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

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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

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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)

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The Swedish Rheumatism Association, SRA, and other organisations for disabled persons have joined together in an association called SHIA. SHIA is part of the Swedish aid organisation SIDA. SIDA provides most of the money for the different projects, that SHIA runs. Of special interest for this conference are the projects concerning the new candidate countries to the European Union in the Baltic states.

Many of the organisations within SHIA have their own projects for providing help in different ways, e.g. SRA and organisations concerning diabetes, heart-lungs, asthma-allergy and mentally retarded young people. We all work close together with our "sister-organisations" in the Baltic states.

Together we have a project for establishing the UN Standard rules for equal accessibility in Latvia. During the Soviet time many disabled persons were "hidden" and didn't have the possibilities to come together with other or to come out in the fresh air regularly. Many persons still don't have the means we have for daily living and for going out, but things are now changing very quickly for the better.

The SRA has, together with the corresponding organisation in Latvia, a project to establish a democratic organisation for, and led by, patients. It all started with some doctors and nurses from Latvia, who came to Stockholm to study rheumatologic care. We met with them and told them about how patient organisations, and SRA in particular, work in Sweden, and it was then decided that SRA should help them to establish a patient organisation in Latvia. We have allowed money in our own budget for this, and we also cooperate with SHIA. I'm sorry to say that SIDA has cut down our allowances, so we have to choose very carefully what we can afford to do!

The Latvian organisation, LKLSSB, was founded only three years ago. They now have some hundred members and are represented in eight Latvian regions. They offer a lot of activities for their members: lectures, study groups, excursions etc. They also work with/for young people in their organisation and also cooperate with Unga Reumatiker (Young Rheumatics) in Sweden.

Some of our Swedish "ombudsmen" have been in Latvia to help our Latvian friends to establish the organisation, e.g. with list of members, how to run a democratic association, computer-work, how to write/translate and print brochures and booklets, and how to engage media and politicians to help in information and legislation etc.

In our common work we have also found, that we have a lot to learn from our Latvian friends. They are not stuck in traditions and old habits, they have new fresh ideas, and as they start "from scratch" they can choose priorities and build up a new society with better possibilities for disabled persons.

I have taken part in this project for two years now, and it has made a great impression on me to see the progress and the enthusiasm in the Latvian work!

used for the purpose of disseminating information about arthrosis. The project is also sponsored by MSD, Pharmacia and Pfizer. The aim of the project is to increase the individual's knowledge of arthrosis and to contribute to a better way of life for people with arthrosis.

A further aim is to provide information to the general public and medical staff. We also address ourselves to patients with an arthrosis diagnosis and those who belong to risk groups, e.g. to athletes. The working methods of the project are creative – from the traditional study circle to theatre performances and the production of images and written material. We combine aims and mean, and the creative work is carried out among members and their relatives in our local organisations nationwide.

Project activities

*Study circles to increase the individual's knowledge of arthrosis

*Special "Arthrosis days", information to the public, athletics movement and medical and health services

*Information campaigns in conjunction with local arrangements, fairs and exhibitions, etc.

*The compilation of a study material which illustrates what living with arthrosis is like and containing a substantial section covering both body and soul. Local working groups will act as test groups.

*What is arthrosis, research into arthrosis, alternative methods of treatment, prevention, rehabilitation, training, personal and sexual relations

*Writer's workshops – writing one's story in prose or poetry as a basis for a manuscript and/or an anthology

*Preparing a theatre performance

*Special, or separate, exhibitions about arthrosis and the Rheumatism Association, arts, images, sculptures, etc. in different techniques

Working constructively and together gives participants strength and a feeling of togetherness.

Special "Arthrosis days" with professional lecturers giving audiences all available information about arthrosis. Advertisements in daily newspapers and local placarding together with invitations addressed directly to selected groups are methods to attract listeners. At the "Arthrosis days" participants will be recruited to Arthrosis School study circles. Study circle leaders will be recruited from our own ranks and will be given specific training.

The project organisation: A project leader working full-time for 3 years, a steering-group mandated to decide on time, resources and quality issues, reference groups and a group of researchers to check the project products. The project started in July 2000 in five pilot counties to gather experiences for the benefit of the rest of the country. Recruitment of participants will take place in cooperation with our local associations, the Federation of Swedish Farmers, other local organisations and at local health-care centres.

SP0165 THE ARTHROSIS PROJECT – A THREE YEAR INFORMATION PROJECT IN COOPERATION WITH THE FEDERATION OF SWEDISH FARMERS

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The Swedish Government has granted the Swedish Rheumatism Association financial support from the Inheritance Fund to be