

treatment preferences of recently diagnosed patients, and how these evolve over time. A Belgian qualitative study has set the scene (1), but knowledge on cross-cultural nuances in patient-preferred outcomes is lacking. To this end, EQPERA – European Qualitative research collaboration on Patient-preferred outcomes in Early Rheumatoid Arthritis– was founded.

**Objectives:** EQPERA aims to unravel longitudinally preferences for treatment and health outcomes among patients with early RA across Belgium, the Netherlands and Sweden. To yield sound results, specific preparations for this cross-country qualitative study are reported here.

**Methods:** Several steps have been undertaken to ensure trustworthiness of findings and consistency across countries in sampling, interviewing, analysis and project management: a detailed research protocol has been written; the interview guides have been translated following a structured forward-backward linguistic validation process; templates for data collection and a quality assurance reporting tool have been developed; and local staff has been trained and supervised by the project leader in implementing the study protocol. Each country will document changes with sufficient detail in their research logbook.

**Results:** EQPERA will be a qualitative, explorative, longitudinal study with active involvement of patient researchers. In each country, a purposive sample of patients with early RA will be individually interviewed 3–6 months after start of the initial RA treatment and subsequently, the same participants will be invited back to take part in a focus group 12–18 months after RA treatment initiation. Data collection and analysis will be independently conducted by the local research teams in their native language. The local teams will analyze their interview data using the constant comparison method as detailed in Qualitative analysis guide of Leuven, after which Saldana's guiding questions will be adopted for analyzing change over time. Afterwards, a meta-synthesis of all locally gathered and interpreted data will be conducted to explore and describe patterns, similarities and differences across countries.

**Conclusions:** This European project is a first step in gathering contextual findings on patient-preferred outcomes in early RA. Such knowledge is of crucial importance for tailoring therapeutic approaches in a timely and meaningful way. Our innovative, qualitative, longitudinal research design goes beyond the abilities of the frequently used cross-sectional designs in qualitative research. Large, multi-national qualitative projects are scarce in rheumatology research, thus applied data management and quality assurance strategies could be of interest to other researchers.

#### References:

- [1] Van der Elst K, et al. Unraveling Patient-Preferred Health and Treatment Outcomes in Early Rheumatoid Arthritis: A Longitudinal Qualitative Study. *Arthritis Care Res (Hoboken)*. *Arthritis Care Res (Hoboken)*. 2016;68(9):1278–87.

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## HPR professional education, training and competencies

### THU0758-HPR APPLICATION OF THE EULAR RECOMMENDATIONS FOR PATIENT EDUCATION FOR PEOPLE WITH INFLAMMATORY ARTHRITIS IN SWITZERLAND

K. Niedermann<sup>1</sup>, C. Madelaine-Bonjour<sup>2</sup>, M. Roffler<sup>3</sup>, A. Kocher<sup>4</sup> on behalf of Health Professionals in Rheumatology Switzerland. <sup>1</sup>School of Health Professions, Zurich University of Applied Sciences, Winterthur; <sup>2</sup>Rheumatology, University Hospital, Lausanne; <sup>3</sup>Swiss League Against Rheumatism, Zurich; <sup>4</sup>Rheumatology, University Hospital, Bern, Switzerland

**Background:** The recently published EULAR recommendations for patient education (PE) in people with inflammatory Arthritis (IA) encompass two overarching principles and eight recommendations (1). The average overall agreement of PE experts with the recommendations is usually high (at least 8.8 (SD+/-0.5) on a 1–10 Numeric Rating Scale NRS) (1, 2). The recommendations ought to be disseminated and implemented to establish a core standard for delivering PE and training for health professionals (HPs) in delivering PE across Europe.

**Objectives:** The Swiss HPs in rheumatology organisation, hpr Switzerland, aimed to evaluate the current standard of PE as well as the agreement with and application of the EULAR PE recommendations in Switzerland, in order to develop further implementation steps.

**Methods:** An online survey was conducted among HPs and rheumatologists in the major rheumatology clinics (n=28) of the German and French part in Switzerland. The current knowledge and skills in PE and the performance of PE in clinical practice were assessed by multiple choice questions. The agreement with the PE recommendations was assessed on a 1–10 NRS and their application in the rheumatology clinics on a 4-point scale ("applied"/"rather applied"/"rather not applied"/"not applied").

