



University of Dundee

P50 addressing the vocational development of young people with long-term health conditions in health care settings

Farre, Albert; Lunt, Laura; Lee, Rebecca R.; Verstappen, Suzanne; McDonagh, Janet E.

DOI:

<https://doi.org/10.1093/rap/rkac067.050>

Publication date:

2022

Licence:

CC BY

Document Version

Publisher's PDF, also known as Version of record

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):

Farre, A., Lunt, L., Lee, R. R., Verstappen, S., & McDonagh, J. E. (2022). P50 addressing the vocational development of young people with long-term health conditions in health care settings: a systematic review and mixed methods synthesis. *Rheumatology Advances in Practice*, 6(Supplement 1), i49-i51. [rkac067.050]. <https://doi.org/10.1093/rap/rkac067.050>

General rights

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Abstract citation ID: rkac067.050

P50 ADDRESSING THE VOCATIONAL DEVELOPMENT OF YOUNG PEOPLE WITH LONG-TERM HEALTH CONDITIONS IN HEALTH CARE SETTINGS: A SYSTEMATIC REVIEW AND MIXED METHODS SYNTHESIS

Albert Farre¹, Laura Lunt^{2,3}, Rebecca Lee^{2,3}, Suzanne Verstappen², Janet McDonagh^{2,4,5}

¹University of Dundee, Dundee, United Kingdom, ²Centre for Epidemiology Versus Arthritis, University of Manchester, Manchester, United Kingdom, ³NIHR Manchester Biomedical Research Centre, Manchester University Hospitals NHS Trust, Manchester, United Kingdom, ⁴NIHR Manchester Biomedical Research Centre, Manchester University Hospitals NHS Trust, Manchester, United Kingdom, and ⁵Department of Paediatric and Adolescent Rheumatology, Royal Manchester Children's Hospital, Manchester, United Kingdom

Introduction/Background: Long term health conditions (LTHC) such as rheumatic conditions have significant impact on the biopsychosocial development of young people (YP) including vocational development. Educational transitions are prominent during adolescence and young adulthood yet not all transitional care programmes in rheumatology address this area [1]. The aim of this study was to identify and synthesise the benefits and experiences of addressing the vocational development of YP with LTHC in health care settings.

Description/Method: A mixed methods synthesis approach [2] was employed. We systematically searched 10 bibliographic databases. Restrictions were applied on publication date (1996-2020) and publication language (English). Articles reporting quantitative and/or qualitative primary research on addressing vocational needs/issues of YP with LTHC in health care settings were included. YP was defined as 10-24 years [3]. Two reviewers independently screened records using predetermined inclusion/exclusion criteria [4]. Quality appraisal was undertaken following study selection. Qualitative data were synthesised thematically. Quantitative data were synthesised narratively, given that a pooled synthesis was not considered appropriate. A cross-study synthesis integrated findings from both the qualitative and quantitative syntheses.

Discussion/Results: 43 articles were included. The quality of qualitative evidence was good; however, the quality of quantitative evidence was poor. The thematic synthesis of stakeholders' perspectives (n = 23 qualitative studies) resulted in seven recommendations for interventions: provide skills training; provide psychological support; offer to liaise with key stakeholders in educational/workplace settings; provide specialist career advice; provide information, signposting and facilitate access to supporting services; provide/facilitate access to social support; provide flexible care and optimal disease management to support education/employment transitions. The narrative synthesis summarised the results of 17 interventions. The cross-study synthesis mapped interventions against the set of recommendations arising from stakeholders' perspectives: four interventions met five recommendations; two interventions met four recommendations; five interventions met three recommendations; six interventions met two recommendations. Transitional care interventions

POSTERS

were the type of intervention that most comprehensively met the recommendations. The way in which interventions addressed vocational issues was not always clear, with some interventions addressing them directly and others indirectly. No interventions had vocational issues as the core, defining component of the intervention.

Key learning points/Conclusion: Existing stakeholder evidence highlights that vocational development is an important area to address in the care of YP with LTHC such as rheumatic diseases. The resulting set of recommendations provides guidance for future research in this area and transitional care developments in rheumatology. Further work in this area should address these aspects to enable better quality evidence and ensure consistency.

References

- [1] Clemente D et al. *Pediatr Rheumatol Online J*. 2017 Jun 9;15(1):49.
- [2] Kavanagh, J et al *Synthesizing Qualitative Research: Choosing the Right Approach*. Wiley-Blackwell, Chichester, UK, pp. 113–136
- [3] World Health Organization, 2001. *The second decade: improving adolescent health and development*. Geneva.
- [4] Farre A et al. PROSPERO 2016 CRD42016051359.

