

Objectives: The aim of this study was to compare the effectiveness of DMARD therapies on requirements for NSAIDs, disease activity, fear of movement, and quality of life in AS patients.

Methods: A total of 74 patients diagnosed according to the modified New York criteria for AS were enrolled. To calculate NSAID intake, the type of NSAID, dose, and percentage of days with intake were recorded in conjunction with DMARD therapy, age, body mass index (BMI), and disease duration. Patients were assessed to measure several parameters: 1) disease activity using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); 2) fear of movement as assessed by the Tampa Scale for Kinesiophobia (TSK); and 3) quality of life using the Ankylosing Spondylitis Quality of Life Scale (ASQoL) status from the patient's perspective.

Results: Seventy-four patients (36 women, 38 men; mean age: 43.81±10.18 years; mean disease duration: 9.89±8.50 years; BMI: 28.20±5.07) treated with four different DMARDs (Adalimumab+Golimumab [ADA+GO]=17; Infliximab [INF]=19; Etanercept [ETA]=13; Sulphasalazine [ST]=25) were included. NSAID intake was significantly lower in the INF therapy group (mean: 28.1±81.5) compared to the ADA+GO (mean: 33.3±76.0), ETA (mean: 33.5±58.2), and ST therapy groups (mean: 68.1±76.1) ($p=0.003$). BASDAI scores (mean: 3.9±2.4), NSAID intake (mean: 68.1±76.1; $p=0.003$), and AS-QoL scores (mean: 10.2±7.4) were significantly higher in the ST group compared to the other drug groups. TSK scores were also similar between different NSAID intake groups ($p=0.089$).

Conclusions: According to our results, ST was not effective enough even with concomitant therapy consisting of a single oral dose of NSAID or standard doses of oral corticosteroids in terms of disease activity, fear of movement, and quality of life in AS patients.

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AB1222-HPR EXERGAMES VERSUS SELF-REGULATED EXERCISES WITH INSTRUCTION LEAFLETS TO IMPROVE ADHERENCE IN GERIATRIC REHABILITATION: A RANDOMIZED CONTROLLED TRIAL

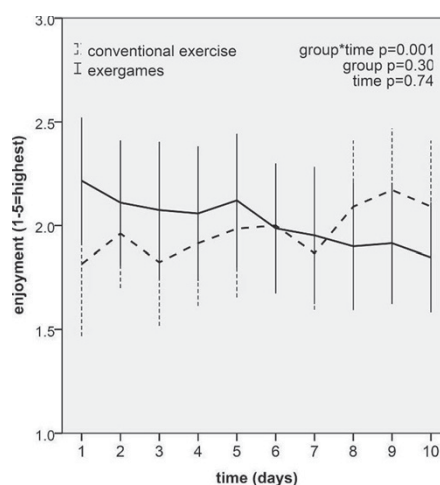
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Background: Improving mobility in elderly persons is a primary goal in geriatric rehabilitation (Bachmann 2010). Self-regulated exercises with instruction leaflets are used to increase training volume but adherence is often low. Exergames may improve adherence. This study therefore compared exergames with self-regulated exercise using instruction leaflets.

Objectives: To evaluate short-term effects of exergames versus self-regulated exercise using instruction leaflets. Primary outcome was adherence. Secondary outcomes were enjoyment, motivation and balance.

Methods: Design: single center parallel group non-blinded randomized controlled trial with central stratified randomization (Hasselmann 2015). Setting: center for geriatric inpatient rehabilitation. Included were patients over 65 with mobility restrictions who were able to perform self-regulated exercise. Patients were assigned to self-regulated exercise using a) exergames on Windows Kinect® (exergame group EG) or b) instruction leaflets (conventional group CG). Physical therapists instructed self-regulated exercise to be conducted twice daily during thirty minutes during ten working days. Patients reported adherence (primary outcome), enjoyment and motivation daily. Balance during walking was measured blind with an accelerometer. Analysis was by intention to treat. Repeated measures mixed models and Cohen's d effect sizes (ES, moderate if >0.5, large if >0.8) were used to evaluate between-group effects over time.

Results: We evaluated 217 patients and included 54, 26 in the EG and 28 in the CG. Adverse effects were observed in two patients in the EG who stopped because of pain during exercising. Adherence was comparable at day one (38 min. in the EG and 42 min. in the CG) and significantly higher in the CG at



day 10 (54 min. in the CG while decreasing to 28 min. in the EG, $p=0.007$, ES 0.94, 0.39–0.151). Benefits favoring the CG were also observed for enjoyment ($p=0.001$, ES 0.88, 0.32 – 1.44) and motivation ($p=0.046$, ES 0.59, 0.05 – 1.14). There was no between-group effect in balance during walking.