**Results:** A total of 57 HPs, among them 12 rheumatologists, 21 nurses, 15 physiotherapists, 6 occupational therapists, 2 medical assistants) from 12 rheumatology clinics participated. Of these HPs, 31 (55%) worked for more than

6 years in rheumatology and 15 (27%) indicated to have a formal training in PE. They perceived that PE formed a substantial part of their work (33.5% on average), the most important element being "providing information" (48%), compared to 27% counselling and 25% behavioural interventions.

The average overall agreement with the PE recommendations was 7.0 (SD+/-2.25). Recommendations 3 and 7 were well applied (72%) in the rheumatology clinics. Least applied were the recommendations 4 and 6 with 21% and 24% respectively. Recommendations 1, 2, 5 and 8 reached between 40–50% application rates.

Image/graph shows Agreement with and Application of the PE Recommendations in Switzerland

Overarching principles		
1.	Patient education is a planned interactive learning process designed to support and enable people to manage their life with inflammatory arthritis and optimise their health and well being	
2.	Communication and shared decision making between people with inflammatory arthritis and their health care professionals are essential for effective patient education	
Recommendations	Agreement mean (SD)	Application ('rather) applied')
1.	PE should be provided for people with IA as an integral part of standard care in order to increase patient involvement in disease management and health promotion	7.03 (2.39) 42.4%
2.	All people with IA should have access to and be offered PE throughout the course of their disease including as a minimum; at diagnosis, at pharmacological treatment change and when required by the patient's physical or psychological condition	6.79 (2.22) 48.5%
3.	The content and delivery of PE should be individually tailored and needs-based for people with IA	6.68 (2.35) 72.7%
4.	PE in IA should include individual and/or group sessions, which can be provided through face-to-face or online interactions, and supplemented by phone calls, written or multimedia material	7.08 (2.08) 21.2%
5.	PE programmes in IA should have a theoretical framework and be evidence-based, such as self-management, cognitive behavioural therapy, or stress-management	7.08 (2.20) 48.5%
6.	The effectiveness of PE in IA should be evaluated and outcomes used must reflect the objectives of the PE programme	7.05 (2.44) 24.2%
7.	PE in IA should be delivered by competent HPs and/or by trained patients, if appropriate, in a multidisciplinary team	7.26 (2.26) 72.7%
8.	Providers of PE in IA should have access to and undertake specific training in order to obtain and maintain knowledge and skills	6.82 (2.08) 42.3%

**Conclusions:** The overall agreement with the recommendations was high, although lower than the overall agreement of PE experts (1,2). The application of most recommendations was found to be moderate to low in Swiss rheumatology institutions; however no comparisons with other countries are available. "Providing information" was reported as the most important PE element. This emphasises the need to implement the PE recommendations as well as to improve HPs' knowledge on delivering and evaluating effective PE, in order to provide beneficial PE interventions for people with IA in Switzerland.

#### References:

- [1] Zangi, HA.; Ndosi, M; Adams, J; Andersen, L; Bode, C; Boström, C; van Eijk-Hustings, Y; Gossec, L; Korandová, J; Mendes, G; Niedermann K; Primdahl, J; Stoffer, M; Voshaar, M; van Tubergen, A. (2015). EULAR recommendations for patient education for people with inflammatory arthritis. *Ann Rheum Dis*, 6, 74. 954–62.
- [2] Paternmann J, Ehlebracht-König I, Lind-Albrecht G, Genth E, Reusch A, Küffner R, Müller-Ladner U, Braun J. EULAR recommendations for patient education of people with inflammatory arthritis. Translation and evaluation in Germany. *Z Rheumatol*. 2016 Mar;75(2):187–99.

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## HPR interventions (educational, physical, social and psychological)

### THU0759-HPR DOES PHYSIOTHERAPY AND REHABILITATION PROGRAM IMPROVE MOBILITY AND DAILY LIVING ACTIVITIES IN ELDERLY INPATIENT WITH OSTEOPOROSIS?

M. Karapinar<sup>1</sup>, T. Firat<sup>2</sup>, N. Kirdi<sup>2</sup>. <sup>1</sup>Department of Physiotherapy and Rehabilitation; <sup>2</sup>Hacettepe University, Ankara, Turkey

**Background:** Osteoporosis (OP) is a generalized skeletal disorder characterized by compromised bone strength and deterioration of bone quality, often leading to fragility. Elderly osteoporosis is being public health problem that highly affects people especially above 65 years. Physiotherapy and rehabilitation programs are