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*

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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.

Methods Women older than 60 years with osteoporosis (N = 49) were enrolled in the study. All were able to walk indoor without technical support. Bone density was assessed using a DXA-machine.

All were hospitalised for five days in a hospital of rheumatology. They were casually put into two different treatment programs:

- Education (n = 26)
- Education in combination with physical training (n = 23)

The education program was provided by a team of professional health workers and had a multifactorial approach to problems experienced by patient with osteoporosis. The physical training program was leaded by physiotherapists.

Health was assessed by SF-36 questionnaire at baseline, and then after 3 and 12 months.

Results A multivariate analysis for repeated measurements showed an improvement 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. Physical activity and social function were also statistical improved at 3 month, but the improvement did not persist for the complete follow-up period.

Conclusion Participation a professional education program reduces the pain experience in women with osteoporosis, and the improvement appear to persist for at least one year. This result needs confirmation by further studies.

SP0140 PSYCHOLOGICAL SUPPORT AND EDUCATION AS THE MAIN ASPECTS OF SYSTEMIC LUPUS ERYTHEMATOSUS "MY LIFE" PROGRAMME FOR PATIENTS

K Nowicka-Sauer, M Koseda-Dragan, M Hebanowski. *Connective Tissue Diseases Unit, Department of Family Medicine, Medical University of Gdansk, Gdansk, Poland*

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Background The objective of our previous research was to investigate the main problems, needs and emotional state of patients with SLE. We found that the sensation of limited knowledge of the disease, mood disturbances, depression, anxiety, pain and fatigue are the most common problems of our patients. As we know, the psychological wellbeing and the attitude towards the disease are important factors influence individuals' lives. In connexion with it we tried to create the programme which would help our patients to understand their illness, to improve their "living with lupus" and to find the more effective and satisfying way of coping with SLE (if needed). In this work we are presenting the main goals of the SLE "MY LIFE" PROGRAMME including medical and possible psychological consequences of lupus and methods which we are going to use in our programme.

Objectives of the SLE "My Life" programme The most important aims are:

- to increase knowledge about the disease
- to reduce anxiety
- to improve self-care and self-management
- to "wake up" an activity and independence
- to increase psychological self-awareness
- to give support
- to activate family members and/or friends

Methods 1. "What is lupus?" – "Education meetings" for patients and patients' family members and/or friends with physician and psychologist

2. "What does lupus mean to me?" – oral sessions: learning self-observation skills referring to:

- pain
- fatigue
- symptoms of the disease and flare symptoms
- emotions/feelings/thoughts – what do the patients think of e.g. their fears/anger, relatives/relationship, life/future etc.

3. "What can I do?" – "active session": practising self-observation and self-care results – "My experiences, my success".

4. "Am I satisfied?" – the evaluation of the programme.

The patients' satisfaction and the effectivity of the programme are going to be evaluated.

SP0144 RESIDENTIAL WORKSHOP FOR PARENTS OF ADOLESCENTS WITH JUVENILE IDIOPATHIC ARTHRITIS: A PRELIMINARY EVALUATION

AP Turner, JH Barlow, CC Wright. *Psychosocial Research Centre, Coventry University, Coventry, UK*

10.1136/annrheumdis-2001.1261

Background Caring for a child who has a chronic health condition can be a difficult and demanding task. Research has shown that some parents are at an increased risk for psychosocial problems.

Objectives The purpose of this study was to evaluate the effectiveness of a pilot Workshop designed specifically for parents of children with JIA.

Method 26 parents attended the two-day residential Workshop. The Workshop aimed to provide opportunities for parents to meet and discuss issues pertinent to caring for a disabled child. The Parents of Children With Disabilities Inventory (PCDI) was used to assess perceived disability-related stress. The PCDI comprises 4 subscales: Medical and Legal Concerns, Concerns for the Child, Concerns for the Family, Concerns for the Self. Higher scores indicate greater frequency and worry. Results were compared against a Comparison Group (CG) of 28 parents who expressed an interest in but did not attend the Workshop.

Results Median decreases in scores were significantly greater for the Workshop Group (WG) compared with the CG for Concerns for the Self (frequency) and Total frequency scores, (p = 0.020, 0.013, respectively). For the WG there were significant group decreases over time for Concerns for the Child (worried), Concerns for the Self (frequency), Total frequency score and Total worried score, (p = 0.023, 0.044, 0.031, 0.009, respectively).

Conclusion The finding of statistically significant improvements across a range of parental concerns is encouraging. Workshops for parents of children with JIA appear worthy of continued development and evaluation.

SP0153 COOPERATING THE BALTIC STATES (LATVIA)

KA Carselind. *Vice Chairman of the Board, The Swedish Rheumatism Association, Österskar, Sweden*

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