A 2nd generation, JAK1 preferential inhibitor for moderate to severe RA¹⁻⁶

While 1st generation JAK inhibitors are relatively non-selective,²⁻⁶ JYSELECA has over 5x greater potency for JAK1 over JAK2/3 and TYK2^{1*}

Balancing sustained efficacy⁷⁻¹¹ with acceptable tolerability^{1,12}

Indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease modifying anti-rheumatic drugs.¹ May be used as monotherapy or in combination with methotrexate.¹

*From biochemical assays, the clinical relevance of which is uncertain. JAK, Janus kinase; RA, rheumatoid arthritis; TYK, tyrosine kinase.

Learn more at
strengthofbalance.co.uk

Refer to Summary of Product Characteristics (SmPC) before prescribing, and for full prescribing information.

JYSELECA[®] filgotinib 100 mg or 200 mg film-coated tablets.
Indication: Jyseleca is indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have responded inadequately to, or who are intolerant to one or more disease modifying anti-rheumatic drugs (DMARDs). Jyseleca may be used as monotherapy or in combination with methotrexate (MTX). **Dosage: Adults:** 200 mg once daily. Taken orally with/without food. It is recommended that tablets are swallowed whole. **Laboratory Monitoring:** Refer to the SmPC for information regarding laboratory monitoring and dose initiation or interruption. **Elderly:** A starting dose of 100 mg once daily is recommended for patients aged 75 years and older as clinical experience is limited. **Renal impairment:** No dose adjustment required in patients with estimated creatinine clearance (CrCl) \geq 60 mL/min. A dose of 100 mg of filgotinib once daily is recommended for patients with moderate or severe renal impairment (CrCl 15 to < 60 mL/min). Not recommended in patients with CrCl < 15 mL/min. **Hepatic impairment:** Mild/moderate hepatic impairment: no dose adjustment required. Severe hepatic impairment: not recommended. **Children (< 18 years):** Safety and efficacy not yet established. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. Active tuberculosis (TB) or active serious infections. **Pregnancy/Precautions:** See SmPC for full information. **Immunosuppression:** Combination use with immunosuppressants e.g. ciclosporin, tacrolimus, biologics or other Janus kinase (JAK) inhibitors is not recommended as a risk of additive immunosuppression cannot be excluded. **Infections:** Infections, including serious infections such as pneumonia and opportunistic infections e.g. tuberculosis (TB), oesophageal candidiasis, and cryptococcosis have been reported. Risk benefit should be assessed prior to initiating in patients with risk factors for infections (see SmPC). Patients should be closely monitored for the development of signs and symptoms of infections during and after filgotinib treatment. Treatment should be interrupted if the patient

is not responding to antimicrobial therapy, until infection is controlled. There is a higher incidence of serious infections in the elderly aged 75 years and older, caution should be used when treating this population. **Tuberculosis:** Patients should be screened for TB before initiating filgotinib, and filgotinib should not be administered to patients with active TB. **Viral reactivation:** Cases of herpes virus reactivation (e.g., herpes zoster) were reported in clinical studies (see SmPC). If a patient develops herpes zoster filgotinib treatment should be temporarily interrupted until the episode resolves. Screening for viral hepatitis and monitoring for reactivation should be performed. **Malignancy:** Immunomodulatory medicinal products may increase the risk of malignancies. Malignancies were observed in clinical studies (see SmPC). **Fertility:** In animal studies, decreased fertility, impaired spermatogenesis, and histopathological effects on male reproductive organs were observed (see SmPC). The potential effect of filgotinib on sperm production and male fertility in humans is currently unknown. **Haematological abnormalities:** Do not start therapy, or temporarily stop, if Absolute Neutrophil Count (ANC) < 1×10^9 cells/L, ALC < 0.5×10^9 cells/L or haemoglobin < 8 g/dL. Temporarily stop therapy if these values are observed during routine patient management. **Vaccinations:** Use of live vaccines during, or immediately prior to, filgotinib treatment is not recommended. **Lipids:** Treatment with filgotinib was associated with dose dependent increases in lipid parameters, including total cholesterol, and high-density lipoprotein (HDL) levels, while low density lipoprotein (LDL) levels were slightly increased (see SmPC). **Cardiovascular risk:** Rheumatoid arthritis patients have an increased risk for cardiovascular disorders. Patients should have risk factors (e.g., hypertension, hyperlipidaemia) managed as part of usual standard of care. **Venous thromboembolism:** Events of deep venous thrombosis (DVT) and pulmonary embolism (PE) have been reported in patients receiving JAK inhibitors including filgotinib. Caution should be used in patients with risk factors for DVT/PE, such as older age, obesity, a medical history of DVT/PE, or patients undergoing surgery, and prolonged

