

Abstract AB1229-HPR – Table 1

Variables	Nurse clinic (n=30)			Doctor clinic (n=30)		
	Baseline	Follow-up	p-value	Baseline	Follow-up	p-value
Tender joint count	4 (2, 9)	2.5 (1, 8.25)	0.202	1.0 (0, 6.25)	1.5 (0, 5.00)	0.715
Swollen joint count	1 (0, 3)	0.5 (0, 3)	0.624	1.0 (0, 3.25)	1.0 (0, 4.25)	0.526
Patient global assessment	42.0±24.7	28.7±24.6	0.009	42.7±24.9	41.3±23.7	0.838
ESR, mm/hour	35.6±19.2	37.0±22.0	0.639	39.0±19.6	40.7±25.3	0.677
CRP, mg/L	4.6 (1.0, 12)	2.2 (0.7, 8.3)	0.808	2.95 (0.98, 7.00)	3.05 (1.30, 13.1)	0.274
DAS28 score	4.53±1.15	4.16±1.31	0.081	4.14±1.01	4.09±1.23	0.863

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AB1230-HPR A SURVEY TO ESTABLISH CURRENT PRACTICE IN ADDRESSING WORK ISSUES AMONG PEOPLE WITH INFLAMMATORY ARTHRITIS IN THE IRISH CLINICAL SETTING

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Background: Inflammatory arthritis strongly correlates with work disability. Treatment guidelines recommend work support but data are lacking on rheumatology clinicians' perspectives on work referral and extent of work support within current rheumatology services for this population.

Objectives: To scope the need for and patterns of work referral, and examine the extent and type of work support currently available in Irish rheumatology services for people with inflammatory arthritis. To identify factors that help or hinder employment-related service provision. To explore the role of occupational therapy in addressing work with this population from the perspectives of the other members of the rheumatology team and current practices and challenges.

Methods: A questionnaire concerning work support provision was distributed via online survey to doctors, nurses and physiotherapists working in clinical rheumatology in Ireland.

Results: Response rate of 22% was achieved and total sample of 73 analysed. Respondents indicated that 71% of service users were of working age and the majority of respondents (95%) agreed that addressing employment retention was within the remit of rheumatology services. Over half of respondent (55%) of respondents estimated that 25–49% of their caseload had work needs. Work was usually addressed if clients raised work concerns (94%), client reports work absenteeism (83%), client's work involved manual component (75%). Barriers to addressing work included limited time in clinical setting (92%); unfamiliarity with best practice for work support (91%); lack of perceived competency to assess work complexities (82%). Occupational therapy (OT) was identified as the most appropriate profession to address work (78%). However, 51% respondents reported not routinely referring to OT for work support due to limited availability of OT (13% of responders having no access to OT); uncertainty regarding optimum timing for work intervention, and uncertainty as to what OT could offer regarding work.

Conclusions: Addressing work was recognised as multifaceted and multidisciplinary. Work needs are addressed within current rheumatology services only when the client themselves initiate the issue. Opportunity exists to improve the quality of services to address work in line with guidelines by educating the multidisciplinary team about available work services and implementation of a clinical pathway for employment retention.

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HPR patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

AB1231-HPR LIVING WITH RHEUMATOID ARTHRITIS IN SPAIN. A QUALITATIVE STUDY

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Background: The impact of rheumatoid arthritis (RA) on the lives of people is a constant in the studies explored. However, research shows the lack of impact that

this has on clinical consultations, despite the influence it may have on the attitude of the person with RA towards treatment adherence. In the Spanish context, except for the study by Devillard & Otegui (1991), the experience of living with RA has scarcely been addressed.

Objectives: To explore the experience of living with RA in Spain.

Methods: In-depth interviews were conducted with a group of patients from two hospitals in the two main Spanish cities: Madrid and Barcelona. The interviews were conducted between April 2014 and February 2015. Thematic analysis was done, identifying the main themes and subthemes and organizing data in a coding framework that allows their interpretation

Results: Patients with disease activity moderate or severe (DAS28 >3.2), and already treated with DMARD, were aged 40–79, 15 were women and 4 men. Three main categories emerged from the discourses. (Table 1)

The symptoms and their management	Helplessness	<i>How do you live with this? Well, you have to know how to bear it because it is a life of always being tired. [...] You wake up with the body as if you had been beaten. (EM7)</i>
	Go along with	<i>When they come [the children], I pretend I'm not doing so badly. I make myself up, I dress up, for they wouldn't notice. (EB3)</i>
	Self-management	<i>You have to discover it by yourself, each person what their own experience teaches them. (EB7)</i>
Daily life	Home adapting	<i>I had a bath but now I have put a shower. We have set up single lever taps. I bought a step, because I cannot stand on tiptoe to reach something. (EB8)</i>
	Selfimage	<i>Of course, I have changed my shoes, I used to wear heels before, and now I use boots. (EB8)</i>
	Planning	<i>Always planning: you are not to improvise under any circumstances. (EM9)</i>
Therapeutic strategies	The DMARD miracle	<i>When I take this medicine, I totally revive. (EM7)</i>
	Ambivalent relation with health professionals	<i>I had an awful time ... The best thing is people. For me, my rheumatologist is like God. (EB8)</i> <i>I'm very frustrated... when they have been wrong with you a lot. (EM1)</i>

Conclusions: RA patients know well what is like to get up in the morning, tired, stiff, sore and having to rethink their day. Prioritization and planning activities are key to the organization of the activity and rest. Families and external aid, in case they can afford it, are the most common supports on which the requested supports pivot.

The constant development of new therapeutic strategies and outbreaks of the disease determine the use of an important therapeutic arsenal, with unpleasant side effects, and that should be administered in a hospital setting. This need to rely on medical treatment also extends to doctors, as part of the therapeutic strategy. Nurses are absent from the speeches of our participants

RA patients in our study feel they are mainly on their own to cope with their disease. The new therapeutic strategies have improved the symptoms' control, but they feel they need more than drugs to cope with their daily life. Contrary to the variety of professionals, institutions and organizations that try to empower patients to self manage their disease in other countries, the Spanish attention pivot mainly in rheumatologists.

References:

[1] Devillard, Marie Jose; Otegui, Rosario; García, Pilar. La voz callada. Aproximaciones antropológico-social al enfermo de artritis reumatoide. Madrid: Comunidad de Madrid. Consejería de Salud; 1991.

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AB1232-HPR THE EFFECT OF THE DRAINAGE ON PROPRIOCEPTIVE ACUITY INPATIENTS WITH TOTAL KNEE PROSTHESIS

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Background: With total knee replacement (TKR) surgery articular cartilage, meniscuses, articular ligaments are removed. Also articular effusion and