

SP0032 THE CONTRIBUTION OF PHYSIOTHERAPISTS TO EARLY DETECTION OF INFLAMMATORY ARTHRITIS

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Early recognition of inflammatory arthritis is of utmost importance, as failure to do so can delay appropriate treatment and result in permanent joint damage and disability. This presentation will set out to explore the role a Physiotherapist/Healthcare Professional can play in recognition of inflammatory joint disease. Healthcare Professionals/Physiotherapists are often the first point of contact for patients suffering from joint/musculoskeletal pain. They are therefore very well positioned to be the first to identify possible inflammatory sources of pain versus non-inflammatory sources. Useful clinical tools which aid in this decision making process will be discussed. The question as to whether a physiotherapist can recognise inflammatory joint disease versus non-inflammatory joint conditions will be explored with the aim being to highlight the important role a physiotherapist can play in this important diagnostic challenge. With reference to ongoing clinical and research work in this field, this presentation will set out to ask whether or not a Healthcare Professional/Physiotherapist can accurately recognise/diagnose inflammatory arthritis and whether they miss inflammatory arthritis.

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SP0033 THE EULAR CAMPAIGN "DONT DELAY CONNECT TODAY" AND HOW ORGANISATIONS CAN GET INVOLVED

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Arthritis is a chronic disease with multiple co-morbidities. With the development of powerful biologic drugs, improvements in care pathways for patients and very effective self-management interventions, early diagnosis and intervention can lead to significant improvements in lifestyle, physical movement, increased well-being and work force participation. Despite its significant impact on the population and the cost to the economy, Arthritis still remains an underfunded subspecialty within the health systems and one that is shrouded in public myth. The EULAR campaign "Done Delay, Connect Today", aims to promote early intervention by encouraging those with typical symptoms to take action and consult their doctor at the earliest possible opportunity. The campaign which will be adopted and executed across all PARE members also aims to dispel the myths and educate the public about the seriousness of arthritis and the need to take action.

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Standing Committee session on paediatric rheumatology
SP0034 SHARE RECOMMENDATIONS ON SYSTEMIC VASCULITIDES

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Background: Primary systemic vasculitides (PSV) are very rare in children and consequently, little evidence exists. Evidence-based guidelines are lacking; this is an important and unmet need. The European initiative SHARE (Single Hub and Access point for paediatric Rheumatology in Europe) aims to optimize care for children with rheumatic diseases.

Objectives: To provide recommendations for diagnosis and treatment for children with rare forms of PSV.

Methods: Recommendations were developed by a consensus process in accordance with the European League Against Rheumatism standard operating procedures. An extensive systematic literature was performed and evidence-based or evidence-informed recommendations were extrapolated from the included papers. These were evaluated by a panel of 16 experts via an online survey and subsequently in two consensus meetings, using nominal group technique. Recommendations were accepted when $\geq 80\%$ of experts agreed.

Results: A total of 78 recommendations were accepted in the two consensus meetings. Recommendations pertained to general cross-cutting recommendations for diagnosis and treatment of PSV, as well as disease-specific statements for childhood-onset Polyarteritis Nodosa, Granulomatosis with Polyangiitis, Microscopic Polyangiitis, Eosinophilic Granulomatosis with Polyangiitis, and Takayasu Arteritis.

Conclusions: European-wide recommendations for the diagnosis and treatment of rare forms of paediatric PSV have been formulated through an evidence-based consensus process. The SHARE project aims to provide international recommendations and significantly improve the standard of care for children with rheumatic diseases.

Disclosure of Interest: None declared

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SP0035 CONSENSUS-BASED RECOMMENDATIONS (SHARE) FOR THE MANAGEMENT OF JUVENILE SCLERODERMA

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Background: In 2012, a European initiative called Single Hub and Access point for pediatric Rheumatology in Europe (SHARE) was launched to optimise and disseminate diagnostic and management regimens in Europe for children and young adults with rheumatic diseases. Juvenile Scleroderma in its two variety, localized scleroderma (JLS) and systemic sclerosis (JSS) is a rare disease within the group of paediatric rheumatic diseases (PRDs) and can lead to significant morbidity. Evidence-based guidelines are sparse and management is mostly based on physicians' experience. Consequently, treatment regimens differ throughout Europe.

Objectives: To provide recommendations for diagnosis and treatment of both JLS and JSS.

Methods: Recommendations were developed by an evidence-informed consensus process using the EULAR standard operating procedures. A committee was constituted, consisting of 16 experienced paediatric rheumatologists, mainly from Europe. Recommendations derived from a validated systematic literature review were evaluated by an online survey and subsequently discussed at two consensus meetings using nominal group technique. Recommendations were accepted if $>80\%$ agreement was reached.

Results: In total, 1 overarching principle, 17 recommendations on diagnosis and 13 recommendations on therapy were accepted with $>80\%$ agreement among experts. Topics covered include assessment of skin and major organ involvement and suggested treatment pathways.

Conclusions: The SHARE initiative aims to identify best practices for treatment of patients suffering from PRD. Within this remit, recommendations for the diagnosis and treatment of JLS and JSS have been formulated by an evidence informed consensus process to produce a standard of care throughout Europe.

Disclosure of Interest: None declared

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SP0036 SHARE RECOMMENDATIONS ON JUVENILE DERMATOMYOSITIS

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Background: In 2012, a European initiative called Single Hub and Access point for pediatric Rheumatology in Europe (SHARE) was launched to optimise and disseminate diagnostic and management regimens in Europe for children and young adults with rheumatic diseases.

Juvenile Dermatomyositis is a rare *Pediatric Rheumatic Disease (PRD)*, associated with significant morbidity. Evidence-based guidelines are sparse and management is mostly based on physicians' experience. Consequently, treatment regimens differ throughout Europe.

Objectives: To provide recommendations for diagnosis and treatment of JDM based on evidence-informed consensus.

Methods: Recommendations were developed by an evidence-informed consensus process using the European League Against Rheumatism standard operating procedures. A committee was constituted, consisting of 19 experienced paediatric rheumatologists and 2 experts in paediatric exercise physiology and physical therapy, mainly from Europe. Recommendations derived from a validated systematic literature review were evaluated by an online survey and subsequently discussed at two consensus meetings using nominal group technique. Recommendations were accepted if $>80\%$ agreement was reached.

Results: In total, 7 overarching principles, 33 recommendations on diagnosis and 19 recommendations on therapy were accepted with $>80\%$ agreement among experts. Topics covered include assessment of skin, muscle and major organ involvement and suggested treatment pathways.

Conclusions: The SHARE initiative aims to identify best practices for treatment of patients suffering from PRD. Within this remit, recommendations for the diagnosis and treatment of JDM have been formulated by an evidence-informed consensus process to produce a standard of care for patients with JDM throughout Europe.

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