

Objectives: The aim of this study was to compare the effectiveness of DMARD therapies on requirements for NSAIDs, disease activity, fear of movement, and quality of life in AS patients.

Methods: A total of 74 patients diagnosed according to the modified New York criteria for AS were enrolled. To calculate NSAID intake, the type of NSAID, dose, and percentage of days with intake were recorded in conjunction with DMARD therapy, age, body mass index (BMI), and disease duration. Patients were assessed to measure several parameters: 1) disease activity using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); 2) fear of movement as assessed by the Tampa Scale for Kinesiophobia (TSK); and 3) quality of life using the Ankylosing Spondylitis Quality of Life Scale (ASQoL) status from the patient's perspective.

Results: Seventy-four patients (36 women, 38 men; mean age: 43.81±10.18 years; mean disease duration: 9.89±8.50 years; BMI: 28.20±5.07) treated with four different DMARDs (Adalimumab+Golimumab [ADA+GO]=17; Infliximab [INF]=19; Etanercept [ETA]=13; Sulphasalazine [ST]=25) were included. NSAID intake was significantly lower in the INF therapy group (mean: 28.1±81.5) compared to the ADA+GO (mean: 33.3±76.0), ETA (mean: 33.5±58.2), and ST therapy groups (mean: 68.1±76.1) ($p=0.003$). BASDAI scores (mean: 3.9±2.4), NSAID intake (mean: 68.1±76.1; $p=0.003$), and AS-QoL scores (mean: 10.2±7.4) were significantly higher in the ST group compared to the other drug groups. TSK scores were also similar between different NSAID intake groups ($p=0.089$).

Conclusions: According to our results, ST was not effective enough even with concomitant therapy consisting of a single oral dose of NSAID or standard doses of oral corticosteroids in terms of disease activity, fear of movement, and quality of life in AS patients.

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AB1222-HPR EXERGAMES VERSUS SELF-REGULATED EXERCISES WITH INSTRUCTION LEAFLETS TO IMPROVE ADHERENCE IN GERIATRIC REHABILITATION: A RANDOMIZED CONTROLLED TRIAL

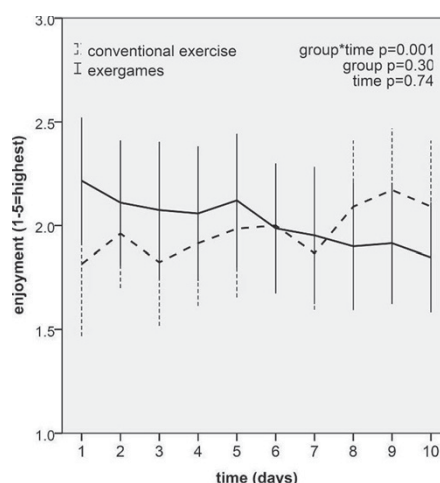
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Background: Improving mobility in elderly persons is a primary goal in geriatric rehabilitation (Bachmann 2010). Self-regulated exercises with instruction leaflets are used to increase training volume but adherence is often low. Exergames may improve adherence. This study therefore compared exergames with self-regulated exercise using instruction leaflets.

Objectives: To evaluate short-term effects of exergames versus self-regulated exercise using instruction leaflets. Primary outcome was adherence. Secondary outcomes were enjoyment, motivation and balance.

Methods: Design: single center parallel group non-blinded randomized controlled trial with central stratified randomization (Hasselman 2015). Setting: center for geriatric inpatient rehabilitation. Included were patients over 65 with mobility restrictions who were able to perform self-regulated exercise. Patients were assigned to self-regulated exercise using a) exergames on Windows Kinect® (exergame group EG) or b) instruction leaflets (conventional group CG). Physical therapists instructed self-regulated exercise to be conducted twice daily during thirty minutes during ten working days. Patients reported adherence (primary outcome), enjoyment and motivation daily. Balance during walking was measured blind with an accelerometer. Analysis was by intention to treat. Repeated measures mixed models and Cohen's d effect sizes (ES, moderate if >0.5, large if >0.8) were used to evaluate between-group effects over time.

Results: We evaluated 217 patients and included 54, 26 in the EG and 28 in the CG. Adverse effects were observed in two patients in the EG who stopped because of pain during exercising. Adherence was comparable at day one (38 min. in the EG and 42 min. in the CG) and significantly higher in the CG at



day 10 (54 min. in the CG while decreasing to 28 min. in the EG, $p=0.007$, ES 0.94, 0.39–1.15). Benefits favoring the CG were also observed for enjoyment ($p=0.001$, ES 0.88, 0.32–1.44) and motivation ($p=0.046$, ES 0.59, 0.05–1.14). There was no between-group effect in balance during walking.

Conclusions: Self-regulated exercise using instruction leaflets is superior to exergames regarding adherence, enjoyment and motivation in a geriatric inpatient rehabilitation setting. Effects were moderate to large. There was no between group difference in balance during walking.

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AB1223-HPR BELIEFS AND ATTITUDES OF ITALIAN NURSES TOWARDS PLACEBO AND NOCEBO RESPONSES INDUCED BY CONTEXTUAL FACTORS IN CLINICAL PRACTICE

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Background: Placebo and nocebo represent psycho-neuro-immuno-endocrinological responses commonly encountered in nursing care (1,2). A new paradigm proposed the contextual factors (CF) as mediators and moderators of these responses (3). To date, the knowledge about the awareness of CF and their use in nursing is scant.

Objectives: The goal of this study was to examine frequency of use, beliefs and attitudes of Italian specialised nurses regarding the contextual factors.

Methods: In December 2016, through SurveyMonkey Software®, an online survey was conducted by sending a questionnaire to the members of four Italian Nursing Association, grouping nurses specialized in Neuroscience, Medical, Geriatric and Diabetic care. Behaviours, beliefs and attitudes of nurses about the implementation of CF in clinical practice were assessed by a 17 items questionnaire and resulting data were analysed by descriptive statistic.

Results: Of the 1411 members of the involved Nursing Associations invited to participate to the survey 425 responded (30.1%). An high number of respondent nurses adopts CF often in their practice (42%). They believe that CF can positively influence acute pain (47.5%), chronic pain (61%) and rheumatologic disorders (42%). 34% of responders consider the use of CF, if it can determine beneficial psychological effects, as ethically acceptable. 15.5% responders oppose to the adoption of CF when based on deception or if they undermines trust between nurses and patients. A relevant number of nurses (24%) do not communicate the use of CF to their patients and 19% implement CF as addition to other nursing interventions to optimize clinical responses. Nurses explain the power of CF through patient's expectation and psychological mechanism (11%).