ways⁴. Although pharmacotherapy is always the primary form of treatment, these so-called non-pharmacological methods can, at best, support and promote the quality of life of a person living with a chronic condition.

The proportion of the world population over 60 years is estimated to double by 2050⁵. Also, the average age of members of the Finnish rheumatism and musculoskeletal associations is over 65 years. Supporting the maintenance of a healthy lifestyle and opportunities for physical and social participation in society has the potential to enhance the well-being and health of this growing population.

Aims of the project

The aim of the Reumatroppi project is to **1)** activate the rheumatism and musculoskeletal associations as well as their members by providing them with knowledge, new ideas and inspiring group activity. The project also aims at engaging the target group physically, mentally and socially and motivating them to take better care of their own health and well-being. The project promotes the idea and ways to maintain an active and lively take on life despite adversity or old age.

Additionally, the project **2)** examines the associations of physical exercise, arts and nature experiences as well as other health-enhancing non-pharmacological methods with the well-being and quality of life of people living with rheumatic and musculoskeletal diseases.

Methods – the Reumatroppi group model

The Reumatroppi project provides associations with written material for them to utilize locally. The material is based on scientific information and includes ready-made group sessions on various health-related topics. Each session includes a brief theory section, discussion, and fun activities designed to be performed both indoors and outdoors. Topics include, for example, strength exercise, literature, nature contact, creativity and dance. Activities include, for instance, physical exercises, quizzes and playful competing.

The project trains voluntary peer instructors, who launch a Reumatroppi group in their own association. The group meets regularly to explore a topic, discuss it and have fun together. In addition, the group members also do individual, topic-related tasks between group sessions and share their experiences and accomplishments via WhatsApp before the next session.

The model and materials were tested with six pilot associations in late 2020. The associations were recruited through an open call all over Finland. The associations were provided with a ready-made group material for ten weeks with varying health-related themes. Two of the pilot groups met live and four met online via Microsoft Teams. Project staff streamed part of the group sessions to live groups. Participants were asked to fill out a self-report questionnaire at the beginning of the group and another one once the group had ended.

Results of the pilot phase

Majority of the participants were 63 years of age or older. Almost all participants were women. Of all participants, about two-thirds had a rheumatic disease and one-third had some other musculoskeletal disease, although these were not mutually exclusive.

Based on the self-report questionnaires, nearly everyone had tried to enhance their own well-being during the group (Table 1). Roughly two-thirds of the participants

also reported an improvement in their quality of life. More than two-thirds of the participants had increased their physical activity and four out of five participants had reduced their sedentary time and paid more attention to health behavior all in all. In addition, the participants reported improvements in mood, stamina ja overall activity. The participants had also made new friends and got to know their local surroundings better. Almost all participants said they would continue something they started in the group.

Participants (N = 45):

- From **six associations** throughout Finland
- **82%** >63 years of age
- **96%** women
- **67%** had a rheumatic disease
- **27%** had another musculoskeletal disease
- **31%** had some other chronic condition

Table 1. Self-reported changes during the Reumatroppi pilot.

Outcome	Percent
Had tried to enhance ones own well-being and health in everyday life.	96%
Had been more physically active.	69%
Had reduced sitting and sedentary time.	80%
Had paid more attention to health behavior.	82%
Had experienced an improvement in quality of life.	64%
Had experienced positive changes in mood.	73%
Had gained more stamina.	69%
Had found new resources within oneself.	53%
Had become more active in general.	62%
Had found new friends.	71%
Had become acquainted with local opportunities for physical activity and arts.	53%
Had found new local nature venues.	62%
Will continue doing something that was tried during the group.	93%

Conclusions and future directions

Based on the pilot phase, the Reumatroppi group model appears to be a viable way to activate the elderly with rheumatic and musculoskeletal disorders and promote their well-being. Experiences and feedback gained during the pilot phase will be utilized to modify the model and a follow-up survey will be carried out to monitor long-term effects.

To date, nearly 60 peer instructors have been trained in the project, and Reumatroppi groups have been already started or are being established in 25 associations across the country. In 2023, the project aims to get more associations to set up their own Reumatroppi group and to disseminate the model to other patient organizations.

References

- 1)** Salaffi, F. et al. 2018. The impact of different rheumatic diseases on healthrelated quality of life: a comparison with a selected sample of healthy individuals using SF-36 questionnaire, EQ-5D and SF-6D utility values. Acta Biomedica 89(4), 541-557.
- 2)** Warburton, E. & Bredin, S. 2017. Health benefits of physical activity: A systematic review of current systematic reviews. Current Opinion in Cardiology 32(5), 541-556.
- 3)** Fancourt, D. & Finn, S. 2019. What is the evidence on the role of the arts in improving health and well-being? A scoping review. Copenhagen: WHO Regional Office for Europe.
- 4)** Kuo, M. 2015. How might contact with nature promote human health? Promising mechanisms and a possible central pathway. Frontiers in Psychology 6, 1093.
- 5)** World Health Organization. 2021. Ageing and health. www.who.int

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