

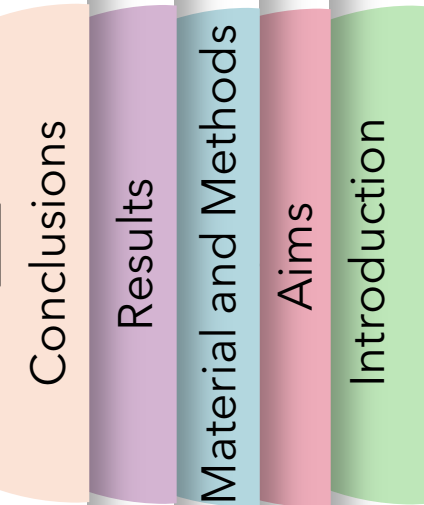
Beyond one-size-fits-all: Understanding the Packer Managing Fatigue Program in individuals experiencing fatigue

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Conclusions

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Material and Methods

Aims

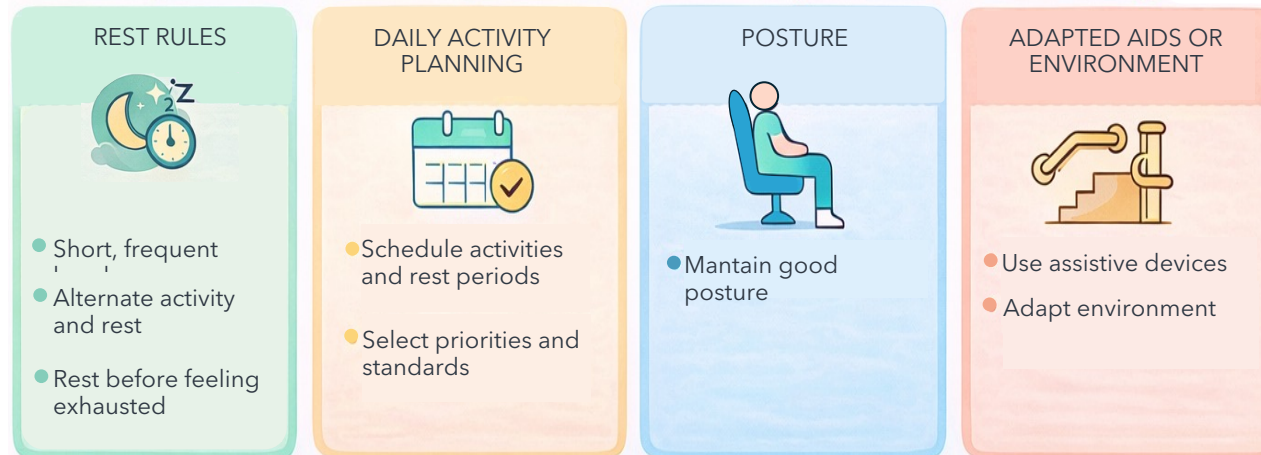
FATIGUE in Chronic Conditions

Multidimensional construct that includes physical and cognitive components

IMPACTS ON



OCCUPATIONAL THERAPY SELF-MANAGEMENT INTERVENTION FOR FATIGUE



Packer Self-Management Fatigue Program

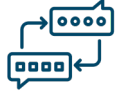


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I
To translate and culturally adapt the PMFP therapist and client manuals (group format) into Italian

II

To evaluate the feasibility, including recruitment rate, retention, adherence to sessions, and acceptability of the Italian PMFP



III



To assess the impact of the group-based online PMFP on self-efficacy, fatigue, quality of life, sleep disturbances, and occupational balance in individuals with chronic conditions

IV

To examine whether diagnosis, years since diagnosis, or cognitive status may influence the program's impact.



Aims

Introduction

Translation and cultural adaptation

Trial design and participants

Study design

- Single-arm pre-post feasibility study

Recruitment

- Clinical centers (Rome & Genoa): MS, Fibromyalgia, Movement disorders centers

Eligibility Criteria

Inclusion Criteria

- ≥ 18 years, Italian-speaking
- Clinically significant fatigue (FSS ≥ 4)
- Diagnosis of chronic condition

Exclusion Criteria

- Condition-specific MoCA cut-offs:
 - Fibromyalgia/MS: < 26
 - Parkinson's disease: < 22
- Neuromuscular disorders < 23



