were still on, and 6 had used second line (disease modifying) drugs.

Conclusion Our results show that 76% of RA patients were or had taken CAMs. These were in addition to second line (disease modifying) drugs, and not as alternatives. A few CAMs (e.g. acupuncture) are provided by some Health Service Hospitals, but generally were paid for by patients. The main reason for stopping were lack of efficacy and expense.

SP0171 PATIENT PRIORITIES AT THEIR FIRST CONSULTATION

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Background In the changing world of today's healthcare, it has now been recognised that the provision of services should allow patients participation and their say in priority setting. Patients are now much better informed about their disease, treatment available, and the quality of care to which they are entitled. To improve satisfaction we have to identify the goals and expectations for each patient as these may well differ from those the clinician or health professional may think them to be.

Objectives To further explore these concepts and to identify the goals and expectations of each individual patient when they attended for their first consultation in the Rheumatology Out-Patient Department.

Method A questionnaire was designed and sent to patients for completion prior to their attendance at their first consultation. Four domains were selected and the patients were asked to prioritise them in order of their goals and expectations from this consultation.

1) Pain Relief 2) Diagnosis 3) Outlook 4) Help/Other. An extra option was included for individual comments. 500 fully completed questionnaires were randomly selected from the patient notes in the clinic. The order of priority, patient's age, gender and diagnosis were recorded. The results were analysed by variance.

Results The study consisted of 166 male and 334 female patients. Their overall First Choice of the categories was – Pain Relief 235(47%) Diagnosis 197(39.5%) Outlook 43(8.5%) Help/other 25(5%).

These results varied by Gender, Age, Inflammatory and Degenerative, and to a lesser degree by Soft Tissue and Mixed Connective Disease.

Conclusion The results suggest that overall relief of pain is of prime importance, especially amongst the elderly and those with R. A. Diagnosis is the main priority for those <40 years and male patients with O. A. Outlook and Practical Help maybe of concern later but is rarely a priority at first consultation.

Abstract SP0171 Table 1

First Choice	Overall	Age	Rheumatoid Arthritis
	M F	<40 yrs >60 yrs	M F
Diagnosis	38% 40%	52% 41%	39% 35%
Outlook	11% 8%	5% 8%	12% 10%
Pain Relief	49% 46%	38% 46%	45% 52%

Results of Patient's First Choice Selections.

Psychological aspects and management

HP0023 MANAGING THE IMPACT OF OSTEOARTHRITIS AMONG RETIRED PROFESSIONAL FOOTBALLERS: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Background It has been argued that retirement from professional sport poses unique psychosocial challenges. These challenges may be exacerbated if retirement is accompanied by long-term health problems.

Objective The purpose of this study was to explore the experience of living with osteoarthritis (OA) from the perspective of retired professional footballers in the UK.

Methods Data were gathered via cross-sectional unstructured interviews. It is recognised that the "subtleties" and "personal meanings" inherent in chronic illness are best investigated using qualitative methods. Five retired-professional footballers between the ages of 61 and 68 years were interviewed about the changes experienced as a result of their OA and how they managed these changes. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA).

Results Living with OA involved pain, surgery, medication and restricted mobility. Feelings of frustration were often associated with disruption to work, social and leisure activities. Three broad themes emerged which encapsulated respondents' strategies to manage their OA-related problems: comparing self with former self and others; adapting lifestyle and positive reappraisal.

Conclusion All of the retired footballers used downward social comparison to manage the emotional turmoil associated with OA. For some this entailed comparing themselves with other retired players and served to reinforce feelings that they had nothing serious to complain about. Respondents continued to perform modified exercise and leisure activities, but were mindful of aggravating painful symptoms. Respondents demonstrated a positive attitude towards their condition. This was evident through the use of humour as a strategy for managing their OA.

SP0139 'A NEW LEASE OF LIFE': THE EXPERIENCES OF OLDER VOLUNTEERS TRAINED TO DELIVER AN ARTHRITIS SELF-MANAGEMENT COURSE

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Background The value of volunteerism among older people continues to be recognised, with benefits extending to both giver and recipient. The purpose of this study was to determine whether conducting an arthritis self-management course as a volunteer lay-leader would lead to improvements in terms of physical and psychological health status.

Methods The study was a pre-test post-test design with data collected at three points in time; before attending training, 6 weeks, and 6 months after training. Data were collected through self-administered postal questionnaires and telephone interviews. The sample comprised 22 older people with arthritis. The majority of participants were women (N = 20), with either osteoarthritis (N = 14) or rheumatoid arthritis (N = 9), a mean age of

57.9 (SD 5.32) and a mean disease duration of 13.36 years (SD 9.25).

Results Six months after training, participants reported small but significant increases in arthritis self-efficacy pain ($p = 0.002$), cognitive symptom management ($p = 0.004$) and communication with health practitioners ($p = 0.024$), and a small but significant decrease in depression ($p = 0.04$). Qualitative data supported these findings with participants reporting more confidence, happiness and a changed outlook on life in general.

