

treatment preferences of recently diagnosed patients, and how these evolve over time. A Belgian qualitative study has set the scene (1), but knowledge on cross-cultural nuances in patient-preferred outcomes is lacking. To this end, EQPERA – European Qualitative research collaboration on Patient-preferred outcomes in Early Rheumatoid Arthritis – was founded.

Objectives: EQPERA aims to unravel longitudinally preferences for treatment and health outcomes among patients with early RA across Belgium, the Netherlands and Sweden. To yield sound results, specific preparations for this cross-country qualitative study are reported here.

Methods: Several steps have been undertaken to ensure trustworthiness of findings and consistency across countries in sampling, interviewing, analysis and project management: a detailed research protocol has been written; the interview guides have been translated following a structured forward-backward linguistic validation process; templates for data collection and a quality assurance reporting tool have been developed; and local staff has been trained and supervised by the project leader in implementing the study protocol. Each country will document changes with sufficient detail in their research logbook.

Results: EQPERA will be a qualitative, explorative, longitudinal study with active involvement of patient researchers. In each country, a purposive sample of patients with early RA will be individually interviewed 3–6 months after start of the initial RA treatment and subsequently, the same participants will be invited back to take part in a focus group 12–18 months after RA treatment initiation. Data collection and analysis will be independently conducted by the local research teams in their native language. The local teams will analyze their interview data using the constant comparison method as detailed in Qualitative analysis guide of Leuven, after which Saldana's guiding questions will be adopted for analyzing change over time. Afterwards, a meta-synthesis of all locally gathered and interpreted data will be conducted to explore and describe patterns, similarities and differences across countries.

Conclusions: This European project is a first step in gathering contextual findings on patient-preferred outcomes in early RA. Such knowledge is of crucial importance for tailoring therapeutic approaches in a timely and meaningful way. Our innovative, qualitative, longitudinal research design goes beyond the abilities of the frequently used cross-sectional designs in qualitative research. Large, multi-national qualitative projects are scarce in rheumatology research, thus applied data management and quality assurance strategies could be of interest to other researchers.

References:

- [1] Van der Elst K, et al. Unraveling Patient-Preferred Health and Treatment Outcomes in Early Rheumatoid Arthritis: A Longitudinal Qualitative Study. *Arthritis Care Res (Hoboken)*. *Arthritis Care Res (Hoboken)*. 2016;68(9):1278–87.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6747

THURSDAY, 15 JUNE 2017

HPR professional education, training and competencies

THU0758-HPR APPLICATION OF THE EULAR RECOMMENDATIONS FOR PATIENT EDUCATION FOR PEOPLE WITH INFLAMMATORY ARTHRITIS IN SWITZERLAND

K. Niedermann¹, C. Madelaine-Bonjour², M. Roffler³, A. Kocher⁴ on behalf of Health Professionals in Rheumatology Switzerland. ¹School of Health Professions, Zurich University of Applied Sciences, Winterthur; ²Rheumatology, University Hospital, Lausanne; ³Swiss League Against Rheumatism, Zurich; ⁴Rheumatology, University Hospital, Bern, Switzerland

Background: The recently published EULAR recommendations for patient education (PE) in people with inflammatory Arthritis (IA) encompass two overarching principles and eight recommendations (1). The average overall agreement of PE experts with the recommendations is usually high (at least 8.8 (SD+/-0.5) on a 1–10 Numeric Rating Scale NRS) (1, 2). The recommendations ought to be disseminated and implemented to establish a core standard for delivering PE and training for health professionals (HPs) in delivering PE across Europe.

Objectives: The Swiss HPs in rheumatology organisation, hpr Switzerland, aimed to evaluate the current standard of PE as well as the agreement with and application of the EULAR PE recommendations in Switzerland, in order to develop further implementation steps.

Methods: An online survey was conducted among HPs and rheumatologists in the major rheumatology clinics (n=28) of the German and French part in Switzerland. The current knowledge and skills in PE and the performance of PE in clinical practice were assessed by multiple choice questions. The agreement with the PE recommendations was assessed on a 1–10 NRS and their application in the rheumatology clinics on a 4-point scale ("applied"/"rather applied"/"rather not applied"/"not applied").

Results: A total of 57 HPs, among them 12 rheumatologists, 21 nurses, 15 physiotherapists, 6 occupational therapists, 2 medical assistants) from 12 rheumatology clinics participated. Of these HPs, 31 (55%) worked for more than

6 years in rheumatology and 15 (27%) indicated to have a formal training in PE. They perceived that PE formed a substantial part of their work (33.5% on average), the most important element being "providing information" (48%), compared to 27% counselling and 25% behavioural interventions.

