HP0004 HAND'S REHABILITATION IN RHEUMATOID ARTHRITIS

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Objective Decrease of pain and inflammation, maintenance articular mobility, muscular power and prevention of tendons rupture.

Material We conducted a prospective study in 530 rheumatoid arthritis female patients suffering from bilateral hand sinovitis with an average of 45 years old (range 25–69 years old).

Method The following treatment was used during 2–3 sessions/week for six months.

Acute phase: cryotherapy and rest with orthosis in functional position.

Chronic phase: thermotherapy; paraffin bath and passive and active exercise alternating with rest; ring orthosis; articular saviness and healthy education.

We have measured the results through followings items:

Pain: visual analogic scalee (VAS)

Hand grip strength: mm. Hg

Functional capacity: health assessment questionnaire (HAQ)

Results Table 1.

Abstract HP0004 Table 1

	Baseline	1 month	6 month
Pain	7/8	5/6	3/4
Grip strength	30/40	40/50	40/60
Functional capacity	1,5/2	0,9/1,2	0,5/0,8

Conclusions Rheumatoid arthritis hand's physiotherapy increase quality of life and articular movility, and decrease of pain. This treatment in not able to stop the progression of the illness.

HP0005 EXPECTATIONS OF RA-PATIENTS, RHEUMATOLOGISTS AND PHYSIOTHERAPISTS ABOUT THE OUTCOME OF HIGH INTENSITY EXERCISE PROGRAMS IN COMPARISON WITH CONVENTIONAL EXERCISE PROGRAMS

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Results of recent studies indicate that high intensity exercise programs may be beneficial for patients with RA. Beliefs about the outcomes of high intensity exercise will influence the willingness of rheumatologists and physiotherapists (PT's) to refer patients for participation in high intensity exercise programs and the willingness of RA patients themselves to participate in such programs. The aim of this study was to examine the expectations of rheumatologists, PT's and RA-patients with respect to the outcome of high intensity exercise in comparison with conventional exercise.

Methods A self-developed exercise beliefs questionnaire was administered to 153 rheumatologists, 624 PT's and 807 RA-patients who were eligible for participation in a multicenter,

randomised controlled trial on the effect of a long-term intensive exercise programme. The questionnaire comprised two questions about negative outcome expectations (exercise results in joint damage and exercise results in an increase of disease activity) and two questions about positive outcome expectations (exercise is beneficial, exercise results in an increase in physical fitness) for both high intensity exercise and conventional exercise separately. Total scores for outcome expectations were calculated and ranged from very negative (–6) to very positive (6).

Results The response rates for rheumatologists, PT's and patients were 83%, 70% and 75%. Only the results of PT's treating at least one RA-patient per week (n = 121, 28% of responding PT's) are presented.

Conclusion Rheumatologists, PT's and RA-patients have more negative expectations about the outcome of high intensity exercise than about the outcome of conventional exercise. This finding may be a potential barrier for referral to or participation in high intensity exercise programs. Factors underlying the relatively negative attitude towards high intensity exercise, such as a lack of information and personal experiences with high intensity exercise, need to be further examined.

Abstract HP0005 Table 1

	Outcome expectations high intensity exercise (median, range)	Outcome expectations conventional exercise (median, range)	p-value expectations high intensity versus conventional exercise
Rheumatologists (n = 123)	2 (–2, 6)*	3 (0, 6)*	P < 0.001
Physiotherapists (n = 121)	0 (–6, 5)*	3 (–1, 6)*	P < 0.001
RA Patients (n = 578)	1 (–6, 6)*	2 (–4, 6)*	P < 0.001

*All differences between rheumatologists, PT's and Patients were statistically significant (p < 0.05).

HP0006 A RANDOMISED CONTROLLED TRIAL EVALUATING EFFECTIVENESS OF THREE HAND TREATMENT APPROACHES IN RHEUMATOID ARTHRITIS (RA)

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Background Little evidence available about optimum therapy for the rheumatoid hand or its effect on disability.

Objectives To evaluate the effectiveness of three different therapeutic approaches to the rheumatoid hand.

Methods 67 Subjects (M = 20), mean age 59.6 yrs (range 24–77 yrs) and disease duration 13.4 yrs (range 1–52 yrs), were randomised to 3 groups. Each subject received written and verbal information about joint protection from an experienced therapist. Group 1 subjects received strengthening and mobilising exercises, Group 2 stretching exercises and Group 3 the joint protection advice alone. Subjects in Groups 1 and 2 undertook a graduated programme of increasing repetitions (up to 20) of the exercises, twice daily over the six month study period. Outcome measures were obtained by two blinded assessors at 1, 3 and 6 months using AIMS II subscales relating to upper limb, hand