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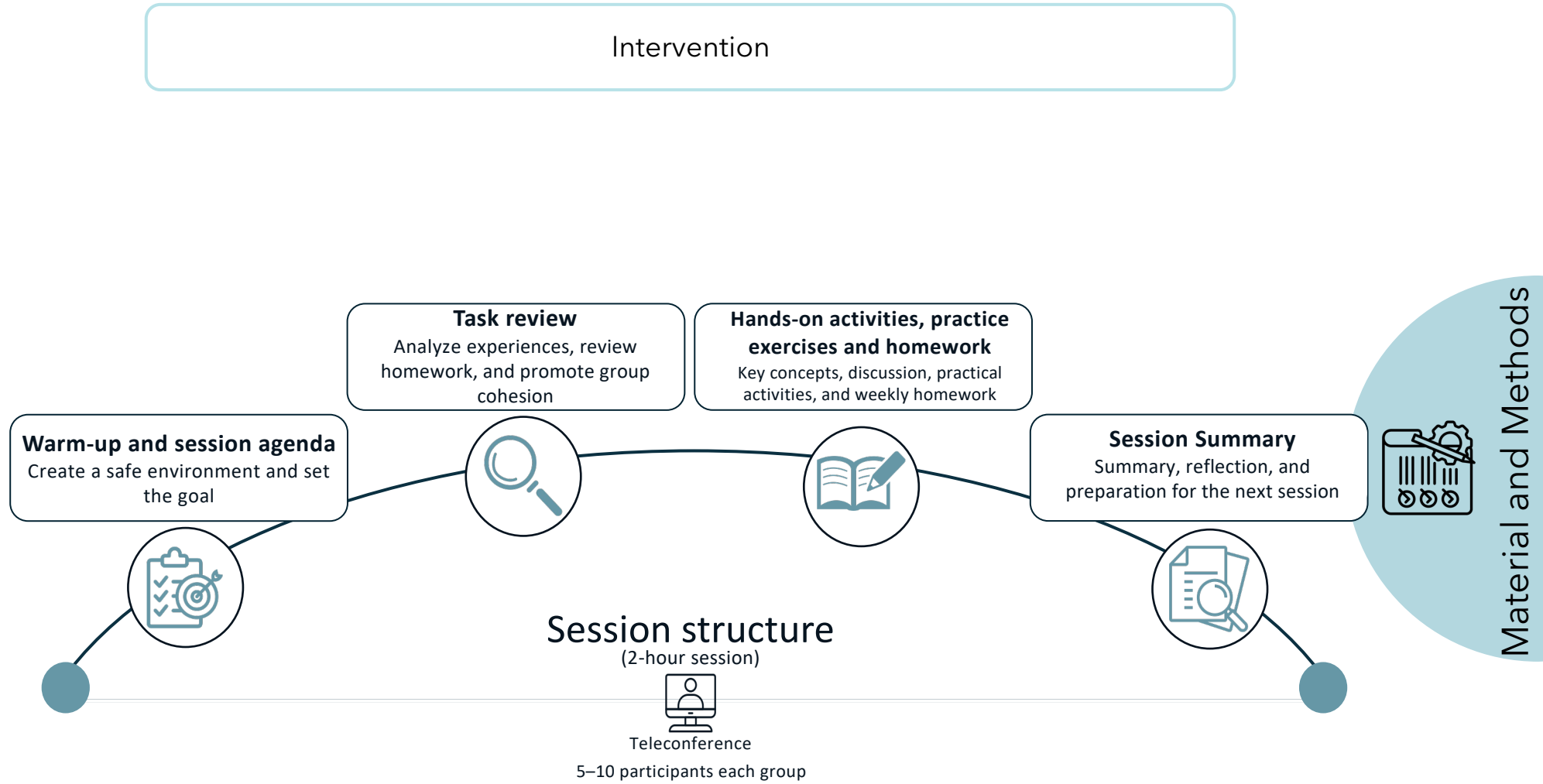
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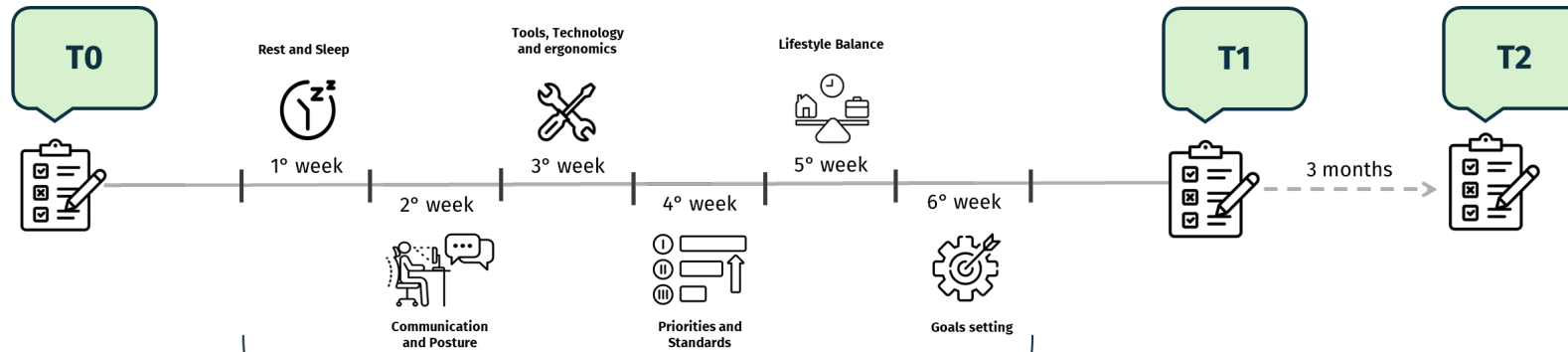
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Assessment



