

and skin. In Colombia little is known in regards of this condition. Spondyloarthritis (SpA) is one the most prevalent musculoskeletal disease in the Americas, with an estimated prevalence of 0.5%. This group of patients present a number of unmet needs for accessibility to the consultation, diagnosis and adequate treatments. That for this reason it is necessary to develop a program of Centers of Excellence (CoE) in this pathology, which allows answer to these needs and at the same time to add values for our health systems.

Objectives: To describe the characteristics of patients with AS who attend to a specialized in SpA disease management model center.

Methods: We implemented a pilot SpA program under the scheme of CoE, as they are already delineated in projects like REAL-PANLAR for rheumatoid arthritis. We performed a cross sectional study and reviewed the medical charts of patients with AS. All patients had a confirmed diagnosis of AS. We collected demographic data (age, sex, smoking, alcohol consumption); BASDAI, BASFI, DAS, disease specific data treatment with csDMARDs or bDMARDs and comorbidities, evaluation period covered January to December 2018.

Results: During 2018 257 patients with AS entered to our program. 64% were men and 36% were female; mean age was 48 years \pm 14. 28% of our patients with SA had comorbidities the most common was high blood pressure 19% followed by diabetes mellitus 4%. Regarding behavioral habits 23% were current smokers and 11% reported to consume alcohol. When we evaluated clinical outcomes BASDAI mean score was 2.95 ± 2.06 , BASFI mean score was 3.49 ± 2.36 and, ASDAS mean score was 1.70 ± 1.01 . 60% of patients received biological DMARDs and 25% received conventional DMARDs. The remaining 15% received corticoids or pain medications.

Conclusion: Due to the need to develop CESPAs, in order to define treatment targets type T2T-SpA, we implemented an innovative program in a low-income country with the aim to improve clinical outcomes and avoid so much disability and health economic costs. This descriptive data is the starting point to collect evidence and demonstrate the impact of the program

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SAT0726-HPR EHEALTH CONSULTATIONS IN RHEUMATOLOGY MANAGED BY NURSING. SPANISH NATIONAL DESCRIPTIVE STUDY

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The increase in social media applications and electronic technology has made it possible to carry out consultations with patients using an electronic interface. These tools are used in the healthcare environment for the purpose of prevention, diagnosis, treatment, monitoring, and in health management, to save costs to the health system by improving its effectiveness [1-4].

For patients with rheumatic diseases these non-face-to-face eHealth consultations, carried out by specialized nurses have been shown to resolve a large part of the problems that these patients may present with [5-8]. However we do not know how many of these types of consultations are taking place in Spain.

Objectives: The aim of this study was to describe the content of these types of consultations, mostly managed by nursing, in the Spanish national territory.

Methods: A descriptive study of a group of nurses working actively in rheumatology was carried out in November 2018. The data collection was done using a Google-form questionnaire developed for that purpose by the members of the Nursing Working Group from the Rheumatology Spanish Society (GTE-SER). The main variables studied were the socio-demographic details of the group and the content of the activity carried out mainly by them in the eHealth consultations. This instrument had 31 questions, with wide variability of response. Statistical analysis: descriptive statistics was used.

Results: A total of 47 (out of 50) completed surveys were analysed. 94% of the nurses were women, from 15 Spanish Autonomous Communities, with an average age between 51-60yo; 52% had education at

postgraduate level (17%) or master's degree (35%). 47% of professionals had been working in rheumatology for more than 10 years and 77% had received specific training in rheumatology. 37% reported having between 1-5 years experience of using e-Health consultation in rheumatology. The average of monthly consultations was between 50-100 sessions. Further details of the eHealth consultations in Rheumatology: see Table 1.

Table 1:

VARIABLES	Nursing professionals%
eHealth consultations ARE managed by nursing professionals	89%
The type of eHealth consultation is both scheduled and on demand	68%
The type of access to the consultation is telephone	72%
The management of the answer to the consultation is IMMEDIATE	68%
The space where the consultation is handled is in a quiet office	41%
eHealth consultations ARE always registered	76%
eHealth consultations ARE registered in the patient's clinical history	91%
eHealth consultations are computed as a clinical activity in the nursing agenda	79%
There are NO standards or protocols on the use of eHealth consultations in rheumatology in your centre	81%
There has not been any audit on the use of eHealth consultations in rheumatology in your centre	98%

Conclusion: EHealth consultations are already established in many Rheumatology services in Europe. However, this has not been described in Spain. The survey showed that there is a great variability in the way nurses carry out this type of consultations, including the number and type of consultation (on demand and/or scheduled), registration and analysis of the data of this consultation as well as its quality standards.

