- Before the operation
- During the operation
- After the operation

Ad. 1. Before the operation

- Information about the operation (the operation and the weeks after the operation due to training, medicine, helping-aids and rehabilitation resuming work)
- Physical training (specific and general training)
- Regulation of medicine in collaboration with the rheumatologist
- Occupational therapy (aids/splints)
- Talking over the work situation of the patient before and after the operation
- Diet and other lifestyle-habits (f.x. loss of weight, stop smoking)
- Good advice while the patient is waiting for the operation

Ad. 2. The operation

Mentioning of the most frequent types of operations on people with rheumatic diseases. New types of operations to come.

Ad. 3. After the operation

- Painrelief
- Rehabilitation
- Temporary aids/splints
- Resuming work, driving, leisure-time activities

Development of advanced practice in rheumatology – Thursday 14 June, 14.00-15.30/Club A-B

SP0126 MULTIDISCIPLINARY CARE IN THE LOCAL COMMUNITIES, AT HOME AND IN SELF-HELP GROUPS

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The authors discuss existing models of care for rheumatic patients and the concept of “good practices”. The strategy of “good practices” is based on the assumption, that realisation of any design or project, also those concerning health care, depends not only on economic conditions and shortages, but also on what people think about it, on their aspirations, knowledge and imagination. The authors come to the conclusion that the strategy of “good practices” would be important particularly for multidisciplinary care provided in the local communities, for rehabilitation at home and in self-help groups. Many countries, especially those in central and Eastern Europe, are facing the problems with health care reforms. They are trying to learn from others and look for recommendations, in the hope, that this will help them to avoid some mistakes and overcome barriers of development. The authors examine the question of recommendations concerning “good practice” in multidisciplinary community care and the involvement of self-help groups in rehabilitation of rheumatic patients. It is suggested that in this area only some general guidelines can be stated. The models of good

practice can be conditional, not universal. So, the reasonable way of learning from others is to discuss the problems and not simply to imitate the existing patterns.

SP0127 PRIORITISATION OF PATIENTS WITH INFLAMMATORY ARTHRITIS – A NURSE LED PRE-ASSESSMENT CLINIC

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It is now widely accepted that Rheumatoid Arthritis should be treated with disease modifying anti-rheumatic drugs (DMARDs) early in the disease process,¹⁻⁴ in order to reduce the incidence of erosive change, and improve long term outcome.⁵

A national Clinical Guideline for Scotland⁶ has recently been published, which advocates that all patients with disease duration greater than 6–8 weeks “should be considered for referral for Specialist rheumatology opinion and DMARD therapy, preferably within 12 weeks”.

This course of action should, if followed, lead to the early diagnosis and treatment of patients with inflammatory arthritis. There are, however, two inherent difficulties for hospital rheumatology services. Firstly, even if the referral is made promptly, many referral letters contain insufficient clinical information for the Consultant Rheumatologist to determine from the letter whether or not the patient has inflammatory arthritis. Secondly, in many services the waiting time for a first appointment with a consultant is several months long, thus negating the benefit of an early referral.

In an initiative to identify those patients who would benefit from early diagnosis and treatment, a nurse-led rheumatology Pre-assessment clinic was developed in Wolverhampton.

This was run by an experienced Rheumatology Specialist Nurse, supported and supervised by a Consultant Rheumatologist, and complied with professional^{7,8} and legal guidelines for nursing practice within the UK.

It has been found that the clinic has been effective in identifying patients with inflammatory arthritis and expediting the commencement of DMARD treatment.

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