SP0032 THE CONTRIBUTION OF PHYSIOTHERAPISTS TO EARLY DETECTION OF INFLAMMATORY ARTHRITIS

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Early recognition of inflammatory arthritis is of utmost importance, as failure to do so can delay appropriate treatment and result in permanent joint damage and disability. This presentation will set out to explore the role a Physiotherapist/Healthcare Professional can play in recognition of inflammatory joint disease. Healthcare Professionals/Physiotherapists are often the first point of contact for patients suffering from joint/musculoskeletal pain. They are therefore very well positioned to be the first to identify possible inflammatory sources of pain versus non-inflammatory sources. Useful clinical tools which aid in this decision making process will be discussed. The question as to whether a physiotherapist can recognise inflammatory joint disease versus non-inflammatory joint conditions will be explored with the aim being to highlight the important role a physiotherapist can play in this important diagnostic challenge. With reference to ongoing clinical and research work in this field, this presentation will set out to ask whether or not a Healthcare Professional/Physiotherapist can accurately recognise/diagnose inflammatory arthritis and whether they miss inflammatory arthritis.

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SP0033 THE EULAR CAMPAIGN "DONT DELAY CONNECT TODAY" AND HOW ORGANISATIONS CAN GET INVOLVED

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Arthritis is a chronic disease with multiple co-morbidities. With the development of powerful biologic drugs, improvements in care pathways for patients and very effective self-management interventions, early diagnosis and intervention can lead to significant improvements in liefstyle, physical movement, incerased well-being and work force participation. Despite its significant impact on the population and the cost to the economy, Arthritis still remains an underfunded subspecialty within the health systems and one that is shrouded in public myth. The EULAR campaign "Done Delay, Connect Today", aims to promote early intervention by encouraging those with typical symptoms to take action and consult their doctor at the earliest possible opportunity. The campaign which will be adopted and executted across all PARE members also aims to dispel the myths and educate the public about the seriosness of arthritis and the need to taek action.

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WEDNESDAY, 14 JUNE 2017

Standing Committee session on paediatric rheumatology

SP0034 SHARE RECOMMENDATIONS ON SYSTEMIC VASCULITIDES

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Background: Primary systemic vasculitides (PSV) are very rare in children and consequently, little evidence exists. Evidence-based guidelines are lacking; this is an important and unmet need. The European initiative SHARE (Single Hub and Access point for paediatric Rheumatology in Europe) aims to optimize care for children with rheumatic diseases.
Objectives: To provide recommendations for diagnosis and treatment for children with rare forms of PSV.
Methods: Recommendations were developed by a consensus process in accordance with the European League Against rheumatism standard operating procedures. An extensive systematic literature was performed and evidence-based or evidence-informed recommendations were extrapolated from the included papers. These were evaluated by a panel of 16 experts via an online survey and subsequently in two consensus meetings, using nominal group technique. Recommendations were accepted when $\geq$80% of experts agreed.
Results: A total of 78 recommendations were accepted in the two consensus meetings. Recommendations pertained to general cross-cutting recommendations for diagnosis and treatment of PSV, as well as disease-specific statements for childhood-onset Polyarteritis Nodosa, Granulomatosis with Polyangiitis, Microscopic Polyangiitis, Eosinophilic Granulomatosis with Polyangiitis, and Takayasu Arteritis.
Conclusions: European-wide recommendations for the diagnosis and treatment of rare forms of paediatric PSV have been formulated through an evidence-based consensus process. The SHARE project aims to provide international recommendations and significantly improve the standard of care for children with rheumatic diseases.

