

Abstract THU0733-HPR – Table 1

Outcome measures	Baseline values	Change from baseline to					
		3 months		6 months		12 months	
	Mean (SD)	Mean (95% CI)	p-value	Mean (95% CI)	p-value	Mean (95% CI)	p-value
30sSTS							
Within group							
Intervention	12.75 (3.2)	8.7 (5.7–11.8)	<0.001	8.5 (5.1–11.9)	<0.001	10.6 (7.3–14.0)	<0.001
Control	13.15 (2.7)	1.1 (-0.5–2.7)	0.169	3.7 (1.2–6.2)	0.006	3.8 (0.6–7.1)	0.024
Between groups		7.6 (4.3–10.9)	<0.001	4.7 (0.7–8.8)	0.024	6.8 (2.3–11.3)	0.004
EC17							
Within group							
Intervention	64.5 (19.1)	0.9 (-4.0 -5.7)	0.709	2.2 (-3.4–7.8)	0.427	4.0 (-3.7–11.7)	0.291
Control	64.4 (10.3)	2.2 (-2.1–6.5)	0.295	6.8 (1.9–11.7)	0.009	4.2 (-1.2–9.5)	0.119
Between groups		-1.3 (-7.6–4.9)	0.670	-4.6 (-11.8–2.6)	0.2	-0.2 (-9.0–8.7)	0.966

might reflect that the focus of the intervention was mainly intensive exercise, and less on self-management /coping. This was a small study and the results should be interpreted with caution.

Disclosure of Interest: None declared

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THU0734-HPR **ASSESSMENT OF LOCAL DISEASE ACTIVITY AFTER AN INTENSIVE HAND EXERCISE PROGRAM IN PATIENTS WITH RHEUMATOID ARTHRITIS MEASURED BY ULTRASOUND IMAGING: AN EXPLORATORY RANDOMIZED CONTROLLED TRIAL**

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Background: In 90% of patients with rheumatoid arthritis (RA) the joints of the hand are affected, causing impaired hand function. In general, reduced strength and range of motion of the hand are seen in patients with RA.

Studies have shown positive effect on pain and function after exercise intervention for the hand in patients with RA. However, it is unclear if the disease activity in the joints of the hand is influenced by an exercise program.

Ultrasound imaging (US) is shown to correlate with other markers of disease activity in RA and can be used as a surrogate measure for inflammation in the joint, as US visualizes synovial hypertrophy and increased blood flow.

Objectives: To investigate if intensive hand exercise combined with joint protection education for the hand in women with RA can be conducted without a negative effect on the disease activity in the wrist and metacarpal (MCP) joints.

Methods: This is a sub-study of a randomised clinical trial investigating hand exercise therapy as add on to education in joint protection during activities of daily living (ADL) performance. The intervention group (IG) had both ADL education and exercise therapy and the control group (CG) had only ADL education.

The participants were women with RA involving the hand who had been on stable medication for at least three month.

At baseline all participants were examined by a rheumatologist. The joints were examined, blood samples collected and pain and strength of the hand were measured. Patient's functional ability was assessed using the Assessment of Motor and Process Skills (AMPS). US examination of the wrist and MCP 2–5 dorsal and volar in both hands was made. In the US examination both the amount of synovial hypertrophy and increased blood flow (Doppler activity) was evaluated. The evaluated was made according to a validated scoring system sum. (1)

After baseline examination the patients were randomised to either IG or CG.

The hand exercise program contained both range of motion and strengthening exercises for the finger, wrist, elbow and shoulder joints. The exercise program was conducted four times a week for eight weeks, once a week supervised by a physiotherapist, to avoid overload of the joints and to progress the exercises if possible.

After eight weeks all baseline measures were repeated and change from baseline was calculated using the per protocol approach.

Results: Fifty five women with RA were included in the study (IG: 28; CG 27).

