

## Poster Presentations

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### HPR interventions (educational, physical, social and psychological)

#### THU0720-HPR PHYSICAL ACTIVITY IN PATIENTS WITH INFLAMMATORY ARTHROPATHIES

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**Background:** Inflammatory arthropathies are a group of diseases that have common characteristics, like unknown etiology, autoimmune or autoinflammatory pathogenesis, genetic predisposition and chronicity. These affect people of all ages and can cause physical, psychic, and social disability. Physical activity is essential to decrease symptoms of pain, fatigue and weakness, improving joint mobility, increasing muscle mass, flexibility and psychosocial health.

**Objectives:** To describe the physical activity in patients with inflammatory arthropathies.

**Methods:** In this transversal, observational study we evaluated all patients with inflammatory arthropathies treated with intravenous biologic therapy in a Day Hospital Unit (DHU) of a tertiary hospital. We collected the following data: demographics, indexes of disease activity according to each disease, fatigue questionnaire (FACIT), health questionnaire SF-12, physical activity questionnaire (IPAQ), and fibromyalgia questionnaire (FIRST). This represents a cohort of patients that initiate an educational program on the importance of physical activity in the management of the disease.

**Results:** We included 222 patients (60.8% female), with a median age (SD; range) of 56.19 (12.89; 25–82) and a median disease duration (SD) of 16.54 (9.6). Of all included patients, 54.1% had rheumatoid arthritis, 39.2% had spondyloarthritis and 6.8% has psoriatic arthritis; 26.8% were in remission, 39.2% presented moderate activity disease and 13.5% had high disease activity. Forty five (20.3%) patients had fibromyalgia according to FIRST questionnaire. According to the IPAQ questionnaire, 19.8% performed high physical activity, 24.8% moderate physical activity and 55.4% low physical activity. The FACIT score was significantly greater in patients with low physical activity ( $p < 0.05$ ). 73% of patients considered that their diseases affect the performance of physical activity. 67% of the patients had none or very low daily physical activity, 80% would like to do more exercise. Among sports or physical activities performed by the patients, the most common was walking (65%), then swimming (12%), cycling and gym (8%) and running (6%). Of the patients who perform physical activity, 43% practice more than one sport.

In a multivariate regression logistic, only the gender and the age related with the physical activity, and not the disease; males ( $p = 0.024$ ; Exp(B) 2,389; IC 95% 1,124- 5,059) and younger persons ( $p = 0,004$ ; Exp (B) 0,959; IC 95%: 0,943–0,987) performed more physical activity.

**Conclusions:** Patients with inflammatory joint diseases perform low physical activity. The nurse plays a very important role in educating and informing the patients about their illness, and helping them in changing their lifestyle, encouraging increased physical activity with appropriate programs depending on the alterations that produce each disease, in order to improve their quality of life.

**Disclosure of Interest:** None declared

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#### THU0721-HPR MULTIDISCIPLINARY EDUCATIONAL PROGRAM FOR PATIENTS WITH HIP- OR KNEE-OA: RESULTS OF A PILOT STUDY

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**Background:** Providing relevant disease-related and self-management related information helps patients to timely seek contact with care providers and become actively involved in their own care process. A problem recognized in the area of Nijmegen, the Netherlands is the conflicting information about OA which is disseminated by different health professionals and health organizations. Therefore, health professionals from primary care, multiple hospitals and health organisations decided to work together and develop an educational program

based on a structured inventory of informational needs and on consensus-based information addressing those needs.

**Objectives:** To determine preliminary effects of a multidisciplinary patient educational program on health care utilization (primary outcome) and on body mass index (BMI), self-efficacy, knowledge on OA and treatment, illness perceptions, pain and functioning and physical activity.

**Methods:** A total of 146 participants attended 11 organized courses. The educational program consisted of 2 meetings, provided by a physiotherapist, a general practitioner (GP) and an orthopaedic surgeon or specialized nurse. The program comprised education on OA, treatment options and self-management, tips, practical assignments and aphorisms on OA which are repeated by the different course leaders. At baseline and at 3 months follow-up, the following outcome measures were assessed: contacts with different health care providers in the past 3 months, BMI (kg/m<sup>2</sup>), self-efficacy (10–40), knowledge on OA and treatment (0–22), illness perceptions (0–100), pain and functioning (0–100) and physical activity (min/week). Paired-sample t-tests and McNemar's test were used to estimate the preliminary effects of the program on primary and secondary outcomes.

**Results:** A total of 144 participants agreed to participate in this study, 108 (75%) participants filled out both questionnaires. The mean (SD) age of the participants was 69.1 (10.2) years with 62.5% being female. Fifty-six percent of the participants had experienced their OA symptoms for less than 5 years. We found a significant decrease in proportion of patients who had visited their GP in the past 3 months (40.7% to 25.0%,  $p$ -value 0.02). Also, we observed a statistically significant decrease in proportion of patients who visited the physiotherapist in the past 3 months, (36.1% to 25.0%). Illness perceptions changed positively (95% CI: 0.4 – 3.4), and knowledge on OA and treatment options improved (95% CI: -3.0 - -1.6). No changes in pain, functioning and self-efficacy were found. However, a trend towards a decrease in BMI and an increase in physical activity was seen.

**Conclusions:** Results of this study show that collaborating with multiple health professionals to provide patients with clear information on OA, treatment and self-management options in a multidisciplinary educational program, can result in differences in health care utilization and have positive effects on illness perceptions and knowledge on OA. A randomized controlled trial is needed to confirm these results.

**Disclosure of Interest:** None declared

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#### THU0722-HPR THE EFFECTS OF KINESIO TAPING ON PAIN, JOINT RANGE OF MOTION, MUSCLE STRENGTH AND DISABILITY IN IMPINGEMENT SYNDROME

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**Background:** The impingement syndrome is common cause of shoulder pain. Physical therapy includes manual therapy techniques, electrotherapy modalities and exercises in this problem. The Kinesio Taping application is a definitive rehabilitative taping technique that is designed to facilitate body's natural healing process while providing support and stability to muscles and joints without restricting the body's range of motion

**Objectives:** The purpose of this study was to determine the efficacy of kinesio taping (KT) on subjects' pain, joint range of motion, muscle strength and level of disability in treatment of impingement syndrome (IS).

**Methods:** The study was conducted patients with IS. The subjects were divided into two groups randomly as general physical therapy applications group (GPTG) and kinesio taping group (KTG). GPTG was treated transcutaneous electrical nerve stimulation (TENS), hotpack and ultrasound for ten session. KTG's therapy was contained shoulder kinesio taping application in addition to TENS, hotpack and ultrasound. KT was applied as "Y strip" to deltoid and supraspinatus muscles and was "I strip" to muscle of teres minor. The groups were evaluated before and after treatment in terms of pain, range of motion (ROM), muscle strength and scores of shoulder disability. Visual analog scale was used to assess of pain (night pain, rest pain, pain with motion and general pain), goniometer measurements was used to assess of shoulder ROM, Shoulder Disability Questionnaire and Disabilities of the Arm Shoulder and Hand were used to assess of shoulder disability.

**Results:** 54 patients with IS aged 18 to 65 years were recruited to the study. Demographic data were similar in the groups. When compared before and after treatment, the level of pain (night pain, rest pain, pain with motion and pain in functional use) was significantly decreased in both groups ( $p < 0,05$ ) (Table 1), also an improvement was seen in muscle strength ( $p < 0,05$ ), ROM ( $p < 0,05$ ) and in the scores of disability of shoulder ( $p < 0,05$ ) in both groups. In terms of overall pain relief the KTG scores better than GPTG. Internal and external rotation muscle