training. The need for good media strategies will be most important during the Year of Arthritis/Rheumatism in Sweden 2002, when our association co-operates with the Swedish pharmacies to focus on rheumatic diseases. In Sweden, medicine and health is the third most exposed subject in media just now.

A media analysis we have done shows that publicity about arthritis/rheumatism and the SRA generated about 60 millions possible occasions for media-consumers to pay attention to these subjects during the first six months in 2000. The analysis is based on 365 newspaper articles and broadcasting reports. Most of these (75 percent) were common information about people with rheumatic diseases and different applications of treatments. The SRA was exposed in 25 percent of the articles and reports.

When media pays attention to rheumatic diseases, the most frequent subject is pharmaceutical drugs followed by personal interviews with people suffering from arthritis/rheumatism and facts about the diseases. Even when the Rheumatism Association is exposed, the main subject is pharmaceutical drugs.

People with arthritis/rheumatism are the main figures, followed by doctors and scientists/experts. When attention is paid to the association, local representatives and members are important figures.

The analysis shows that there is good ground and many possibilities for the SRA to increase the media attention, take a larger part of the total publicity and focus on a strong and clear image.

Main items in the lobby-training is:

- Civics
- Rhetoric and argumentation,
- How to influence political processes
- Contacts with media

The training is partly IT-based and includes four meetings on a national level (each for two days), mixed with regional meetings and homework. Between the meetings, Intranet connects participants and coaches, where they chat, ask questions, discuss and learn from each other. Memos, working papers, subjects for homework, etc are available on Intranet.

Best practice in relationship between patient organisations and the pharmaceutical industry

SP0163 PATIENT PARTNER PROGRAM

J Zasterova. *Rheuma League, Prague, Czech Republic*

10.1136/annrheumdis-2001.1279

Ms. Zasterova describes her participation in the Patient Partner program sponsored by the Searle Company. The aim of the program is to train people suffering from rheumatic arthritis and osteoarthritis so that they could become teachers/advisors to other patients with rheumatic disease and so start continuing rounds of patient-to-patient teaching. The training consists of:

- Regular meetings
- Lectures on medicaments, psychology, rehabilitation, etc.
- Practical presentation of medical aids
- Teaching materials
- Final test of knowledge gained

The program not only provides information that helps them understand and influence their own disease, but also engages

patients in sharing the knowledge and encourages patients to mutual help.

SP0164 REUMAÅRET 2002, A NATIONAL THEMATIC YEAR ABOUT ARTHRITIS/RHEUMATISM

RH Greiff. *Project and Development, The Swedish Rheumatism Association, The SRA, Stockholm, Sweden*

10.1136/annrheumdis-2001.1280

Background In 2002 Apoteket AB the National Corporation of Swedish Pharmacies will carry out a thematic year about Arthritis/Rheumatism in co-operation with Reumatikerförbundet the Swedish Rheumatism Association, the SRA. There are 884 pharmacies in Sweden and our 24 regional and 201 local associations have several pharmacies to co-operate with.

The King of Sweden is patron of the thematic year and will inaugurate it in January 2002.

Objectives The qualitative objectives of the thematic year are:

That the SRA is perceived as an active disability association with a broad variety of activities for all age groups. That the SRA take good care of our members, especially considering the newly recruited members. Improved medicine usage

We have several quantitative objectives, for instance:

Rheumatic diseases and their consequences are well-known. Suggested measures from the SRA in order to improve the situation of people with rheumatic diseases is well-known in society. To recruit new members and reach a membership of 60000 members.

More active members in the age group of 50 years or less. At least 1000 activities together with Apoteket AB during the thematic year.

Methods During 2001 we will prepare the thematic year within the SRA by making all the necessary preparations through education, seminars and conferences. We want our 24 regional and 201 local associations to be involved and prepared in all the activities together with the Pharmacies. Externally we prepare for the thematic year through a national conference together with the Pharmacies. This conference will be followed by regional and local conferences all over Sweden. The activities during the year 2002 will mainly focus on the local perspective, the majority of the activities will take place in co-operation between the local pharmacy and the SRA local associations. We will produce a catalogue of activity proposals and deliver it throughout the SRA and create a contributory bank with names and the subject area of lecturers, specialists and experts to employ for meetings, seminars etc.

Some examples of activities are:

Seminars about different rheumatic diagnoses. Members inform about their local association at a pharmacy. Local actions about the lack of proper treatment and rehabilitation possibilities for people with rheumatic diseases. A research-site on our website.

Results The results are connected to our objectives and we will try measure whether we have reached them through surveys before and after the thematic year. This will be the basic data for decision-making when we evaluate the thematic year and try to implement good practices and activities in the SRA. The recruitment objective is easily monitored every month through our membership register. One long-term result will hopefully be continuing local co-operation between pharmacies and local

associations within the SRA and continues co-operation in seminars, conferences and medical projects.

