We will review some examples of cases with what might appear to be unusual clinical features which form a more consistent pattern. Initial treatment is generally straightforward, but the evaluation of patients during the course of their illness is often difficult due to variation in disease, as well as drug toxicity, damage and co-morbidity. We will discuss examples of patients where relapse is suspected but not always confirmed.
In this overview we will summarise current practice in vasculitis, illustrated by cases to provide a clinical context in which to interpret and implement evidence based management of vasculitis
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SATURDAY, 17 JUNE 2017

Suffering in silence. Optimizing the management of psychological well-being for people with RMDs

SP0190 FACTS AND FIGURES: HOW MENTAL HEALTH CARE ADDRESSES THE PSYCHOLOGICAL BURDEN OF RMD'S IN EUROPE

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It is recognised that patients have to make behaviour changes and psychological adjustments to address the impact of inflammatory arthritis on their lives. Challenges include fluctuating pain, fatigue and flares of disease activity, and emotional consequences. Meeting these challenges effectively requires patients to engage in medical management, role management, and emotional management. For some patients this can be a struggle, and the rheumatology team can be a valued source of support.
This session will examine patient perspectives on the psychological impact of inflammatory arthritis and the role of the rheumatology team in meeting the associated support needs. It will look at the relationship between psychological distress, well-being and self-management, and will highlight patients' views on the characteristics of patient-centred, collaborative care. It will look at factors that influence psychological impact, adaptation and self-management; present data from patients on ways in which well-being and self-management can be enhanced or diminished through clinical interactions with the rheumatology team; and will consider the implications for clinical practice, including the training needs of the rheumatology team.
Disclosure of Interest: None declared
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SATURDAY, 17 JUNE 2017

Showcasing the EULAR Online Course for Health Professionals

SP0191 PRINCIPLES OF NON-PHARMACOLOGICAL MANAGEMENT OF REGIONAL MUSCULOSKELETAL DISORDERS

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The two main components of non-pharmacological management of regional musculoskeletal disorders are a thorough assessment followed by rehabilitative care.
Assessment includes a careful history, level of daily activities and participation, including occupation, rehabilitative care to date, possible presence of psychosocial problems, sports and hobbies. Special attention must be given to patient's expectations and personal objectives. A systemic enquiry is also important, as regional pain may be due to an underlying medical condition. Clinical examination consists of observation of posture, mobility, and whether there is evidence of wasting, asymmetry, deformity, or muscle imbalances. Palpation of soft tissue and bony structures follows to identify areas of tenderness, lumps, myofascial trigger points, tendon crepitus. Assessment of active and passive movements in all planes follows looking for specific restrictions. Examination is not restricted to the site of pain; as for example upper limb pain syndromes may be referred from the neck. In some patients further medical investigation is necessary when a thorough history, examination, and ultrasonography do not provide sufficient diagnostic information. This may involve blood tests, plain radiography, CT or MRI.
Rehabilitative care is a customized process, which aims to achieve an optimal functional outcome and participation in all aspects of life. Active rehabilitation and a gradual return to normal activities are key points in successful treatment of regional pain syndromes. Progressive exercise is a fundamental part of the treatment of most regional musculoskeletal complaints. The goal is to work towards full, specific, pain free functional activity. In myofascial pain syndromes and non specific arm pain in particular, there is a need for review of postural issues and ergonomics and building aerobic fitness. In addition, providing information to the patient about the nature of the condition, beneficial and negative habits and activities, self help exercises, expected response to treatment and outcome should all be part of the approach to these patients. Psychological interventions may complement rehabilitative care. Cognitive and behavioral methods focus on changing the patient's interpretation and reaction to pain. The main assumption of a behavioral approach is that pain and pain disability are influenced by somatic pathology and also by psychosocial factors (eg, patient's attitudes and beliefs, psychological distress and illness behavior). Consequently, the behavioral treatment of regional musculoskeletal disorders does not primarily focus on removing an underlying organic pathology, but on the reduction of disability through modification of environmental contingencies and cognitive processes.
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SP0192 PRINCIPLES OF NON-PHARMACOLOGICAL MANAGEMENT OF RHEUMATIC DISEASES

T. Vliet Vlieland on behalf of Dr. Keegan Knittle, Professor Jo Adams and Dr. Mwidmi Ndosi. *Orthopaedics J11-R, Leiden University Medical Center, Leiden, Netherlands*

Background and aims: Rheumatic and musculoskeletal diseases (RMDs) have a major impact on patients' lives. Apart from symptoms such as pain, stiffness and fatigue, many patients may experience limitations in daily activities and participation in society. Rheumatology health professionals (HPs) play a pivotal role in the improvement and maintenance of patients' functioning, a crucial aspect of patients' quality of life. To ensure the quality of care, HPs need to be appropriately trained. For this purpose, one module of the EULAR online course for HPs is dedicated to HPs' interventions related to various RMDs.
Methods: Using the same methodology, expertise and technology used in other EULAR online courses, the following components of the module were developed: A Main Text, Interactive Clinical Cases, Indepth Discussions and two Assessment sets.
Results: First, 4 learning aims were formulated: After completing the module, the student a. Has an overview of interventions commonly provided by HPs in the treatment of patients with RMDs; b. Demonstrates appropriate understanding of opportunities and limitations of the various interventions employed by HPs on the individual patient level; c. Can properly advise and support patients regarding self-management strategies including e.g., appropriate medication usage, exercises, the application of joint protection and energy conservation, the usage of orthoses and adaptive equipment or other; and d. Can make a substantiated decision on when to refer a patient to another health professional, a physician or a multidisciplinary team. Second, a wide range of modalities, such as exercise therapy, self-management support, cognitive behavioural therapy, the provision of orthoses, assistive devices or physical modalities were described. These were further applied and/or explained by means of Interactive Clinical Cases and Indepth Discussions (Patient education and Physical Activity Interventions).
Conclusions: A module of the EULAR Online course for HPs specifically describes and explains HPs' interventions employed in the management of people with various RMDs. Its contents will be updated according to new clinical and scientific insights. Moreover, it will be adapted to the educational needs of HPs, by taking into account the comments of the students and perspectives from HPs across Europe.
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SP0193 PRINCIPLES OF NON-PHARMACOLOGICAL MANAGEMENT OF FIBROMYALGIA

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Having fibromyalgia greatly impacts person's mental and physical wellbeing, his activities of daily living, and the society at large. Despite scientific progress to unravel the aetiology of fibromyalgia syndrome, no cure is yet available. The management of fibromyalgia comprises both pharmacological and non-pharmacological treatment option to alleviate the symptom burden of the disease. The recently published EULAR revised recommendations for the management of fibromyalgia[1], proposes that the management of fibromyalgia should take the form of a graduated approach with the aim of improving health-related quality of life. It should focus first on non-pharmacological treatment, including education, self-management and physical therapy with graded physical exercises. In this talk a brief overview of the current evidence regarding non-pharmacological care in fibromyalgia will be given. The importance of patients' self-management, (tailored) interventions to support self-management, and its dissemination and implementation in clinical practice will be highlighted.
References:
[1] Macfarlane GJ, et al. EULAR revised recommendations for the management of fibromyalgia. Ann Rheum Dis 2017;76:318–328.
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