The average overall agreement with the PE recommendations was 7.0 (SD+/-2.25). Recommendations 3 and 7 were well applied (72%) in the rheumatology clinics. Least applied were the recommendations 4 and 6 with 21% and 24% respectively. Recommendations 1, 2, 5 and 8 reached between 40–50% application rates.

Image/graph shows Agreement with and Application of the PE Recommendations in Switzerland

Overarching principles		
1.	Patient education is a planned interactive learning process designed to support and enable people to manage their life with inflammatory arthritis and optimise their health and well being	
2.	Communication and shared decision making between people with inflammatory arthritis and their health care professionals are essential for effective patient education	
Recommendations	Agreement mean (SD)	Application (rather) applied)
1.	PE should be provided for people with IA as an integral part of standard care in order to increase patient involvement in disease management and health promotion	7.03 (2.39) 42.4%
2.	All people with IA should have access to and be offered PE throughout the course of their disease including as a minimum; at diagnosis, at pharmacological treatment change and when required by the patient's physical or psychological condition	6.79 (2.22) 48.5%
3.	The content and delivery of PE should be individually tailored and needs-based for people with IA	6.68 (2.35) 72.7%
4.	PE in IA should include individual and/or group sessions, which can be provided through face-to-face or online interactions, and supplemented by phone calls, written or multimedia material	7.08 (2.08) 21.2%
5.	PE programmes in IA should have a theoretical framework and be evidence-based, such as self-management, cognitive behavioural therapy, or stress-management	7.08 (2.20) 48.5%
6.	The effectiveness of PE in IA should be evaluated and outcomes used must reflect the objectives of the PE programme	7.05 (2.44) 24.2%
7.	PE in IA should be delivered by competent HPs and/or by trained patients, if appropriate, in a multidisciplinary team	7.26 (2.26) 72.7%
8.	Providers of PE in IA should have access to and undertake specific training in order to obtain and maintain knowledge and skills	6.82 (2.08) 42.3%

Conclusions: The overall agreement with the recommendations was high, although lower than the overall agreement of PE experts (1,2). The application of most recommendations was found to be moderate to low in Swiss rheumatology institutions; however no comparisons with other countries are available. "Providing information" was reported as the most important PE element. This emphasises the need to implement the PE recommendations as well as to improve HPs' knowledge on delivering and evaluating effective PE, in order to provide beneficial PE interventions for people with IA in Switzerland.

References:

- [1] Zangi, HA.; Ndosi, M; Adams, J; Andersen, L; Bode, C; Boström, C; van Eijk-Hustings, Y; Gossec, L; Korandová, J; Mendes, G; Niedermann K; Primdahl, J; Stoffer, M; Voshaar, M; van Tubergen, A. (2015). EULAR recommendations for patient education for people with inflammatory arthritis. *Ann Rheum Dis*, 6, 74. 954–62.
- [2] Paternmann J, Ehlebracht-König I, Lind-Albrecht G, Genth E, Reusch A, Küffner R, Müller-Ladner U, Braun J. EULAR recommendations for patient education of people with inflammatory arthritis. Translation and evaluation in Germany. *Z Rheumatol*. 2016 Mar;75(2):187–99.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6038

THURSDAY, 15 JUNE 2017

HPR interventions (educational, physical, social and psychological)

THU0759-HPR DOES PHYSIOTHERAPY AND REHABILITATION PROGRAM IMPROVE MOBILITY AND DAILY LIVING ACTIVITIES IN ELDERLY INPATIENT WITH OSTEOPOROSIS?

M. Karapinar¹, T. Firat², N. Kirdi². ¹Department of Physiotherapy and Rehabilitation; ²Hacettepe University, Ankara, Turkey

Background: Osteoporosis (OP) is a generalized skeletal disorder characterized by compromised bone strength and deterioration of bone quality, often leading to fragility. Elderly osteoporosis is being public health problem that highly affects people especially above 65 years. Physiotherapy and rehabilitation programs are

important in the prevention and management of osteoporosis. Exercises improve mobility in elder inpatient by increasing activity, muscular strength, flexibility, and reducing the risk of falls and length of stay in hospital.

Objectives: The aim of our study was to investigate the effects of physiotherapy and rehabilitation program on mobility, physical activity and quality of life in elderly inpatient.

