E4E: Self-Management Education Programs for Rheumatoid Arthritis

What is self-management for rheumatoid arthritis?

Self-management education programs are designed to encourage people with rheumatoid arthritis (RA) take an active role in managing their condition alongside medical care. These programs focus on building practical skills such as problem-solving, goal setting, symptom monitoring, and understanding treatment options.

Common components include learning about: health-directed activity (e.g., exercise, diet, other healthy habits); positive and active engagement in daily life; emotional well-being; self-monitoring and insight; constructive attitudes and coping strategies; skill and technique acquisition; social support; and navigating the healthcare system.

The most studied programs have been delivered in group and face-to-face formats, although individual and remote options (telephone or online) exist.

From an equity perspective, participation and benefit may vary depending on health literacy, language, culture, socioeconomic status, access to care, and digital access. Programs may need adaptation to ensure they are appropriate and accessible for populations experiencing inequities.

Is it effective?

Self-management programs for RA may improve physical function, disease activity, general health, and self-efficacy compared with usual care or waiting lists.

For outcomes such as pain, anxiety, and depression, the evidence is uncertain, with results ranging from meaningful benefit to little or no effect.

Harms are minimal, and self-management is recommended in clinical practice guidelines as part of comprehensive RA care.

Equity-focused findings

Equity considerations highlight that people with lower income, lower health literacy, limited access to care, rural or remote residence, disability, language barriers, or caregiving and work responsibilities may face greater barriers to participation unless programs are designed to address these challenges.

Studies in populations experiencing inequities suggest that tailored programs may improve participation, self-efficacy, function, and adherence. Programs using flexible delivery (e.g., telephone, home-based, or online approaches), individualized goal setting, visual materials, simplified communication, and culturally responsive care appeared to improve acceptability and feasibility for some groups. Programs delivered by telephone or at home reduced barriers related to travel, mobility limitations, distance from care, work schedules, and caregiving responsibilities.

However, most studies do not compare outcomes across advantaged and disadvantaged groups, making it unclear whether self-management programs reduce inequities, rather than simply improving outcomes within specific populations.

How certain are we of the results?

The certainty of evidence ranges from low to moderate, with concerns about risk of bias (e.g., lack of blinding, unclear randomization and allocation methods), inconsistency across studies, and imprecision for some outcomes.

Equity-relevant data are limited:

- Most participants were middle-aged to older adults, female, and often White
- Sex/gender and age were commonly reported, while education, socioeconomic status, race/ethnicity, social support, and health literacy were reported less consistently
- Most studies measured equity-relevant characteristics descriptively but did not assess differences in effects across PROGRESS-Plus groups
- Limited representation of diverse populations raises concerns about applicability and generalizability to populations experiencing inequities

How can you implement it well?

Effective implementation requires both strong program design and attention to equity.

General principles:

- Deliver programs alongside usual care
- Offer flexible delivery formats (group, individual, in-person, telephone, home-based, or virtual)
- Provide individualized goal setting, tailored support, and ongoing follow-up
- Integrate self-management support into routine care where feasible (e.g., nurse-led follow-up or chronic care models)

Equity-focused strategies:

- Use plain language, visual aids, and multiple formats to support varying literacy and educational levels
- Adapt programs to language, culture, and local context beyond simple translation
- Reduce practical barriers such as transportation, travel time, scheduling burden, caregiving responsibilities, and time away from work
- Tailor program intensity and content to functional status, readiness, and perceived need rather than using a one-size-fits-all approach
- Include family, partners, or trusted social supports where appropriate to strengthen engagement and coping
- Build trust and culturally responsive relationships, particularly where fear, discrimination, cultural beliefs, or mistrust influence participation
- Design flexible delivery options for rural or remote communities, mobility limitations, and people with

limited access to specialist care
• Support access to low-technology or non-digital options for people with limited internet, hearing difficulties, language barriers, or discomfort with technology
• Consider workforce and resource requirements when selecting delivery models, recognizing that individualized programs may require more staff time or specialized expertise
• Design programs to reduce intervention-generated inequities and improve access for populations underrepresented in trials, including people with lower socioeconomic status, Indigenous peoples, racialized communities, and those with limited social support or unstable housing

Key messages

Self-management education programs for rheumatoid arthritis may improve physical function, disease activity, general health, and confidence in managing health, with minimal harms, and are recommended in clinical care. Their impact may be greater when programs are tailored to individual needs and adapted for populations facing barriers related to literacy, language, culture, disability, rural or remote residence, and socioeconomic disadvantage. However, there is limited evidence on whether these programs reduce health inequities, highlighting an important area for future research. Future trials should better evaluate equity-related differences in outcomes, improve reporting of PROGRESS-Plus characteristics, and assess individualized and adaptive approaches tailored to patient needs and contexts.