Primary Outcome
Self-efficacy
Self-Efficacy for Performing Energy Conservation Strategies Assessment (SEPECSA)

Secondary Outcomes
Fatigue severity Fatigue Severity Scale
Fatigue Impact Modified Fatigue Impact Scale
QoL Short Form - 36 (SF-36)
Sleep Disturbances Pittsburgh Sleep Quality Index
Occupational Balance Occupational Balance Questionnaire (OBQ-11)
Anxiety and Depression Hospital Anxiety and Depression Scale

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Enrollment

Assessed for eligibility (n = 68)

- Excluded:
- FSS \leq 4 (n = 6)
 - MoCA \leq 21 (n = 5)
 - Not confirmed diagnosis (n = 6)
 - Declined to participate (n = 2)

Allocation

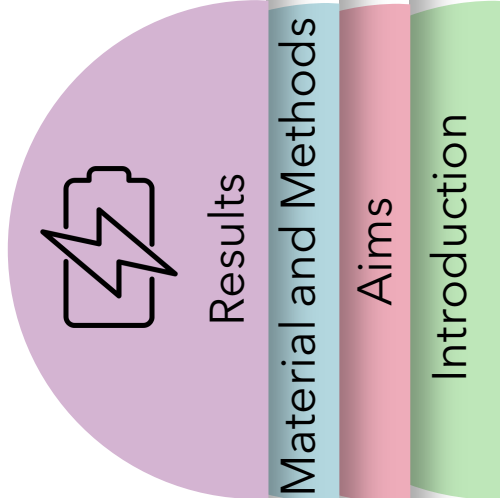
Allocated to Online Packer Managing Fatigue Group
(n = 49)

Follow-up

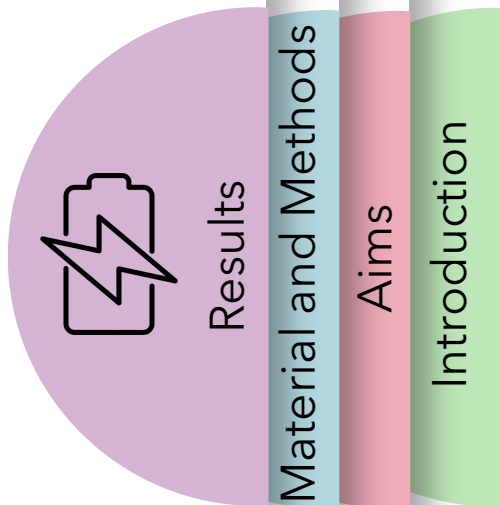
Follow-up
Lost to follow-up at T1 (n = 3)
Lost to follow-up at T2 (n = 2)

Analysis

Included in analysis (LMM)
n = 49 (all participants with at least one time point)



