improve muscle strength should follow the same basic principles as for healthy people. These are the principles of overload, sufficient frequency, progressive increase in the amount of training, specificity and individualisation. The safety components need to be emphasised. The patient should be tutored to know how to interpret the symptoms of the disease and how to adapt the exercise programme flexibly to the changes taking place in the disease activity. RA is a chronic disease, which seems to need continuous physical exercise to prevent the loss of muscle strength and functional capacity.

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SP0120 OCCUPATIONAL THERAPY IN PATIENTS WITH RHEUMATIC DISEASE: OCCUPATIONAL THERAPY AS PART OF A MULTIDISCIPLINARY STANDARD PROGRAMME FOR PATIENTS RECENTLY DIAGNOSES WITH RHEUMATOID ARTHRITIS

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10.1136/annrheumdis-2001.57

Rheumatic disease has considerable influence on the patient's functional level. Using the WHO-Classification (ICIDH 2) the patient's problems can be classified in several dimensions:

In the Body Functions and Structure dimension the consequences of a rheumatic disease are mostly pain and disorder in joint and muscle functions. In the dimension of Activity the consequences may be in the areas of attending to one self and in everyday activities. Regarding the dimension of Participation the consequences may be reduced participation in everyday life for example mobility, social relations, participating in education, attending to one's work and participation in the life of the community.

Working in multidisciplinary teams, the occupational therapist focuses on Activities of Daily Living (ADL)-related problems. The aim of treatment is to enable the patient to function as well as possible in their daily life, and to prevent functional deterioration as a result of inappropriate strain.

Patients with a variety of rheumatological diagnoses are treated. However, rheumatoid arthritis (RA) patients make up the largest group, as ADL-related problems are significant consequences of this disease.

For patients with RA occupational therapy is one of the treatments in the interdisciplinary team. Each group in the team has its fields of responsibility.

The fields of occupational therapy are:

- evaluation of ADL-functions and solutions to the ADL-problems
- instruction in and testing of joint protection
- maintaining and training the functions of the hands
- evaluation of the need for wrist splints including fitting of the splints

These are the main treatments irrespective of the progress of the disease, the difficulties of the disease or the demands the patient meets in everyday life.

On 1 September 1999 at the Department of Rheumatology at Aarhus University Hospital a standard programme for patients recently diagnosed with RA was introduced by the interdisciplinary team. The background for this early effort is the considerable attention in recent years from a medical point of view, that has been placed on improving the quality of treatment of RA-patients. The main emphasis for improving quality is: 1) Early diagnoses; 2) Early intensive medical treatment; and 3) extensive information to the patient, for example that joint protection is initiated to guard against the loss of function.

For many years occupational therapists have taught joint protection to RA patients. Typically these patients have already experienced ADL-problems when referred to occupational therapy. However this does not apply to all recently diagnosed patients. The main challenge has therefore been to direct the efforts towards patients who are at some point of their disease where the need primarily is prophylactic information.

We have described a standardised program where the goal of occupational therapy is to support the patients in living a normal, active life, in which the body is used appropriately and the necessary precautions are taken.

The content includes instruction of ergonomics primarily concerning the hands, and guidance in maintaining the function of the hands. The patients also try ergonomically shaped utensils and they are offered wrist splints.

It is standard to use 2 h of instruction and testing in the OT Department. If the patients need further treatment than the above-mentioned preventative program the treatment is extended to include these needs.

As part of the improvement of the quality of the treatment written information material has been prepared and is given to the patients.

SP0121 OCCUPATIONAL THERAPY IN PATIENTS WITH RHEUMATIC DISEASES

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10.1136/annrheumdis-2001.58

Action for health is a central concept in occupational therapy and assuming that the individual is an active person with his or her own resources. Activity encompasses all such situations as personal care, living conditions, work, leisure, and relations to other people, referred to as activities of daily living (ADLs).

Individuals with arthritis have problems conducting their daily lives because of pain, muscle weakness, stiffness, fatigue, reduced grip force and hand deformities. They are often unable to perform daily activities in what is considered a normal manner. When analysing the situation of patients, the occupational therapist may find the ICIDH, 2000 helpful, since it clarifies the different levels in the disablements process as; Body Functions Structure -Impairments, Activity - Activity Limitations, Participation - Restrictions analysing the problems an individual may experience in life situation and Environmental Factors.

Most patients experience chronic pain. The frustration over the inability to perform tasks, dependence upon others and difficulties in adjusting routines, have been identified.