Conclusions: Self-regulated exercise using instruction leaflets is superior to exergames regarding adherence, enjoyment and motivation in a geriatric inpatient rehabilitation setting. Effects were moderate to large. There was no between group difference in balance during walking.

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AB1223-HPR BELIEFS AND ATTITUDES OF ITALIAN NURSES TOWARDS PLACEBO AND NOCEBO RESPONSES INDUCED BY CONTEXTUAL FACTORS IN CLINICAL PRACTICE

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Background: Placebo and nocebo represent psycho-neuro-immuno-endocrinological responses commonly encountered in nursing care (1,2). A new paradigm proposed the contextual factors (CF) as mediators and moderators of these responses (3). To date, the knowledge about the awareness of CF and their use in nursing is scant.

Objectives: The goal of this study was to examine frequency of use, beliefs and attitudes of Italian specialised nurses regarding the contextual factors.

Methods: In December 2016, through SurveyMonkey Software®, an online survey was conducted by sending a questionnaire to the members of four Italian Nursing Association, grouping nurses specialized in Neuroscience, Medical, Geriatric and Diabetic care. Behaviours, beliefs and attitudes of nurses about the implementation of CF in clinical practice were assessed by a 17 items questionnaire and resulting data were analysed by descriptive statistic.

Results: Of the 1411 members of the involved Nursing Associations invited to participate to the survey 425 responded (30.1%). An high number of respondent nurses adopts CF often in their practice (42%). They believe that CF can positively influence acute pain (47.5%), chronic pain (61%) and rheumatologic disorders (42%). 34% of responders consider the use of CF, if it can determine beneficial psychological effects, as ethically acceptable. 15.5% responders oppose to the adoption of CF when based on deception or if they undermines trust between nurses and patients. A relevant number of nurses (24%) do not communicate the use of CF to their patients and 19% implement CF as addition to other nursing interventions to optimize clinical responses. Nurses explain the power of CF through patient's expectation and psychological mechanism (11%).

Conclusions: The Italian specialised nurses use CF quite frequently and believe that their use has the capacity of positively influencing the clinical outcome. Larger surveys are needed to understand the proportion of use of CF by nurses in common clinical practice in Italy.

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AB1224-HPR **COULD WE USE THE LAY REFERRAL SYSTEM TO IMPROVE THE EARLY ARTHRITIS CLINIC EFFICIENCY?**

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Background: The professional's monopoly on knowledge about disease and its treatment is something gone now, in the era of internet and patient consumerism. In addition, the interest of rheumatologists (and the interest of the society, too) shifted toward early recognition of the disease and early arthritis clinics. Education is definitely one of the solutions to increase the awareness of potential patients regarding rheumatic diseases. However most of rheumatic diseases are not very frequent in the population that raise the problem of cost efficacy of the education process. Per Eliot Freidson's view, the members of every community of whatever kind share some cultural understandings about disease, treatment, and cure. The lay community network could be considered an instrument for dissemination of proper knowledge regarding health and could help to earlier recognition of a sign of disease related to early arthritis.

Objectives: To identify the opportunity of using lay network for early arthritis referral. In addition, we intended to identify the most suitable vectors from this network to be used for education and dissemination of medical knowledge.

Methods: 48 rheumatic patients (mean age (SD): 50.8 (14.7)) consecutively admitted in one tertiary clinic have been invited to answer to a structured questionnaire. Sex ratio (M: F) was 1:2, average disease duration 7.7 (8.3) years.

Results: In 28.3% cases the first sign of disease was noticed not by the patient but by somebody else, for 36.7% a delay of several months to one year was declared between first sign of disease and professional examination, 71.7% use to discuss about health problems with their lay network (often and very often), 76.1% consider them able to give pertinent advices regarding the disease they suffer from, 45.7% are ready to act as an education vector and 41.3% are ready to participate in additional education programs. Their interest in such activity is not related to gender, education level or work status.

Conclusions: Lay network referral could be a powerful instrument to reduce the duration between onset of rheumatic symptoms and medical visit, to increase the awareness regarding rheumatic disease, to reduce the cost of health education. Health professionals should understand how to use these networks.

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AB1225-HPR **A PROGRAM BASED ON PSYCHOEDUCATION FOR RHEUMATOID ARTHRITIS PATIENTS**

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Background: The National Institute of Arthritis and Musculoskeletal and Skin Diseases defines rheumatoid arthritis (RA) as a chronic disease that affects the joints, causing pain, swelling, stiffness, reduced mobility and affection of internal organs. In order for patients to be able to learn to accept and integrate the disease as a part of their daily life, it is important that they have enough information and knowledge about their health condition. The strategy of psychoeducation is important because it involves the patient actively and seeks to have specialist who provide relevant, clear, and comprehensive information. In this way, a change is generated at level of beliefs and myths on the disease, and suggests suggestions for coping with situations for the management of the disease's impact on the patient's life.

