

SP0094 THE SWEDISH EXPERIENCE - HOW A PATIENT ORGANISATION COULD REACH OUT TO IMMIGRANTS AND DEVELOP THROUGH INTEGRATION

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Background: in the early years of the new millennium many European countries faced an increased number of immigrants due to the second Iraqi war that affected the whole sub region. Some of these immigrants reached the Swedish shores and many of them have RMDs.

In an attempt to help integrate them to the Swedish society, the SRA reached out to these immigrants with RMDs to give them the tools and the knowledge of how to live a decent life with RMDs and also to inform them about how the Swedish healthcare system works. By informing them and giving them the tools to live their lives to the fullest in Sweden the SRA participated indirectly to reduce the burden of the welfare system and also increased the number of our members and embraced the diversity in the organisation.

Objectives: By running some tests with our local chapters the SRA noticed that the lack of knowledge about the RMDs was immense among these minorities. So the SRA decided to act together with other actors to facilitate the inclusiveness of these minorities into the society.

Methods: To achieve this giant task the SRA applied and received financial support from the Swedish General inheritance fund and collaborated with several health providers, the employment office, some Folk High Schools, ABF (Adult Liberal Education Association) and our local chapters and joiners in 5 of the biggest cities: Stockholm, Örebro, Gothenburg, Norrköping and Umeå.

Results: This experience was a breakthrough for the SRA. The SRA was the first patient organisation that walked this new path. The iconoclastic experience enriched the SRA and gave it a great knowledge of how to reach out to minority groups and giving them the tools to be a fully part of the society despite the burden of the RMDs.

Conclusion: The SRA increased its knowledge, capacity and flexibility during this experience. Today the SRA is cited as a reference in Sweden when it comes to reaching out to different minorities suffering of RMDs. Many organisations are now lining up to work with the SRA in these matters. In 2007 the SRA received the price for best project from the Swedish General Inheritance Fund.

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EULAR Projects in musculoskeletal imaging

SP0095 EULAR RECOMMENDATIONS FOR THE USE OF IMAGING IN THE DIAGNOSIS AND MANAGEMENT OF LARGE VESSEL VASCULITIS IN CLINICAL PRACTICE

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Large vessel vasculitis (LVV) is the most common form of primary vasculitis comprising giant cell arteritis (GCA) and Takayasu arteritis (TA).

Although temporal artery biopsy and conventional angiography are still the golden standard diagnostic tests for GCA and TA, respectively, modern imaging methods including ultrasound, magnetic resonance imaging, computed tomography (CT) and ¹⁸F-FDG positron emission tomography - CT are increasingly used. In clinical practice however, these methods are inconsistently applied and rheumatologists and other specialists are still uncertain about the specific value of these modalities. This project has been conducted with the aim to provide user-friendly, evidence-based recommendations for the use of modern imaging methods for diagnosis, monitoring and outcome prediction of primary LVV. Specifically, we give advice on 1) when to use these imaging techniques, 2) what specialists might conclude from imaging results and 3) what technical standards are required to achieve high quality imaging results.

These recommendations aim at an early and specific diagnosis as well as an improved assessment of LVV, thus ultimately leading to better outcomes of patients with LVV.

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SP0096 EULAR/PRES STANDARDISED PROCEDURES FOR MUSCULOSKELETAL ULTRASOUND (MSUS) IMAGING IN PEDIATRIC RHEUMATOLOGY

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Musculoskeletal ultrasound (MSUS) is a readily available and suitable imaging technique to assess the immature skeleton of paediatrics in different musculoskeletal rheumatic diseases (MSRD). Besides the potential operator-dependent feature of this technique, the age-related variation of normal sonoanatomy due to the child's growth makes more difficult acquisition, interpretation and comparison of

images than in adults. Hence, to use MSUS as a valid technique for diagnosis of MSRD, it is needed to develop specifically evidence-based recommendations for paediatrics. Additionally, the variability in background and experience of ultrasonographers in different countries requires an international multidisciplinary contribution for an optimal standardization of MSUS performance in paediatric MSRD.

Reflecting the perceived need for developing recommendations on the standardization of procedures for performing MSUS examination in MSRD, a collaborative international EULAR/PReS task force was convened. In the talk, it is going to summarize the original proposed specific aims and update on work for each aim previously mentioned. A systematic literature search was performed in Medline and Embase from databases inception to 1st June 2016 as the first step. One hundred and eighty-eight articles were finally included after reviewing 6059 records identified. The scanning for the knee and the ankle joint was the most common reported, whereas the paediatric wrist was uncommon.

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SP0097 REPORT OF ANATOMY FOR THE IMAGE REPORT OF THE EULAR WORKING GROUP OF ANATOMY FOR THE IMAGE

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The EULAR Working Group for the Image became an official "working group" 2 years ago with the purpose of furthering anatomic study and education related to the human musculoskeletal system and relevant non-musculoskeletal structures important in the practice of rheumatology and, more specifically, rheumatologic imaging including but not limited the high-resolution musculoskeletal ultrasound and MRI.

Studies performed:

- "Sonographic and anatomical description of the subtalar joint" – submitted for publication.
- "The anterior rotator cuff – a link between anatomy and ultrasound" – submitted for publication.
- "Learning model for successful ultrasound-guided synovial biopsy": pending submission.

New/Ongoing projects:

- Deep layer of the abdominal subcutaneous fat pad and cardiovascular risk: ultrasound measurement and relationship with visceral fat
- The mechanical function of the Hoffa fat pad as seen in a dynamic musculoskeletal ultrasound study.
- Ultrasound study of the neurovascular supply to the joints.
- The relevance of ligaments in inflammatory disorders of the articulations of the hand and wrist.
- The principles of anatomy as seen in musculoskeletal ultrasound.

Activities promoted by the group:

- Barcelona Sonoanatomy IX and X under scientific endorsement of EULAR.

Support:

- OMERACT: "Reliability exercise of synovitis at the subtalar joint".
- In collaboration with the University of Barcelona:
- Certificate Course "Expert in Musculoskeletal Ultrasound".

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Capillaroscopy I & II

SP0098 THE IMPORTANCE TO DIFFERENTIATE NORMAL FROM ABNORMAL CAPILLAROSCOPIC IMAGES FOR AN EARLY DIAGNOSIS OF DISEASE

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Medical doctors frequently get patients with Raynaud's phenomenon (RP), a frequent symptom in the general population, referred. The importance of distinguishing normal capillaroscopic findings from (pathognomonic) abnormal (pathological) findings, lies in the fact that this distinction allows the differentiation between a primary RP (not connected to any connective tissue disease [CTD]) from a secondary RP due to systemic sclerosis (SSc) and diseases of the scleroderma spectrum.

What is normal in primary RP? A normal capillaroscopic pattern, by qualitative assessment, is characterized by a homogeneous distribution of hairpin shaped capillaries as a "comb-like structure", with a density of between 9–14 capillaries per mm. Yet, there exists a wide intra- and inter-individual variety in a normal population which will be discussed in this session.

What is pathognomonic abnormal in patients with RP due to SSc? Patients with the RP who have an underlying clinically recognizable (= with skin involvement) SSc show a very characteristic combination of capillary abnormalities in the nailfold, which can easily be assessed through qualitative assessment (= pattern