Methods: A hundred and twenty four patient with OP (mean age: 73,03±5,9) participated in this study. A total of patients who were randomized as study and control group followed by Hacettepe University Faculty of Medicine Department of Internal Medicine, Division of Geriatric Medicine Department of Physiotherapy and Rehabilitation, Geriatric Rehabilitation Unit were, were included to the study. Assessment for cognitive function (Mini Mental State Test), functional mobility (De Morton Mobility Index), activities of daily living (Katz Index of Independence in Activities of Daily Living), quality of life (EuroQoL-5D) were used at admission and discharge in hospital. Thirty minutes physiotherapy and rehabilitation program including breathing, balance and coordination and strengthening exercises was performed by the intervention group under supervision of physiotherapist during the stay in hospital. Control group did not special exercise, they continued their activities of daily living. exercise. Length of stay in hospital of all participant was recorded.

Results: Sixty two patients were randomly assigned to the each group. The groups were similar in sociodemographical feature ($p>0.05$). Improvements in mobility, quality of life and daily physical activity levels were found in the study group ($p<0.05$). There were no significant differences between control and intervention group in length of stay in hospital ($p>0.05$).

TABLE I. Results of the 3 primary outcome measures at admission and discharge for the two groups

		X± SD Admission	X± SD Discharge	p
DEMI	Intervention Group	50,64±20,59	57,82±22,35	0,000*
	Control Group	47,91±22,01	48,56±21,72	0,346
Katz ADL	Intervention Group	14,30±3,13	15,98±2,91	0,001*
	Control Group	14,35±2,42	14,61±2,44	0,769
EQ-5D	Intervention Group	9,87±4,74	9,58±4,65	0,019*
	Control Group	9,50±2,24	9,51±2,17	0,776

X±SD : Mean ± Standard Deviations, DEMI : De Morton Mobility Index, KATZ : The Katz index of Independence in Activities of Daily Living , EQ5D : The EuroQoL

Conclusions: These results revealed the necessity of physiotherapy and rehabilitation program to prevent negative effects of the hospitalization process of the geriatric patients with osteoporosis.

References:

- [1] Muche, J., McCarty, S., & Kishner, S. (2015). Geriatric Rehabilitation.
- [2] Curran, E., Clifford, S., Forman, S., & Power, D. (2014, September). Screening of Osteoporosis Treatment in Patients Presenting with Fragility Fractures in a Geriatric Active Rehab Unit. In Irish Journal Of Medical Science (Vol. 183, Pp. S334-S335). 236 Grays Inn Rd, 6th Floor, London Wc1x 8hl, England: Springer London Ltd.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3884

THURSDAY, 15 JUNE 2017

HPR service developments, innovation and economics in healthcare

THU0760-HPR PATIENT ADVICE LINE - THE POTENTIAL CLINICAL AND FINANCIAL BENEFITS TO A RHEUMATOLOGY DEPARTMENT

A. Mason, C. Beevor, J. Ledingham. *Portsmouth Hospitals Trust, Portsmouth, United Kingdom*

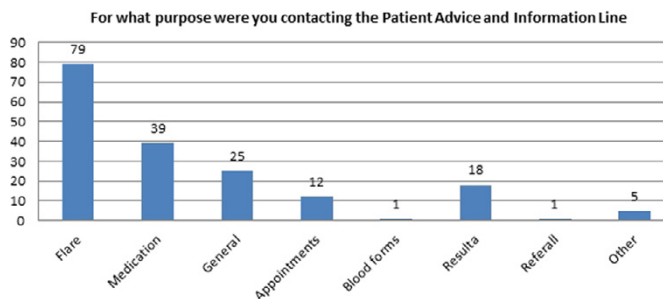
Background: EULAR recommendation 3 for the role of the nurse in the management of chronic inflammatory arthritis states that patients should have access to nurse-led telephone services to enhance continuity of care and to provide ongoing support (1). In the UK quality standard 6 of the National Institute for Health and Care Excellence guidelines for the care of rheumatoid arthritis (RA) recommends that people with RA and disease flares, or possible drug related side effects should receive advice within 1 working day of contacting the rheumatology service. In 2016 audit data from England and Wales show that 96% of trusts report being able to provide patients with a telephone advice line but no further detail on these services was available (2).

Objectives: Data from our patient advice line were collected over a 6 month period. The objective was to understand who was using the helpline, the speed of our response, how much of the workload could be managed by nursing staff and the clinical and financial impact.

Methods: All patient calls made to our patient helpline were recorded and data were collected prospectively on patient demographics, disease, purpose of call, response time and the cost and revenue produced. Patient feedback was collected via a questionnaire. Data were collected from April 2016 to November 2016.

