important in the prevention and management of osteoporosis. Exercises improve mobility in elder inpatient by increasing activity, muscular strength, flexibility, and reducing the risk of falls and length of stay in hospital.

Objectives: The aim of our study was to investigate the effects of physiotherapy and rehabilitation program on mobility, physical activity and quality of life in elderly inpatient.

Methods: A hundred and twenty four patient with OP (mean age: 73,03±5,9) participated in this study. A total of patients who were randomized as study and control group followed by Hacettepe University Faculty of Medicine Department of Internal Medicine, Division of Geriatric Medicine Department of Physiotheraphy and Rehabiltation, Geriatric Rehabilitation Unit were, were included to the study. Assessment for cognitive function (Mini Mental State Test), functional mobility (De Morton Mobility Index), activities of daily living (Katz Index of Independence in Activities of Daily Living), quality of life (EuroQol-5D) were used at admission and discharge in hospital. Thirty minutes physiotherapy and rehabilitation program including breathing, balance and coordination and strengthening exercises was performed by the intervention group under supervision of physiotherapist during the stay in hospital. Control group did not special exercise, they continued their activities of daily living. exercise. Length of stay in hospital of all participant was recorded.

Results: Sixty two patients were randomly assigned to the each group.The groups were similar in sociodemographical feature ($p>0.05$). Improvements in mobility, quality of life and daily physical activity levels were found in the study group ($p<0.05$). There were no significant differences between control and intervention group in length of stay in hospital ($p>0.05$).

TABLE I. Results of the 3 primary outcome measures at admission and disharge for the two groups

		X± SD Admission	X± SD Discharge	p
DEMI	Intervention Group	50,64±20,59	57,82±22,35	**0,000***
	Control Group	47,91±22,01	48,56±21,72	0,346
Katz ADL	Intervention Group	14,30±3,13	15,98±2,91	**0,001***
	Control Group	14,35±2,42	14,61±2,44	0,769
EQ-5D	Intervention Group	9,87±4,74	9,58±4,65	**0,019***
	Control Group	9,50±2,24	9,51±2,17	0,776

X±SD : Mean ± Standart Deviations, DEMI : De Morton Mobility Index, KATZ : The Katz Index of Independence in Activities of Daily Living , EQ5D : The EuroQol

Conclusions: These results revealed the necessity of physiotherapy and rehabilitation program to prevent negative effects of the hospitalization process of the geriatric patients with osteoporosis.

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HPR service developments, innovation and economics in healthcare

THU0760-HPR PATIENT ADVICE LINE - THE POTENTIAL CLINICAL AND FINANCIAL BENEFITS TO A RHEUMATOLOGY DEPARTMENT

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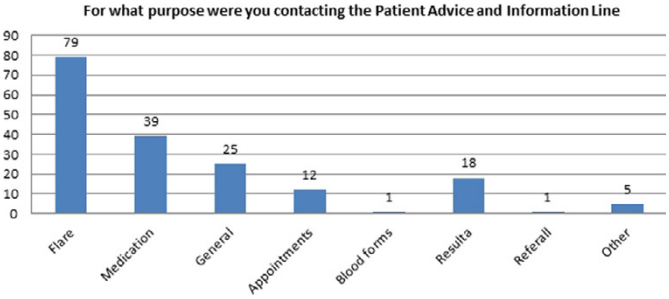
Background: EULAR recommendation 3 for the role of the nurse in the management of chronic inflammatory arthritis states that patients should have access to nurse-led telephone services to enhance continuity of care and to provide ongoing support (1). In the UK quality standard 6 of the National Institute for Health and Care Excellence guidelines for the care of rheumatoid arthritis (RA) recommends that people with RA and disease flares, or possible drug related side effects should receive advice within 1 working day of contacting the rheumatology service. In 2016 audit data from England and Wales show that 96% of trusts report being able to provide patients with a telephone advice line but no further detail on these services was available (2).