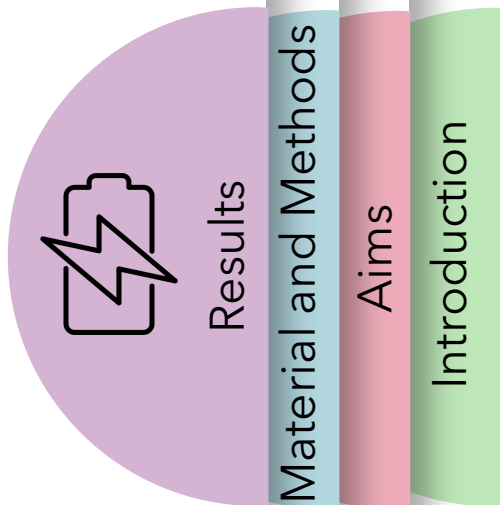
| | Chronic diseases | Fibromyalgia | Multiple Sclerosis | Parkinson's Disease | Neuromuscular Disorders |
|--|-------------------------|---------------------|---------------------------|----------------------------|--------------------------------|
| Baseline | n=49 | n= 22 | n =16 | n= 8 | n = 3 |
| Age (Mean; SD) | 54.4 (12.7) | 53.8 (6.6) | 46.0 (11.9) | 71.9 (9.9) | 57.3 (14.0) |
| Female (n; %) | 41 (85.2) | 22 (100) | 12 (75) | 6 (75) | 3 (100) |
| Montreal Cognitive Assessment (Mean; SD) | 27.0 (2.6) | 27.9 (2.7) | 26.8 (2.5) | 25.7 (1.6) | 24.3 (1.5) |
| Fatigue Severity Scale (Mean; SD) | 6.1 (0.8) | 6.3 (0.2) | 6.0 (0.7) | 6.1 (0.9) | 6.1 (0.9) |
| Time since Diagnosis (Mean; SD) | 5.6 (7.5) | 3.3 (3.7) | 7.3 (9.1) | 4.0 (3.9) | 18.0 (14.0) |
| Education attainment (n ;%) | 13.6 (2.0) | 13.1 (18.1) | 13.7 (3.4) | 14.9 (2.4) | 14.7 (2.9) |
| Employment status (n; %) | | | | | |
| Unemployed | 11 (22.4) | 6 (27.3) | 4 (25.0) | 0 | 1 (33.3) |
| Full-time worker | 17 (34.7) | 9 (40.9) | 6 (37.5) | 0 | 2 (66.7) |
| Part-time worker | 12 (24.5) | 6 (27.3) | 4 (25.0) | 2 (25.0) | 0 |
| Retired | 9 (18.4) | 1 (4.5) | 2 (12.5) | 6 (75.0) | 0 |



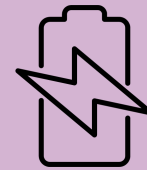
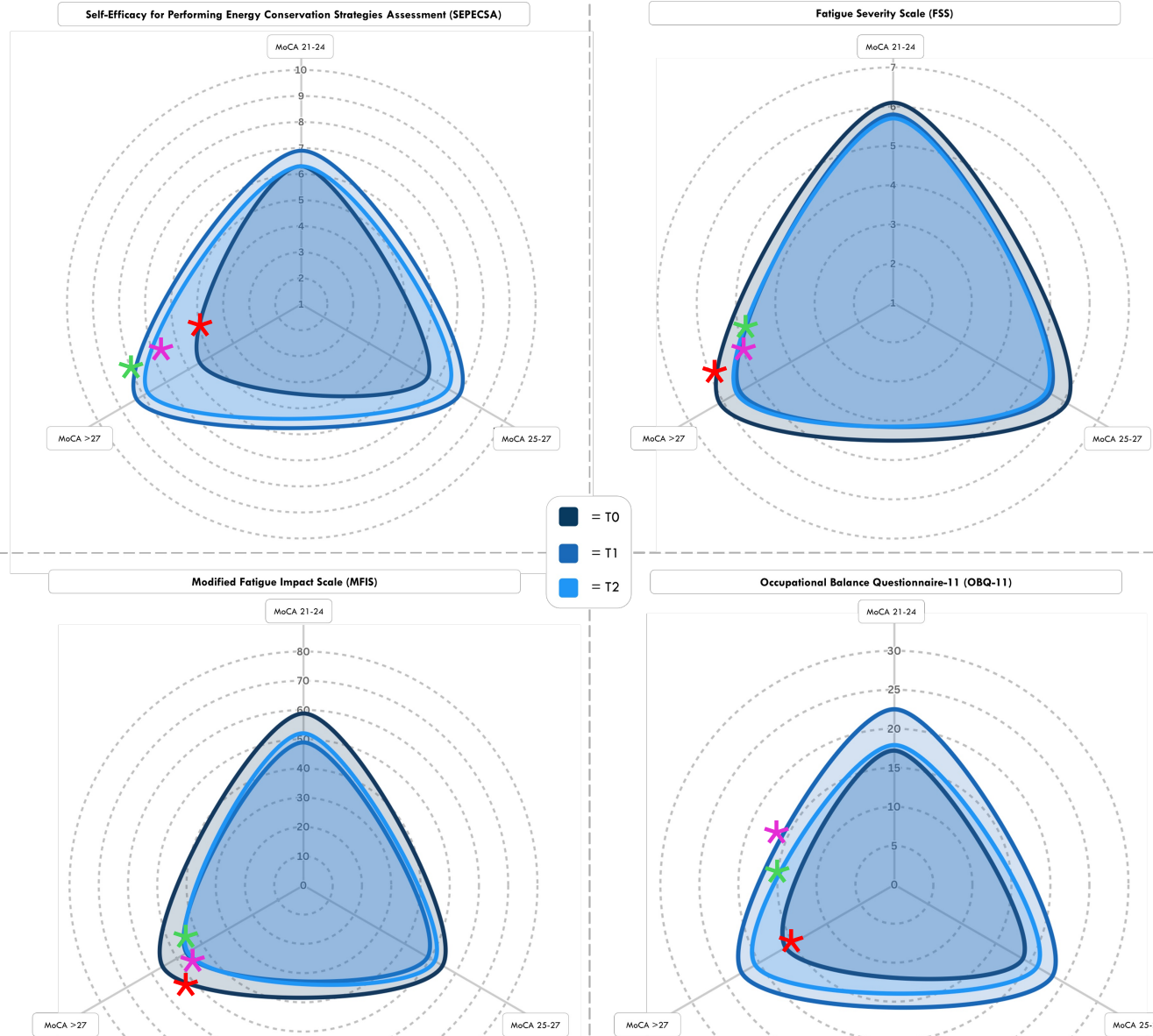
Conclusions

