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A feasibility study of an online support programme to help South Asian people newly diagnosed with rheumatoid arthritis manage their condition

Submission date
02/06/2026

Recruitment status
Recruiting

Registration date
18/06/2026

Overall study status
Ongoing

Last Edited
18/06/2026

Condition category
Musculoskeletal Diseases

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Research shows that people from South Asian backgrounds are diagnosed with immune-mediated diseases, including rheumatoid arthritis (RA), much earlier than White individuals—sometimes up to 30 years earlier. The median age of RA diagnosis is 45–48 years in South Asian communities, compared to 56 years for White individuals. This early onset often occurs when people are juggling busy careers and family responsibilities, making effective self-management crucial. Unfortunately, South Asian patients, especially non-English speakers, often experience worse health outcomes and find it harder to manage their condition due to language and cultural barriers.
Most educational resources for managing RA are only available in English, limiting access for non-English speakers. With the NHS increasingly offering remote appointments and self-initiated follow-ups, there is an urgent need for culturally and linguistically tailored support.
Apni Jung (meaning "Our Fight") against RA is a culturally tailored, online educational programme designed specifically for South Asian people with RA. It aims to improve understanding of RA and support better self-management of the condition. The programme is delivered in an accessible, culturally relevant format, helping people gain the knowledge and confidence to manage their health effectively. www.nras.org.uk/apnijung
This study aims to test the best ways to recruit and retain participants for a future large trial, to measure how well the Apni Jung programme is received and whether it meets the needs of South Asian people with RA, and to ensure the study design avoids any cross-contamination between the groups receiving usual care and those using Apni Jung.

Who can participate?
Patients aged 18 years and over from South Asian backgrounds who were diagnosed with rheumatoid arthritis (RA) within a year ane who speak Hindi, Punjabi, or Urdu

What does the study involve?
Participants are recruited from early arthritis clinics at six hospitals and are randomly assigned to

receive either usual care or usual care plus the Apni Jung programme – a 2–3-hour online intervention to support RA self-management. We will assess how well people engage with the programme and gather feedback through interviews. We will also measure changes in their RA knowledge, self-management, and healthcare usage using culturally and linguistically appropriate tools.
All participants complete questionnaires at the start of the study and again at 3 months, helped by our bilingual research fellow who speaks Hindi, Punjabi, and Urdu. All participants also keep a weekly diary recording their RA-related healthcare use. Those in the Apni Jung group are asked to use the online programme (around 2–3 hours total) and take part in a telephone interview about their experience. After 3 months, participants in the usual care group are also given access to Apni Jung.

What are the possible benefits and risks of participating?
Participants in both groups will have access to Apni Jung videos in their own language (the usual care group after three months). Their feedback will directly shape improvements to the programme and help make patient education more accessible for the South Asian community. There are no anticipated risks. The main burden is the time taken to complete questionnaires (around 20 minutes at each time point) and, for the Apni Jung group, the interview (around 1 hour at 3 months).
If this study is successful, we will conduct a larger 12-month trial to assess whether Apni Jung can improve clinical outcomes, enhance quality of life, and reduce healthcare usage and work-related impacts. Ultimately, our goal is to reduce health inequalities by empowering South Asian individuals with RA to take control of their condition and improve their overall well-being.

Where is the study run from?
The study is coordinated from the University of Birmingham and runs across six NHS hospital sites in the West Midlands and East Midlands (UK)

When is the study starting and how long is it expected to run for?
January 2026 to December 2027

Who is funding the study?
The National Institute for Health and Care Research (NIHR) Research for Patient Benefit (RfPB) Programme (UK)

Who is the main contact?
Dr Kanta Kumar, k.kumar@bham.ac.uk

Contact information

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Public, Scientific

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Integrated Research Application System (IRAS)
356140

Central Portfolio Management System (CPMS)
69268

National Institute for Health and Care Research (NIHR)
208620

Study information

Scientific Title
Improving patient education for people of South Asian origin living with rheumatoid arthritis in England

Study objectives
This feasibility study will have three overarching objectives:
1. To assess the feasibility of recruitment strategies, outcome measures, and participant retention required for a future definitive trial of the Apni Jung programme.
2. To evaluate intervention uptake, acceptability, and perceived benefit of Apni Jung among people who speak little or no English with newly diagnosed RA, including the extent to which the programme meets the educational and self-management needs of the target population.
3. To determine whether the proposed study procedures effectively minimise the risk of contamination between study arms.

These objectives will be addressed through two primary research questions:
1. Will the proposed study design, recruitment strategies, outcome measures, and retention rates be sufficiently feasible and robust to support progression to a future definitive trial of Apni Jung?
2. What will be the uptake, acceptability, and reported benefit of Apni Jung among people who speak little or no English with newly diagnosed RA?