Results: 150 patient calls were responded to. 108 calls were from females and were 42 from males. The majority of patients had RA (75/150). Other conditions

are displayed in the graph below. The majority of calls were regarding a flare of their condition or medication queries (79/180 and 39/180 respectively) with some patients calling for more than one reason. 83% of calls were answered within 24 hours. A clinical nurse specialist is available to respond to calls over weekends. Income generated from responding to calls by the department was £ 1900 per month. Expenditure was £ 1650 per month. Patient satisfaction was high with 130/150 stating the main reason for the call was answered to their satisfaction (7 stating no, 13 not stated).



Conclusions: Our advice line gives patients easy access to specialist advice. Patient satisfaction is high. Responses are timely and fast. Multiple concerns are commonly addressed, such as advice regarding flare of disease and medication queries. This service will be

References:

- [1] Van Eijk-Hustings et al. EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis. *Ann Rheum Dis* 2012;71:13-19.
- [2] BSR Rheumatoid and Early Arthritis 2nd Annual Report 2016. Available <http://www.hqip.org.uk/resources/rheumatoid-and-early-inflammatory-arthritis-2016/>.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2160

THU0761-HPR BIOLOGICAL THERAPY SURVIVAL: MULTI-CENTRIC ANALYSIS IN REAL CLINICAL PRACTICE CONDITIONS

D. Ybáñez García¹, J.J. Alegre-Sancho¹, A. Martínez-Cristóbal², J.A. Castellano Cuesta³, M. Fernández Matilla³, N. Fernández-Llanio Comella³, I. Ríos-Martin⁴, A.M. Martínez-Arroyo⁴. ¹Rheumatology, H Doctor Peset, Valencia; ²Rheumatology, H de la Ribera, Alzira, Valencia; ³Rheumatology, H Arnau de Vilanova, Valencia; ⁴I+D, PORIB GES, Paterna, Valencia, Spain

Background: Biological treatment (BT) has changed the evolution of rheumatic diseases. A way to evaluate the effectiveness of BTs is considering therapeutic survival as an effectiveness surrogate marker

Objectives: To describe BT use; To evaluate BT survival in indications according to product label, in clinical practice, in 3 Spanish hospitals

Methods: Observational retrospective study, based on clinical history (CH) revisions of patients with Rheumatoid arthritis (RA), Psoriatic Arthritis (PA), and Espondiloarthritis (EA) treated with BT.

CH standardization was performed by data collected since 2013 by rheumatologists thought MEDiadd® RHEUMA tool.

Variables: age, gender, indication (RA, PA, EA) TB: Etanercept (ETN), adalimumab (ADA), certolizumab (CRT), golimumab (GOLI), infliximab (IFX), abatacept (ABA), tocilizumab (TCZ), rituximab (RTX). Start and end date from 2002 to 2016

Exclusion criteria: Patients and/or treatment lines with incomplete data (lack data or $n<15$) were also excluded.

Descriptive statistics and Kaplan-Meier survival analysis were performed with r-project.com

Results: From initial 1155 patients, 76 were excluded because of incomplete data. Almost half of the patients (42.35%) were diagnosed with RA, 30.03% have EA and 18.07% PA. 10% were excluded because of other indications. 79.46% of patients with RA are women, as 36.36% of EA and 50.96% of PA; Most of the patients are over 55y. In all indications, the range of 36-54y is the one that present a higher percentage of patients.

For the Kaplan-Meier survival analysis, the complete set of BT that each patient had received was analyzed independently, considering 1206 cases. Table 1 shows average time and percentage survival at 1st year

After 1 year, ETN showed the higher rates of survival in RA (98.5%); IFX (100%), and ETN (99%) in PA; and GOLI (100%) followed by ETN (95.8%) in EA. Those BT were used to compare survival curves, finding differences in all cases ($\alpha=0.05$) except in IFXvsETN in RA; ETNvsIFX in PA; and IFXvs GOLI in EA. Analysis after 5 years showed that the higher survival rates were for IFX in RA (94.4%) and PA (94.7%) and for ETN in EA (89.4%)

Conclusions: BTs with highest survival rates are ETN and IFX for RA and Aps; In EA, GOLI presents a higher rate at 1-year, but at 5-year is overcome by ETN. Standardized information is crucial to assess the global impact of BT. CH analysis reveals clinical practices which describe the effectiveness of treatments in the world, which can help in the decision-making process

Acknowledgements: By their collaboration: Dr Casado; Dr Valls; Dr Martinez; Dr Aguilar; Dr Vergara; Dr Begazo