Objectives: To determine the effect of a psychoeducation program on the quality of life and commitment to the treatment of patients diagnosed with RA from a specialized center in Bogotá.

Methods: We conducted a quasi-experimental study with two independent groups, one experimental and one for control. The Inclusion Criteria was: patients with RA over 30 years old that knew how to write and read with mobility resources. We excluded patients with emotional stress, stroke, and diagnosed cognitive deficit or with patients with consumption of psychoactive substance. We applied the Analog Visual Scale (EVA), a Quality of Life Questionnaire - Specific for patients with Rheumatoid Arthritis (QOL-RA). Data Analysis: when performing the normality test, the QoL-RA results were parametric and the analysis was performed with Student's t test for independent measurements. On the other hand, the results of the EVA and CQR were non-parametric, for that reason we worked with the Mann Whitney U-test.

Results: We included 36 patients, men (4) and women (32), aged between 35 and 75 years, with diagnosis of RA, which belong to the integral model of RA specialized center. The subjects that patients preferred were: Disease management, changes in health condition, training in abilities for self-care among others. Statistical analysis showed that, when we evaluated quality of life T-student test did not showed any statistical differences between pre and post test results in both groups. The Man Wittney test showed statistical differences between groups ($u=70,500$, $z=241,500$, $p=.004$) regarding the compromise with the RA treatment, but it did not showed differences in regards of pain intensity between groups.

Conclusions: We recommend a strategy to facilitate the process of data collection in pre-test and post-test. For the next application of the program, it is suggested that the sample of patients must be increased, to increase the duration of each session and the number of sessions of the program. In order to achieve the patients' attendance at the program, maintain permanent communication (may be by telephone). To have printed or recorded material (Brochures, guides, CDs, etc.) is recommended with the most relevant to each session of the program.

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AB1226-HPR **VACCINATION COMPLIANCE IN AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES (AIRDS): ROLE OF SPECIALIST NURSE**

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Background: The patients with autoimmune inflammatory rheumatic diseases (AIRDs) have double the risk of infections as compared to the general population this may be due to highly inflammatory nature of the disease, the drug used, and the co-morbidities. In recent years, the efficacy of vaccinations has been proven in decreasing morbidities and mortality among these patients, hence, it reduces the cost of the treatment and improves the quality of life of the patients. However, low vaccination compliance is a global problem. Therefore, in this study, we tried to assess the effect of nursing counselling on vaccinations compliance.

Objectives: To assess the efficacy of counseling by the specialist rheumatology nurses in vaccination compliance among AIRDs patients.

Methods: - All the adult patients (>18yrs), suffering from AIRDs, were advised vaccinations between January to December 2016 were enrolled in this study. The basic demographic and disease-related data captured with details of vaccinations such as date of advice of vaccination and reasons for non-compliance were recorded. The patients were intensely counselled by specialist nurses about the importance and needs of vaccination, clarifying their doubts. Reinforcement of the same was carried out in the follow-up visits.

Results: A total of 506 patients (374 female, 73.9.2% and 132 male, 26%), with mean age 48 years, diagnoses; rheumatoid arthritis: 378 (74.75%), Spondyloarthropathy: 80 (15.81%) other autoimmune rheumatic disease 48 (9.48%). Co-morbidities status: 309 (61%) having multiple co-morbidities and 197 (38.9%) have no co-morbidities. The vaccination compliance outcome is shown in table.

Table 1

Vaccine	Patients	Compliant	Non-compliant	Same day	Within 3 months	Within 6–9 months
Pneumovac 23	506	456 (90.1%)	50 (9.9%)	306 (67.1%)	103 (22.5%)	43 (9.4%)
Prevnar 13	244	211 (86.4%)	33 (13.6%)	143 (58.6%)	61 (25.0%)	7 (3.3%)
Influvac	506	443 (87.5%)	63 (12.5%)			

Conclusions: The compliance rate of all vaccinations was highest on the same day when it was prescribed. This was despite the fact that the patients pay for their own vaccinations without any third party payment. However, the compliance decreases with increase in the period when it was prescribed with the passage of time. This suggests that intense counselling, availability of vaccines at premises (pharmacy) and administration of vaccination free of cost are a few of the contributory factors which can boost the compliance of the vaccination among patients with AIRDs

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