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Identifying Barriers and Facilitators to Physical Activity for People with Scleroderma: A Nominal Group Technique Study.

Objectives: Physical activity is often encouraged for patients with scleroderma (systemic sclerosis, SSc). However, SSc patients may face unique barriers that impede their ability to engage in regular physical activity. Our objective was to identify a list of potential barriers and facilitators to physical activity participation as perceived by SSc patients in order to generate survey items to administer in a large international SSc cohort.

Methods: We conducted a series of 90-120 minute nominal group technique sessions with 3-8 SSc patients per session at patient conferences in Canada, the USA, and France. Patients first identified a personal list of examples of physical activity barriers then shared one barrier at-a-time from their list in a round-robin format. When all barriers from all patients were shared, patients identified and shared examples of facilitators for each barrier. Examples were projected onto a screen, and two group moderators led an interactive discussion to reword unclear examples and remove or merge overlapping examples. Finally, patients indicated whether they had tried each facilitator and independently rated each barrier and facilitator from 0 (not at all important) to 10 (extremely important). Using content analysis, barriers were classified into four categories, and similar barriers and facilitators were grouped into single items that captured similar examples generated across sessions. For example, a barrier item “difficulty grasping” could reflect multiple patient examples (e.g., “difficulty gripping weights or bars”; “difficulty grasping things with my hands”). The item list was reviewed by investigators to reword unclear items, remove vague items, and remove or merge overlapping items.

Results: Nine sessions were conducted (N = 37 total patients) and generated 181 barrier and 457 facilitator examples. Number of facilitator examples per barrier ranged from 0 to 10. Number of consolidated barrier items (facilitator items) for each category was 18 (78) for health and medical (e.g., “fatigue”); 8 (35) for social and personal (e.g., “fear of injury or extended recovery time”); 8 (15) for environmental (e.g., “lack of professionals with knowledge of SSc”); and 2 (3) for time, work, and lifestyle (e.g., “finding time to schedule exercise”). There were 22 barrier and 92 facilitator items with importance rated 8-10 by $\geq 40\%$ of patients who rated them.

Conclusions: We identified potentially important barriers and facilitators for SSc patients who want to be physically active. Our next step is a large-scale survey of SSc patients to determine how common barriers are, their importance, and perceived effectiveness of the proposed facilitators.