| | | Time | Disease | MoCA | Time since diagnosis |
|------------------------------|------------|------------------|-------------|-------------|----------------------|
| SEPECSA | ChiSq (df) | 54.671 (2) | 2.720 (3) | 4.740 (1) | 7.407 (1) |
| | p-value | < .001 | .437 | .029 | .006 |
| FSS | ChiSq (df) | 26469 (2) | 2847 (3) | 0.770 (1) | 0.267 (1) |
| | p-value | < .001 | .416 | .380 | .605 |
| MFIS - Physical Fatigue | ChiSq (df) | 10708 (2) | 4735 (3) | 2503 (1) | 1164 (1) |
| | p-value | .005 | .192 | .114 | .281 |
| MFIS - Cognitive Fatigue | ChiSq (df) | 22284 (2) | 7871 (3) | 1105 (1) | 0.608 (1) |
| | p-value | < .001 | .049 | .293 | .436 |
| MFIS - Psychological Fatigue | ChiSq (df) | 10708 (2) | 4735 (3) | 2503 (1) | 1164 (1) |
| | p-value | .005 | .192 | .114 | .281 |
| MFIS total score | ChiSq (df) | 25737 (2) | 9154 (3) | 3262 (1) | 0.467 (1) |
| | p-value | < .001 | .027 | .071 | .494 |
| OBQ-11 | ChiSq (df) | 49121 (2) | 5062 (3) | 0.158 (1) | 5372 (1) |
| | p-value | < .001 | .167 | .691 | .020 |

Note. MoCA = Montreal Cognitive Assessment; SEPECSA = Self-Efficacy for Performing Energy Conservation Strategies Assessment; FSS = Fatigue Severity Scale; MFIS = Modified Fatigue Impact Scale



- * T0
- * T1
- * T2



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Implication for patients

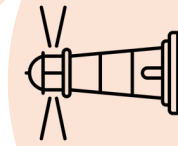
- PMFP enhances self-efficacy for daily fatigue management
- Mixed-diagnosis groups support shared learning and peer exchange.

Implication for research

- RCTs to establish PMFP effectiveness
- Both transdiagnostic and condition-specific trials are needed, particularly face-to-face interventions for PD.
- Studies should also examine optimal timing, cognitive resources, and readiness for change across the disease trajectory.

Implication for clinicians

- Clinicians should consider cognitive resources when grouping patients, in order to ensure that groups are balanced
- Different conditions can be grouped within the same group.



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Thank you for your attention!

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