This study demonstrates a lack of regulated training and standardized protocols in managing this type of consultation at the national level. Therefore standards and protocols should be developed in the near future, so that patients receive a more consistent service from this type of consultation.

REFERENCE

- [1] Chiranjeev Sanyal, et al. 2018; [2] Hughes RA, et al. (2002); [3] Royal College of Nursing (2006); [4] Ferreira R, et al. (2014); [5] GESVR 2013; [6] C. Nájera Herranz, et al. (2013); [7] C. Thwaites, et al. (2008); [8] Garcia-Diaz S, et al. (2015)

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SAT0727-HPR CHANGES IN ACHILLES TENDON STIFFNESS IN GOUT MEASURED BY ELASTOGRAPHY – A PRELIMINARY STUDY

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Background: In addition to acute attacks of severe joint pain and swelling, chronic gout has been associated with weaker foot/leg muscles, altered gait patterns and on-going foot pain. Inflammation associated with gout may change tissue elasticity and ultrasound imaging (US) utilising elastography is a non-invasive method of quantifying these changes in tendon stiffness and elastography findings have not previously been reported in individuals with gout.

Objectives: To determine differences in Achilles tendon stiffness in people with chronic gout compared to controls (non gout)

Methods: A cross sectional study comparing people with gout according to 2015 ACR/EULAR criteria and age/sex matched controls. Clinical and demographic data were collated and US imaging used to determine tendon thickness, presence of gouty tophi and/or aggregates and levels of angiogenesis. Previously validated protocols for conventional US imaging [1] and shear wave elastography [2] were used. Prior to data collection, intra-observer error was good (ICC (2) 0.69 (95%CI 0.62-0.89)). Ten elastography measures were taken along a longitudinal section of the mid-point of the Achilles tendon bilaterally. Data were summarised using descriptive statistics and a repeated measures ANCOVA was used to compare elastography outcomes between the two groups for the left and right foot separately after accounting for Body Mass Index (BMI).

Results: A total of 14 people with gout and 13 age/sex matched control subjects participated. Table 1 displays clinical and demographic data. A

small proportion of those with gout presented with intra-tendon aggregates and/or intra-tendon tophi in one or both tendons n=7 (27%) for both). There was no significant difference in tendon thickness between groups, neo-vascularity was present in n=3 (21%) gout participants. Elastography findings (table 2) demonstrated significantly reduced tendon stiffness in those with gout compared to controls.

Abstract SAT0727HPR Table 1. Clinical & demographic characteristics

	Gout	Non gout
Male:Female	11:3	11:2
Mean age (SD)	71.9 (10.54)	71 (10.8)
Mean BMI (SD)	30.8 (5)	27.8 (4.54)
Mean duration gout years (SD)	12.7 (9.88)	-
Comorbidities (%)	50	62
Diabetes	85	70
Hypertension	64	70
Dyslipidaemia	57	23
Cardiac disease	36	8
Chronic Kidney disease		
Gout management n (%)	3 (9)	
None	2 (7)	
NSAID (pm)	6 (21)	
Allopurinol	1 (3)	
Cholchicine	2 (7)	
Prednisolone		

Abstract SAT0727HPR Table 2. Elastography findings (using marginal mean results and adjusted for BMI)

	Gout	Control	Difference (95% CI)	P value
Elastography Right Achilles m/s	8.38 (1.94)	9.70 (0.27)	1.625 (0.55-2.699)	0.005
Mean (±SD)				
Elastography Left Achilles m/s	8.73 (1.67)	9.63 (0.66)	1.214 (0.23-2.198)	0.018
Mean (±SD)				

Conclusion: Subjects with chronic gout show reduced Achilles tendon stiffness compared to controls. From a clinical standpoint, our findings were similar to elastography measurements in otherwise healthy subjects with Achilles tendinopathy and who did not have gout [3].