Objectives: Data from our patient advice line were collected over a 6 month period. The objective was to understand who was using the helpline, the speed of our response, how much of the workload could be managed by nursing staff and the clinical and financial impact.

Methods: All patient calls made to our patient helpline were recorded and data were collected prospectively on patient demographics, disease, purpose of call, response time and the cost and revenue produced. Patient feedback was collected via a questionnaire. Data were collected from April 2016 to November 2016.

Results: 150 patient calls were responded to. 108 calls were from females and were 42 from males. The majority of patients had RA (75/150). Other conditions are displayed in the graph below. The majority of calls were regarding a flare of their condition or medication queries (79/180 and 39/180 respectively) with some patients calling for more than one reason. 83% of calls were answered within 24 hours. A clinical nurse specialist is available to respond to calls over weekends. Income generated from responding to calls by the department was £ 1900 per month. Expenditure was £ 1650 per month. Patient satisfaction was high with 130/150 stating the main reason for the call was answered to their satisfaction (7 stating no, 13 not stated).



Conclusions: Our advice line gives patients easy access to specialist advice. Patient satisfaction is high. Responses are timely and fast. Multiple concerns are commonly addressed, such as advice regarding flare of disease and medication queries. This service will be

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THU0761-HPR BIOLOGICAL THERAPY SURVIVAL: MULTI-CENTRIC ANALYSIS IN REAL CLINICAL PRACTICE CONDITIONS

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Background: Biological treatment (BT) has changed the evolution of rheumatic diseases. A way to evaluate the effectiveness of BTs is considering therapeutic survival as an effectiveness subrogate marker

Objectives: To describe BT use; To evaluate BT survival in indications according to product label, in clinical practice, in 3 Spanish hospitals

Methods: Observational retrospective study, based on clinical history (CH) revisions of patients with Rheumatoid arthritis (RA), Psoriasic Arthritis (PA), and Espondiloarthiritis (EA) treated with BT.

CH standardization was performed by data collected since 2013 by rheumatologists thought MEDiadd® RHEUMA tool.

Variables: age, gender, indication (RA, PA, EA) TB: Etanercept (ETN), adalimumab (ADA), certolizumab (CRT), golimumab (GOLI), infliximab (IFX), abatacept (ABA), tocilizumab (TCZ), rituximab (RTX). Start and end date from 2002 to 2016

Exclusion criteria: Patients and/or treatment lines with incomplete data (lack data or $n<15$) were also excluded.

Descriptive statistics and Kaplan-Meier survival analysis were performed with r-project.com

Results: From initial 1155 patients, 76 were excluded because of incomplete data. Almost half of the patients (42.35%) were diagnosed with RA, 30.03% have EA and 18.07% PA. 10% were excluded because of other indications. 79.46% of patients with RA are women, as 36.36% of EA and 50.96% of PA; Most of the patients are over 55y. In all indications, the range of 36–54y is the one that present a higher percentage of patients.

For the Kaplan-Meier survival analysis, the complete set of BT that each patient had received was analyze independently, considering 1206 cases. Table 1 shows average time and percentage survival at 1st year

After 1 year, ETN showed the higher rates of survival in RA (98.5%); IFX (100%), and ETN (99%) in PA; and GOLI (100%) followed by ETN (95.8%) in EA. Those BT were used to compare survival curves, finding differences in all cases (α=0.05) except in IFXvsETN in RA; ETNvsIFX in PA; and IFXvs GOLI in EA. Analysis after 5 years showed that the higher survival rates were for IFX in RA (94.4%) and PA (94.7%) and for ETN in EA (89.4%)

Conclusions: BTs with highest survival rates are ETN and IFX for RA and Aps; In EA, GOLI presents a higher rate at 1-year, but at 5-year is overcome by ETN

Standardized information is crucial to assess the global impact of BT. CH analysis reveals clinical practices which describe the effectiveness of treatments in the world, which can help in the decision-making process

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