Conclusions At the moment the only possible conclusions to be drawn are about the preparation process and we can identify a great interest from our members and Apoteket AB to carry out a successful thematic year together.

Arthritis/rheumatism as a public health issue

SP0152 WHY CAMPAIGNING IS GOOD FOR ARTHRITIS!

N Betteridge. *Head of Public Policy and Campaigning Arthritis Care, UK*

10.1136/annrheumdis-2001.1281

The paper will explain why people with arthritis are beginning to campaign in new ways and how this can benefit themselves as individuals, the community of people with arthritis and society as a whole.

It will explore the sometimes fractious, and still evolving, history of how people with arthritis have gradually moved away from seeing themselves in an entirely medical context; but also how the social model of disability has been both a liberation and a limitation. The energies of people with arthritis have been released by developing a vision where we are more than just patients or passive recipients of care. We now know that we can be actively involved in managing our condition and have a right to be actively involved in society. But where is that release of energy taking us?

Citing anti-discrimination legislation in both the UK and the USA, the paper will seek to summarise the public policy position for people with arthritis in 2001 but will also be forward looking. Does the advent of new technologies mean that science once more becomes the focus for people with arthritis? Or will the links with the civil rights movement of disabled people strengthen and grow so that medicine will be overshadowed by a political drive based entirely on social issues?

The speaker, Neil Betteridge, has personal experience of arthritis and is Head of Public Policy and Campaigning at Arthritis Care in the UK. Whilst working for the Royal Association for Disability and Rehabilitation (RADAR) he was involved in campaigning for, and helping to influence, the Disability Discrimination Act 1995. He is currently actively involved in the European Manifesto for People with Arthritis and Rheumatism in Europe.

SP0161 WHY RHEUMATIC DISEASES ARE UNDERESTIMATED IN POLAND?

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10.1136/annrheumdis-2001.1282

Poland has a population of 38 millions people, what means an eighth rank among 43 European countries. When 5 million (13% of total population) suffer from chronic rheumatic problems and rheumatic diseases constitute the first cause of disability, arthritis should be defined as public health problem at the national and perhaps European level too. Unfortunately, public opinion is under the pressure of clinical, individual approach to health care.

Individualisation of health issues produces invisible social dramas, id est: social isolation of disabled, enormous bureaucratic disfunctions of care system and also shifting out cost of treatment to patients' family. Rheumatic patients have serious troubles to maintain satisfying personal relations and to participate in religious or social/political life. Those results of chronic rheumatic diseases are usually neglected in public dispute on health priorities.

Three "curtains" exist in public health theatre making difficult to perceive rheumatic problems:

- social attitudes towards disability
- self marginalisation of arthritis patients
- family support instead of systemic resolutions.

Governmental agencies, using a traditional model of public activity are highly bureaucratic: centralised, impersonal, hierarchical and specialised. Self-help groups are quite opposite: locally centred, personal, non-hierarchical and non-specialised. The two actors of public health performance act in different ways and their political influence changes. As governmental agencies failed so far to remove all three curtains, it is time for NGOs to play a crucial role.

Other inflammatory arthritides

HP0009 AUDIT OF A RHEUMATOLOGY NURSE SPECIALIST (RNS) SHOULDER INJECTION CLINIC

WD Pointer, PL Williams. *Rheumatology, Medway Maritime Hospital, Kent, UK*

10.1136/annrheumdis-2001.1283

In order to shorten waiting times for referrals for shoulder pain, we have set up a dedicated clinic, run by a RNS trained in assessment and management of shoulder problems, including injection of corticosteroid, to which all consecutive new patients, who were thought likely from the letter of referral to benefit from an injection were allocated. Diagnosis was discussed and confirmed with the Rheumatologist.

The results of the first 56 patients (23 male) to attend have been audited.

Diagnosis was as follows:

Adhesive Capsulitis 21, Supraspinatus Tendonitis 11, Rotator Cuff Lesion 7, Non-specific shoulder pain 5, Occupation related shoulder pain 3, Bicipital Tendonitis 3, Thoracic outlet compression 1, Acromioclavicular joint pain 1, Posture related shoulder pain 1, Fibromyalgia 1, Referred pain from hepatic secondaries 1, Secondary deposit 1.

In 18 patients (32%) the clinic and GP diagnoses were the same. In 16 (28.6%) they differed and in 22 (37.5%) the GP letter indicated painful shoulder but no specific diagnosis.

Of these patients 36 (64%) were treated with injection. The remaining 20 (36%) were not injected for the following reasons: Symptoms resolved 12, Patient declined 3, Inappropriate 4, Reason not recorded 1.

Of the 56 patients audited, 49 were available for review by telephone at a minimum of 3 months after initial visit. The results of this interview showed that 17 had complete resolution of symptoms, 21 had more than 50% improvement, 1 less than 50% improvement, 5 said their symptoms were unchanged and 5 stated their symptoms were worse.