immobilisation. **Lactose content:** Contains lactose; patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take filgotinib. **Pregnancy/Lactation:** Filgotinib is contraindicated in pregnancy. Filgotinib should not be used during breast-feeding. Women of childbearing potential must use effective contraception during and for at least 1 week after cessation of treatment. **Driving/Using machinery:** No or negligible influence, however dizziness has been reported. **Side effects:** See SmPC for full information. **Common ($\geq 1/100$ to < $1/10$):** nausea, upper respiratory tract infection, urinary tract infection and dizziness. **Uncommon ($\geq 1/1000$ to < $1/100$):** herpes zoster, pneumonia, neutropenia, hypercholesterolaemia and blood creatine phosphokinase increase. **Serious side effects:** See SmPC for full information. **Legal category:** POM **Pack:** 30 film-coated tablets/bottle **Price:** UK Basic NHS cost: £863.10 **Marketing authorisation number(s):** **Great Britain** Jyseleca 100mg film-coated tablets PLGB 42147/0001 Jyseleca 200mg film-coated tablets PLGB 42147/0002 **Northern Ireland** Jyseleca 100mg film-coated tablets EU/1/20/1480/001 EU/1/20/1480/002 Jyseleca 200mg film-coated tablets EU/1/20/1480/003 EU/1/20/1480/004 **Further information:** Galapagos UK, Belmont House, 148 Belmont Road, Uxbridge UB8 1QS, United Kingdom 00800 7878 1345 medicalinfo@galp.com Jyseleca[®] is a trademark. **Date of Preparation:** January 2022 UK-RA-FIL-202201-00019
 ▽ Additional monitoring required

Adverse events should be reported.
 For Great Britain and Northern Ireland, reporting forms and information can be found at yellowcard.mhra.gov.uk or via the Yellow Card app (download from the Apple App Store or Google Play Store).
 Adverse events should also be reported to Galapagos via email to DrugSafety.UK.Ireland@galp.com or 00800 7878 1345

References: 1. JYSELECA SPC. Available at: www.medicines.org.uk. Last accessed: June 2022. 2. Angelini J, et al. *Biomolecules* 2020;10(7):E1002. 3. Banerjee S, et al. *Drugs* 2017;77:521-546. 4. O'Shea JJ, et al. *Nat Rev Rheumatol* 2013;9(3):173-182. 5. Traves PG, et al. *Ann Rheum Dis* 2021;01-11. 6. McInnes IB, et al. *Arthr Res Ther* 2019;21:183. 7. Combe B, et al. *Ann Rheum Dis* 2021;doi:10.1136/annrheumdis-2020-219214. 8. Genovese MC, et al. *JAMA* 2019;322(4):315-325. 9. Westhovens R, et al. *Ann Rheum Dis* 2021;doi:10.1136/annrheumdis-2020-219213. 10. Combe B, et al. *Arthritis Rheumatol* 2021;73(suppl 10). <https://acrabstracts.org/abstract/clinical-outcomes-up-to-week-48-of-filgotinib-treatment-in-an-ongoing-long-term-extension-trial-of-ra-patients-with-inadequate-response-to-mtx-initially-treated-with-filgotinib-or-adalimumab-during-th/>. Last accessed: June 2022. 11. Buch MH, et al. *Arthritis Rheumatol* 2021;73(suppl 10). <https://acrabstracts.org/abstract/clinical-outcomes-up-to-week-48-of-ongoing-filgotinib-ra-long-term-extension-trial-of-biologic-dmard-inadequate-responders-initially-on-filgotinib-or-placebo-in-a-phase-3-trial/>. Last accessed: June 2022. 12. Winthrop K, et al. *Arthritis Rheumatol* 2021;73(suppl 10). Available at: <https://acrabstracts.org/abstract/integrated-safety-analysis-update-for-filgotinib-in-patients-with-moderately-to-severely-active-rheumatoid-arthritis-receiving-treatment-over-a-median-of-2-2-years/>. Last accessed: June 2022.

Galapagos

June 2022 GB-RA-JY-202205-00033

JYSELECA, GALAPAGOS and the JYSELECA and GALAPAGOS logos are registered trademarks of Galapagos NV.
 © 2022 Galapagos NV. All rights reserved.