REFERENCES

- [1] Carroll M, Dalbeth N, Allen B, et al. Ultrasound Characteristics of the Achilles Tendon in Tophaceous Gout: A Comparison with Age- and Sex-matched Controls. *J Rheumatol.* 2017 44(10):1487-1492.
- [2] Payne C, Watt P, Cercignani M, Webborn N. Reproducibility of shear wave elastography measures of the Achilles tendon. *Skeletal Radiol.* 2017 17 2846-8.
- [3] Payne C 2018 Clinical Applications of shear wave elastography to Achilles tendon imaging and monitoring of a rehabilitation protocol for Achilles tendinopathy PhD Thesis, University of Brighton

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SAT0728-HPR REVISION OF THE DUTCH GUIDELINE FOR PHYSIOTHERAPY IN PATIENTS WITH HIP AND KNEE OSTEOARTHRITIS: RECOMMENDATIONS FOR DAILY PRACTICE

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Background: Until 2018, the most recent update of the Dutch physiotherapy guideline for Hip and Knee Osteoarthritis (HKOA) was conducted in 2010. Since then, scientific developments changed the view on osteoarthritis and could have significant impact on daily practice. An update of

the guideline was necessary with more applicable recommendations about the content of exercise therapy.

Objectives: To revise the Dutch guideline for physiotherapists in patients with HKOA

Methods: To develop more practical and widely supported guidelines, a guideline methodology was developed by the Royal Dutch Society for Physical Therapy (KNGF) in 2016. This methodology was based on GRADE, the most accepted approach in guideline development worldwide. According to the KNGF methodology, a guideline panel was formed out of 22 stakeholders, e.g. physiotherapists, general practitioners, orthopedic surgeons, patient representatives and healthcare insurers. Based on the scientific evidence and other considerations, the guideline panel formulated the recommendations in this guideline.

Results: Recommendations about diagnostics and therapeutic interventions formed the base of the new Dutch physiotherapy guideline for HKOA. Three indications were formulated, based on patient preferences, severity of the functional condition and existence of comorbidity. A fourth indication concerned pre- and postoperative physical therapy before or after a total joint replacement. It was recommended to restrict physical therapy in patients with minor functional limitations by informing and advising about osteoarthritis and how to deal with the disease. In contrast, extensive supervised exercise therapy was recommended in patients with severe functional restrictions and/or comorbidity. Besides informing and advising, supervised exercise therapy is stated as the intervention with the strongest recommendation. Frequency, Intensity, Type and Time (FITT factors) of exercise therapy are described extensively, based on evidence and strongly linked to (inter)national recommendation for physical activity. Besides informing and advising, other non-exercise therapeutic interventions were not recommended.

Conclusion: The new physiotherapy guideline for HKOA provides practical information and guidance to physiotherapists on diagnostics and therapeutic interventions. Extensive implementation is necessary to enhance conservative treatment of osteoarthritis and achieve uniform health care.

REFERENCE

- [1] Rausch, et al. EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis. *Ann Rheum Dis.* 2018 Sep;77(9):1251-1260.

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SAT0729-HPR REVISION OF THE DUTCH GUIDELINE FOR PHYSIOTHERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS: RECOMMENDATIONS FOR DAILY PRACTICE

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Background: The importance of exercise therapy in patients with rheumatoid arthritis (RA) is recognized in scientific evidence and clinical practice. The recommendations for physiotherapists concerning the diagnostics, treatment and evaluation of patients with RA are described in the Dutch guideline for physiotherapy (PT) in patients with RA from 2008. Since new scientific evidence was published and an up to date guideline is indispensable for the applicability in daily clinical PT practice, a revision is made.

Objectives: To revise the Dutch guideline for physiotherapy in patients with RA

Methods: A guideline panel with representatives of relevant stakeholders (such as PTs, general practitioners, rheumatologists, specialized nurses, a podiatrist and patients) was composed. Conform the Dutch Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach, research questions for systematic or narrative reviews were formulated after focus groups with patients and PTs, and consultation of experts. Evidence was synthesized by providing the estimates of the effect for each outcome and the quality of the evidence. A strong or conditional recommendation for or against an intervention was formulated by the panel, based on evidence together with additional considerations, as described in the GRADE evidence to decision framework.