Conclusions Improvements reported by study participants lend support to the value of volunteerism and training to become lay leaders on an arthritis self-management programme. Volunteers noticed positive changes both in themselves and course participants. Many had begun to apply their new found knowledge about self-management to their own situation, reporting less pain and more willingness 'to get on with life'.

SP0162 A LONGITUDINAL STUDY OF THE NEED FOR CONCORDANCE

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Background In the past 5 years, there has been growing acknowledgment that patients need to be active in their medication management. The Client Centred Model (1) as well as the Concordance Framework (2) stress the importance of providers supporting patients to assume an active role in monitoring and evaluating their regimen benefits and side effects. Particularly as prescription drug use continues to grow (37% increase in the number of prescriptions dispensed between 1992–1998 in the US (3)), there is an urgent need to conceptualise and reframe how patient-provider partnerships apply specifically to medication management.

Objectives This paper presents findings regarding how people with arthritis attempt to control their ever changing, complex regimens over time. Second, this paper examines the potential of the Concordance Framework and Client-Centred Model for reframing the nature of the patient-provider partnership to enhance patients' sense of control related to their overall quality of life. We will explore how the concept of Concordance alters our view of the frequently complex and frustrating process of medication management.

Method A longitudinal study of 689 patients with the formal diagnosis of osteoarthritis (OA) or rheumatoid arthritis (RA) was conducted to identify patient perceptions, decision-making and behaviour related to their medication management. Face to face interviews with the Brief Medication Questionnaire (BMQ), health quality of life questionnaires (AIMS2 and SF-36) and telephone interviews were conducted in waves centred around patient visits every 6 months for 2 years. Data about medication regimens were abstracted from the clinic medication profile record for each visit.

Setting Three rheumatology clinics in the United States participated in the study: 1) a university clinic; 2) a private clinic; 3) a Veterans Administration clinic. Patients were enrolled at the time of a regular clinic visit.

Key findings At baseline, 50% of patients had at least one comorbidity and 22% had at least two comorbidities. Almost half (48%) of patients in the sample had complex regimens with 8 or more medications at any one time period. The majority of physicians altered their medication orders every 6 months for

patients. Hence many patients faced complex, shifting regimens. Patients reported they evaluated the effectiveness and side effects of individual medicines based largely on symptoms. There were 248 reported deviations in the scheduled medications at baseline and the majority (61%) were intentional, largely based on symptoms.

These deviations are viewed differently when one applies the compliance perspective versus the Concordance Framework. While the compliance perspective is somewhat pejorative with respect to patient behaviour, Concordance suggests the need for greater agreement between patient and health professional regarding how best to calibrate and manage the regimen to meet the patient's priorities. The longitudinal nature of our study shifted attention away from compliance to the process of seeking better regimens in the absence of "perfect regimens". Implications for the psychology of managing arthritis regimens between visits and the need for patient-provider partnerships using both the unique expertise of the patient and provider are explored.

Rehabilitation – physio/occupational therapy

HP0024 APPLICABILITY OF AN EDUCATIONAL-BEHAVIOURAL JOINT PROTECTION PROGRAMME IN PRACTICE

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Background Previous clinical trials proved an educational-behavioural joint protection (EB-JP) programme is more effective than "standard" teaching in increasing people with rheumatoid arthritis' (RA) use of joint protection (JP).

Objective This study aimed to investigate if rheumatology occupational therapists (OT), following a 2 day training course, can in clinical practice similarly enable people with RA to increase use of JP.

Methods The study was conducted with 3 trained OTs at 3 hospitals using a randomised, crossover design. Demographic, Patient Knowledge Questionnaire (PKQ), hand and functional status measures were recorded at baseline, 3 and 6 months. The main outcome was the Joint Protection Behaviour Assessment (JPBA): a valid, reliable observational assessment of JP hand actions in kitchen activities.

Results 30 people with RA participated: 27 women and 3 men, average age 52.3 years (SD 12.1) with average disease duration of 6.76 years (SD 7.02). There was no significant difference in JPBA scores at baseline between the two groups: E1 (education first) = 17% (SD 15%) and E2 (education delayed) = 20% (SD 7.4%) ($p = 0.16$). At 3 months E1 JPBA scores significantly increased to 41% (SD 15.9%) and E2 did not change: 25% (SD 20%) ($p = 0.003$). Both groups increased use of JP overall at 6 months ($p < 0.01$). There was a significant increase in PKQ scores ($p < 0.00$). No change in hand and functional status occurred, apart from increased grip strength ($p < 0.01$), but the follow-up period was probably too short to identify improvements. Most participants considered the programme relevant to their needs and found the emphasis on practical training very helpful.

Conclusion A 2 day training course, plus detailed programme manual, enables rheumatology OTs to deliver this programme successfully in practice, suggesting this programme should now be disseminated.