US score and CRP change from baseline:

	Intervention group (n=22) Mean (SD)	Control group (n=25) Mean (SD)	Difference Between groups Mean (95%CI)	p value
Baseline US synovial hypertrophy	18.38 (16.25)	21.68 (23.66)		
Baseline US Doppler	6.57 (12.48)	7.24 (13.15)		
Baseline US sum score	23.82 (27.18)	28.92 (35.97)		
Baseline CRP	4.95 (6.96)	3.71 (3.70)		
Change US synovial hypertrophy	0.57 (3.93)	1.8 (7.16)	-1.23 (-4.74-2.28)	0,36
Change US Doppler	-0.33 (4.62)	0.92 (8.20)	-1.25 (-4.28-1.77)	0,52
Change US sum score	0.23 (6.90)	2.72 (13.63)	-2.50 (-7.74-2.76)	0,43
Change CRP	-0.86 (6.13)	1.86 (3.71)	-2.71 (-5.67-0.23)	0.10

Eight withdraw during the study period, six from the IG and two from the CG. Thus, 22 from the IG and 25 in the CG were included in the final analysis. The mean age 63.6 (12.6) years and mean disease duration was 12.7 (11.3) years, baseline mean tender and swollen joint were 4.8 (4.7) and 1.3 (1.7), respectively. No differences in change from baseline in tender joint count, hand pain and strength and functional ability was seen between the two groups (data not shown). The mean score and change from baseline in US score and inflammatory marker (CRP) in the blood are seen in table below.

Conclusions: Women with RA of the hand experience no negative effect on the disease activity in the joints of the hand after eight weeks combined hand exercise and joint protection education.

References:

[1] Hammer HB et al. *Ann Rheum Dis* 2011 Nov;70(11):1995–8.

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THU0735-HPR **SHARED CARE OF RHEUMATOLOGIST AND NURSE CONSULTATIONS IN FOLLOW UP OF RHEUMATOID ARTHRITIS AND SPONDYLOARTHRITIS OUTPATIENTS WITH LOW DISEASE ACTIVITY: A MONOCENTRIC, RANDOMIZED CONTROLLED TRIAL**

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Background: Due to national regulations, the role of nurses in the management of arthritis patients differs significantly in all European countries (1). In Belgium, regularized consultations conducted by a rheumatology nurse do not exist.

Objectives: The study investigated whether rheumatology nurse consultations alternating with rheumatologist consultations for RA or AS patients with low disease activity is non-inferior compared to the usual care by the rheumatologist. Primary outcomes were safety and disease activity. Secondary outcomes were fatigue, pain, functional index, patient satisfaction, the level of self-management and self-efficacy.

Methods: This is a monocentric randomized controlled trial. The intervention group received a consultation conducted by a rheumatologist alternating with a nurse consultation, every 8 weeks. Patients in the control group received usual care: consultations performed by a rheumatologist every 8 weeks.

Results: Mixed method analyzes were performed. No statistical significant between-group effects were found nor in the RA group nor in the AS group, although there was a clinical relevance towards disease activity by AS patient in the intervention group. DAS 28 dropped with a mean difference of 0,4 (-1,1 – -0,2, SD 0,30). The ASDAS and BASDAI both decreased with 1.1 (-1,4 – -1,3, SD 0,1 and -1,7 – -1,4, SD 0,1 respectively). No safety signals from biochemical parameters such as SGOT, GOT and creatinine were detected. Inflammatory markers (ESR and CRP) remained stable in both groups. The secondary outcomes showed no significant between-group effects for both diseases. The self-efficacy outcome noticed a positive in-between-group effect by patients with RA in the intervention group.

Conclusions: In the follow-up of patients with RA or AS and low disease activity, outcome is not different when rheumatology nurse consultations alternating with rheumatologist consultations are compared to usual care. Implementing nurse consultations can positively influence the disease activity and patient self-efficacy.

References:

[1] van Eijk-Hustings Y et al. (2014) EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis. *Annals of Rheumatic Diseases* 73:429–509.

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