Some data characterising the development and activity of CLAR were followed up during last ten years. Thus an increasing number of members of CLAR were noted. This number doubled during the last year, i.e. to 203 persons. The number of issues of the CLAR Bulletin edited every three months increased in the same extent. The interest of patients to participate in rehabilitation and in yoga meditation expanded too/to about 40 patients every week/.

These encouraging facts should be considered as consequence of CLAR activities mentioned above and of enhanced public awareness of rheumatic conditions too.

The majority of CLAR actions are organised with the help of the Institute of Rheumatology in Prague and with the support of pharmaceutical industry.

Improving the health professional/patient relationship

SP0174 PATIENTS' INFLUENCE ON HEALTH CARE, AND SOCIAL CARE

DD Magnusson. *The Swedish Rheumatism Association, Region Jamtland, Offerdal, Sweden*

10.1136/annrheumdis-2001.1274

A short presentation of how a Rheumatism NGO can work on a local level together with the County Council, the Health Care Employment Service Agency and the Social Insurance Office. Together with the health professionals we have produced education material, which is possible to use for health professionals, patients, the Employment Service Agency, the Social Insurance Office and the County Council. This material is called "For whom (it may concern)". The book has 12 chapters which contains these subjects: Humanity, quality of life, for whom, whose goals, meeting people, to take responsibility – right to self-determination, to make demands, who has the authority, rehabilitation economy, following up and evaluation, conventions, laws and regulations. The material contains four parts in each chapter, the first part is sayings, the second part is a factual part, the third part is a case example, the fourth part is a number of questions which are solutions orientated. Everyone can use this material, alone or in groups.

We are functioning, as patient experts on matters like, rehabilitation, education and how to approach the patient. My experience is from a region in the middle of Sweden called Jamtland. Jamtland has a big area on 49 500 km² with a population of 129 000 people, which means 2,6 persons per square kilometre.

Patient priorities in medical and social research

HP0038 PREFERENCES FOR IMPROVEMENT IN HEALTH: A COMPARISON BETWEEN AGE, SEX AND EDUCATION-MATCHED PATIENTS WITH OSTEOARTHRITIS (OA) AND RHEUMATOID ARTHRITIS (RA)

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10.1136/annrheumdis-2001.1275

Background Awareness of patients' preferences are of salient importance for health professionals in today's health care system. Preferences both on an individual and on a group level form the premises for the provision of an effective and efficient health care service.

Objective The aim of this study was to examine in which areas of health a group of patients with OA would most like to see improvement, and to compare their preferences with the preferences reported by matched RA patients.

Materials and methods Fifty-one patients (mean (SD) age 66 (4) years, 4 (8%) males, mean (SD) years of education 12 (3)) with generalised OA including hand OA, previously referred to a rheumatology outpatient department, underwent a comprehensive clinical examination including completion of several self-reported health status questionnaires. Among these were AIMS2, MHAQ, SF36 and joint pain VAS and fatigue VAS. These OA patients were compared with 51 RA patients matched for age, gender and level of education who were recruited from the Oslo RA register and had previously responded to identical questionnaires. All patients were asked to check three out of twelve health areas in which they would most like to see improvement (AIMS2, question 60). Scores of health status were computed from the different scales of health status questionnaires. Comparisons between the two matched patients groups were performed by McNemar tests (categorical variables) and paired analyses (continuous variables).

Results Out of the OA patients 82.4% reported priority for improvement in pain, compared to 58.8% of the RA patients ($p = 0.02$, McNemar test). Other health areas had lower priorities in both groups without any significant group difference and were distributed as follows among the OA/RA patients: Mobility level 5.9/17.6%, walking and bending 31.4/25.5%, hand and finger function 45.1/52.9%, arm function 9.8/23.5%, self-care 11.8/21.6%, household tasks 39.2/31.4%, social activity 2.0/11.8%, support from family 3.9/3.9%, work level 3.9/5.9%, tension 11.8/7.8%, mood 25.5/17.6%. Across different instruments OA patients also reported numerically more severe pain and mental health scores than RA patients whereas RA patients had significantly worse scores within the dimension of physical disability.

Conclusion Although being a preliminary study with only 51 patients in each group, these findings indicate that pain is the area where both OA and RA patients would most like to see improvement, and that patients with OA have pain as an even higher preference for improvement than patients with RA. Consequently, pain is the area of health that deserves increased attention in clinical practice, both for patients with OA and RA.