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 16/07/2025, South Central - Oxford A Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; -; oxforda.rec@hra.nhs.uk), ref: 25/SC/0217

Primary study design
Interventional

Study design
Randomized controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Rheumatoid arthritis (RA)

Interventions
Standard care (both study arms):
All participants will receive standard NHS rheumatology care, including routine early inflammatory arthritis clinic appointments, pharmacological management in accordance with national clinical guidance, and access to standard patient education routinely provided by clinical teams in English.

Standard care plus Apni Jung (intervention arm):
In addition to standard care, participants allocated to the intervention arm will receive access to the Apni Jung online educational programme (https://www.nras.org.uk/apnijung). The programme requires approximately 2 to 3 hours to complete and is available in Hindi and Punjabi. The content can be understood by those who speak in Urdu too. The content includes understanding RA and its treatment, self-management, medication adherence linked to illness beliefs, pain and fatigue management, flare management, cardiovascular risk reduction, diet, physical activity, and living with RA within South Asian cultural and family contexts. Patient narratives from South Asian individuals living with RA are embedded throughout the programme to enhance cultural relevance, support engagement, motivate and reduce feelings of isolation associated with a new diagnosis.

To support engagement with the intervention and optimise fidelity, the research fellow will contact participants in the intervention arm by telephone approximately 1–2 weeks after access has been provided. This contact will confirm programme access, address any practical or

technical difficulties, and provide participants with an opportunity to ask questions. Participants who have not yet accessed the programme will be offered additional support to facilitate engagement.

No restrictions will be placed on concomitant care or access to other educational or support resources during the study period. Any additional healthcare utilisation or support accessed during the follow-up period will be documented using the healthcare utilisation diary.

Intervention Type
Behavioural

Primary outcome(s)
1. Patient enablement measured using the Patient Enablement Instrument (PEI) at baseline and at 3 months
2. Feasibility outcomes: recruitment rate (proportion of target number recruited at 3 months), retention rate (proportion of recruited participants with 3-month follow-up data), contamination rate (proportion of control participants who accessed Apni Jung), and questionnaire completion rates

Key secondary outcome(s)
1. Quality of life measured using the EuroQol EQ-5D-5L at baseline and 3 months
2. Health education impact measured using the Health Education Impact Questionnaire (HeiQ) at baseline and 3 months
3. Health literacy measured using the Health Literacy Questionnaire (HLQ) at baseline only
4. Illness perceptions measured using the Short Brief Illness Perception Questionnaire (Brief-IPQ) at baseline and 3 months
5. Healthcare resource utilisation measured using weekly participant diaries throughout the 3-month follow-up period, capturing primary care visits, hospital visits, inpatient stays, investigations, medications, and non-NHS expenditure

Completion date
31/12/2027

Eligibility

Key inclusion criteria
1. People diagnosed with RA within a year, using the American College of Rheumatology /European League Against Rheumatism 2010 (ACR/EULAR 2010) criteria
2. Adults >=18 years old
3. Ability to communicate in Hindi, Punjabi, or Urdu
4. For usual care: people who have not previously received the Apni Jung programme
5. For usual care plus Apni Jung: access to the internet/phone/YouTube

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit

18 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. People from non-South Asian backgrounds
2. Members of the PPI team in this study

Date of first enrolment
30/01/2026

Date of final enrolment
01/06/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
New Cross Hospital
Wolverhampton Road
Heath Town
Wolverhampton
England
WV10 0QP

Study participating centre
Queen Elizabeth Hospital
Mindelsohn Way
Edgbaston
Birmingham
England
B15 2GW

Study participating centre

Solihull Hospital
Lode Lane
Solihull
England
B91 2JL

Study participating centre
Leicester Royal Infirmary
Infirmary Square
Leicester
England
LE1 5WW

Study participating centre
Birmingham City Hospital
Dudley Road
Birmingham
England
B18 7QH

Study participating centre
Sandwell Health Campus
Lyndon
West Bromwich
England
B71 4HJ

Sponsor information

Organisation
University of Birmingham

ROR
https://ror.org/03angcq70

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study will be available upon request from Dr Kanta Kumar (k.kumar@bham.ac.uk). The data will consist of anonymised questionnaire and interview data. Data will become available following publication of the main study results. Access will be subject to a data sharing agreement. Participant consent was obtained for data sharing in anonymised form. Data will be fully anonymised prior to sharing. There are no ethical or legal restrictions beyond those described above.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		16/07/2025	17/06/2026	No	Yes
Participant information sheet	version 3	16/07/2025	17/06/2026	No	Yes
Protocol file	version 2	16/07/2025	17/06/2026	No	No