Method A retrospective audit of all calls logged over a three-month period was analysed. The forms were examined to determine if they met the following standards. The date, time and who called should be noted. The nature of the call and the advice or information given should be recorded. All entries should be legible and signed.

Results 393 calls were received over a three-month period. Of these 122 (31%) were medication queries, 67 (17%) treatment inquiries, 8(2%) requests for a sooner appointment, 74(19%) questions regarding appointment, 28 (7%) required advice about disease flare up, 35 (9%) test results, 24 (6%) received reassurance and support. There were 4 (1%) enquires about Disability Living Allowance and 31 (8%) concerning other queries.

On all forms the date was recorded in 97%, time 60%, details of who called 99% and type of call 26%. The entries were signed legibly in 95% and written comments were legible in 78% of cases. In 5% of forms the written information was unclear and poorly documented.

Discussion This audit highlighted several problems with the existing documentation. Space was insufficient to record all details, urgent calls needed to be identified and an additional section was necessary for calls that could not be answered immediately. As a result a new documentation sheet has been designed.

The importance of accurate, written documentation is vital in today's health care and good quality record keeping improves communication and demonstrates evidence of good practice

REFERENCE

- 1 United Kingdom Central Council for Nursing, Midwifery and Health Visiting. Guidelines for Records and Record Keeping, London, 1998

HP0030 AN INVESTIGATION OF THE EFFECT OF EDUCATION OR EDUCATION IN COMBINATION WITH PHYSICAL TRAINING AMONG WOMEN WITH OSTEOPOROSIS

¹TS Søyseth, ²V Søyseth. ¹Section for Health Science – Faculty of Medicine; ²Department of Respiratory Medicine, National University Hospital, Oslo, Norway

10.1136/annrheumdis-2001.1257

Introduction Pain and fear of fractures are very common among osteoporotics reducing their activity of daily living and quality of life. We have investigated the effect of education or education in combination with physical training on pain experience in osteoporotic.

Methods Women older than 60 years with osteoporosis were invited to participate in the study. All were able to walk indoor without technical support. Bone density was assessed using a DXA-machine.

They were hospitalised for five days in a hospital of rheumatology.

A total of 26 subjects were allocated to education only whereas 23 subjects received training by a physiotherapist in addition to education.

The education program was provided by a team of professional health workers and had a multifactorial approach to osteoporotic experienced problems.

Bodily pain was assessed by SF-36 questionnaire. Follow-up was conducted at 3 and 12 months after intervention.

Results A multivariate analysis for repeated measurements showed a reduction of bodily pain score of 7.4 (95% CI 2.7–12.1) after 3 month and 9.8 (95% CI 4.2–15.4) after 1 year

compared with baseline. There were no significant differences between the groups.

Conclusion Participation a professional education program reduces the pain experience in women with osteoporosis.

HP0031 A NATIONAL SURVEY OF PARENTS AND GRANDPARENTS WITH RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS AND BACK PAIN: PRELIMINARY FINDINGS

MI Grant, CC Wright, LA Cullen, NE Foster, JH Barlow. *Psychosocial Research Centre, Chronic Conditions and Disability, Coventry University, Coventry, UK*

10.1136/annrheumdis-2001.1258

Background Research interest in parents and grandparents with musculoskeletal conditions in relation to their experiences of childcare is growing.

Objectives To survey parents and grandparents with rheumatoid arthritis (RA), ankylosing spondylitis (AS) and back pain (BP), in the United Kingdom.

Methods 448 participants (280 BP, 106 AS, 62 RA) responded to a cross-sectional postal survey. Age range was 23 to 88 years, range of duration of symptoms was <1–58 years and the sample was made up of 280 parents and 168 grandparents. Participants were recruited via voluntary organisations and Rheumatology Clinics. The majority of participants with RA and BP were female. Data were analysed using SPSS and content analysis.

Results The most prevalent problems, with childcare, were keeping up with children (e.g. energy) (87%), playing games (74%), feeling guilty about not being able to carry out routine childcare activities (74%). Other problems included, dressing, talking to children about arthritis, lifting and holding children, social activities, walking children to school, preparing meals, bathing, disciplining children. Participants with RA had the highest prevalence of difficulties overall. Grandparents reported a lower prevalence of problems than parents. Pain (100%), fatigue (90%) and stiffness (96%) were felt to cause difficulties with childcare. Guilt (40%), anxiety (37%) and depression (34%) were also felt to be contributory factors. The majority of participants with AS and BP had not received any advice on childcare but a third of those with RA had. Advice was given by occupational therapists (17%), general practitioners (12%), physiotherapists (7%) and rheumatologists (3%).

Conclusions Parents and grandparents with RA, AS and BP experience a wide range of problems with childcare (both physical and psychosocial) and do not appear to be receiving appropriate advice. This may indicate a gap in service provision for this group.

SP0132 EDUCATION CAN REDUCE PAIN EXPERIENCE AMONG ELDER WOMEN WITH OSTEOPOROSIS

¹TS Søyseth, ²V Søyseth. ¹Section for Health Science – Faculty of Medicine; ²Department of Respiratory Medicine, National University Hospital, Oslo, Norway

10.1136/annrheumdis-2001.1259

Introduction Pain and fear of fractures are very common among patients with osteoporosis reducing their activity of daily living and quality of life. We have investigated the effect of education or education in combination with physical training on pain experience in women with osteoporosis.