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SP0035 CONSENSUS-BASED RECOMMENDATIONS (SHARE) FOR THE MANAGEMENT OF JUVENILE SCLERODERMA

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Background: In 2012, a European initiative called Single Hub and Access point for pediatric Rheumatology in Europe (SHARE) was launched to optimise and disseminate diagnostic and management regimens in Europe for children and young adults with rheumatic diseases. Juvenile Scleroderma in its two variety, localized scleroderma (JLS) and systemic sclerosis (JSS) is a rare disease within the group of paediatric rheumatic diseases (PRDs) and can lead to significant morbidity. Evidence-based guidelines are sparse and management is mostly based on physicians' experience. Consequently, treatment regimens differ throughout Europe.
Objectives: To provide recommendations for diagnosis and treatment of both JLS and JSS.
Methods: Recommendations were developed by an evidence-informed consensus process using the EULAR standard operating procedures. A committee was constituted, consisting of 16 experienced paediatric rheumatologists, mainly from Europe. Recommendations derived from a validated systematic literature review were evaluated by an online survey and subsequently discussed at two consensus meetings using nominal group technique. Recommendations were accepted if $>$80% agreement was reached.
Results: In total, 1 overarching principle, 17 recommendations on diagnosis and 13 recommendations on therapy were accepted with $>$80% agreement among experts. Topics covered include assessment of skin and major organ involvement and suggested treatment pathways.
Conclusions: The SHARE initiative aims to identify best practices for treatment of patients suffering from PRD. Within this remit, recommendations for the diagnosis and treatment of JLS and JSS have been formulated by an evidence informed consensus process to produce a standard of care throughout Europe.

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SP0036 SHARE RECOMMENDATIONS ON JUVENILE DERMATOMYOSITIS

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Background: In 2012, a European initiative called Single Hub and Access point for pediatric Rheumatology in Europe (SHARE) was launched to optimise and disseminate diagnostic and management regimens in Europe for children and young adults with rheumatic diseases.
Juvenile Dermatomyositis is a rare *Pediatric Rheumatic Disease (PRD)*, associated with significant morbidity. Evidence-based guidelines are sparse and management is mostly based on physicians' experience. Consequently, treatment regimens differ throughout Europe.
Objectives: To provide recommendations for diagnosis and treatment of JDM based on evidence-informed consensus.
Methods: Recommendations were developed by an evidence-informed consensus process using the European League Against Rheumatism standard operating procedures. A committee was constituted, consisting of 19 experienced paediatric rheumatologists and 2 experts in paediatric exercise physiology and physical therapy, mainly from Europe. Recommendations derived from a validated systematic literature review were evaluated by an online survey and subsequently discussed at two consensus meetings using nominal group technique. Recommendations were accepted if $>$80% agreement was reached.
Results: In total, 7 overarching principles, 33 recommendations on diagnosis and 19 recommendations on therapy were accepted with $>$80% agreement among experts. Topics covered include assessment of skin, muscle and major organ involvement and suggested treatment pathways.
Conclusions: The SHARE initiative aims to identify best practices for treatment of patients suffering from PRD. Within this remit, recommendations for the diagnosis and treatment of JDM have been formulated by an evidence-informed consensus process to produce a standard of care for patients with JDM throughout Europe.
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WEDNESDAY, 14 JUNE 2017

Ultrasound basic I & II

SP0037 HOW TO ASSESS US ELEMENTARY LESIONS IN CPPD

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Ultrasonography has been increasingly used the last years for the identification of calcium pyrophosphate dihydrate crystal deposition (CPPD) in joints and on 2011 has been considered by the EULAR task force on CPPD as a promising tool for the diagnosis of the disease. However, it is common experience between sonographers that in daily clinical practice CPP identification by US is rather challenging as crystal deposits are not always numerous and diffuse. Furthermore, other conditions can mimic CPP deposition leading to a wrong diagnosis. The recently created OMERACT US for CPPD subtask force has created for the first time a set of criteria for identification of CPP deposition and assessed their reliability trying to address some of the issues that impede a wider use of US for CPPD diagnosis. During this section will be exposed the main US features of CPP deposition according to the new criteria as well as the principal pitfals that could mislead diagnosis. The scanning techique and some tips and tricks that could help sonographers to identify correctly CPP deposition will also be explained.
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SP0038 HOW TO ASSESS CARTILAGE IN RA AND PITFALLS + DEMO

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Cartilage damage is a key process in rheumatoid arthritis which appears to be more clearly associated with irreversible physical disability than bony damage. While conventional radiography only allows the evaluation of joint space narrowing, a proxy measure of cartilage loss, musculoskeletal ultrasound is a reliable tool for evaluating cartilage damage. The presentation will introduce the pitfalls and challenges associated with visualizing cartilage in rheumatic diseases in general and rheumatoid arthritis in particular. It will also review recent studies in the filed which have validated sonography for both the quantitative measurement of cartilage thickness and for the semiquantitative scoring of cartilage change. A practical demonstration will also be provided.
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SP0039 HOW TO EVALUATE THE SUBTALAR JOINT

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The subtalar joint, also known as the talocalcaneal joint, is a synovial joint of the foot, that occurs between the talus and the calcaneus with the talus that is oriented slightly obliquely on the anterior surface of the calcaneus. The two bones articulate at two different sites (i.e. one anteriorly and one posteriorly). The *anterior talocalcaneal joint* is a convex area of the talus that fits on a concave surface of the calcaneus. The *posterior talocalcaneal joint* is formed by a concave surface of the talus and a convex surface of the calcaneus.
The subtalar joint contributes to the dorsiflexion of the ankle. Three articulating facets (anterior, middle and posterior) are present between the talus and the calcaneus. The sustentaculum tali forms the floor of middle facet, and the anterior facet articulates with the head of the talus, and sits lateral and congruent to the middle facet. The posterior facet is the largest of the three, and separated from the others by the tarsal canal. The most relevant actions done by the joint are inversion and eversion of the foot. The subtalar joint can also be considered a combination of the anatomic subtalar joint discussed above, and the talocalcaneal part of the talocalcaneonavicular joint. When both those joints are accounted together, it allows for pronation and supination to occur.
The subtalar joint is frequently involved in arthritis and, particularly in patients with previous sprains, secondary osteoarthritis can also occur. Symptoms of subtalar joint arthritis include pain, loss of motion through the joint's range of motion, and difficulty walking on uneven surfaces.
Among the imaging techniques that are appropriate for the assessment of the subtalar joint, ultrasound (US) has been increasingly used over the last years. Indeed it is able to image different abnormalities, including both inflammatory and structural changes, and it is helpful in guiding local procedures that can be easily and safely performed with optimal patient's tolerance.
The US scanning technique is quite complex, and the whole joint area should be scanned in the longitudinal (sagittal or coronal) plane with pathology that should be confirmed in the orthogonal (perpendicular) plane. By using a standardised scanning technique and agreed definitions of pathology, US allows an optimal assessment of inflammatory and structural abnormalities, thus filling the gap between clinical and radiographic evaluations of the subtalar joint.
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SP0040 HOW TO SCAN THE HIP, NEW APPROACH AND DEMO

I. Möller on behalf of EULAR Working Group Anatomy for the IMAGE.
Rheumatology; anatomy; sonoanatomy-sonopathology, Instituto Poal de Reumatología; University of Barcelona, Hospitalet de Llobregat, Spain

The exploration of the hip includes not only intraarticular findings such as synovitis or lesions of the labrum but also the dynamic exploration of the tendons and muscles surrounding it as well as of the neurovascular bundles of interest. All this is an essential complement in the differential diagnosis of the rheumatic patient. The iliopsoas tendon as well as the hip adductors will be demonstrated during the presentation. The anterior and antero internal part of the groin region constitute a relatively frequent consultation and study of the tendinous snapping and its differential diagnosis with the snapping of intraarticular origin can be made by means of the musculoskeletal ultrasound. It requires systematization and knowledge of the regional anatomy.
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WEDNESDAY, 14 JUNE 2017

Rehabilitation and modern drug treatment - needs and challenges

SP0041 CURRENT NEEDS FOR REHABILITATION

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New biological medications and earlier multi professional interventions have led to a reduction in the extent of disability for patients with rheumatic diseases. However disability still remains a key problem for many patients and patients may experience participation restrictions even though they are achieving "remission". To be able to engage in the things we want or need to do is crucial to our health and sometimes a challenge to meet for health professionals. Also, there is an on going discussion of whether today's patients have new rehabilitation needs and if they are met by the health care. This session summarizes both qualitative and quantitative evidence of the disability in today's patients with arthritis. It will further discuss the current needs of rehabilitation in today's patient in relation to existing standards and guidelines. Rehabilitation interventions and patient reported strategies in relation to pain, fatigue and affected activity balance will be highlighted since they are common disabilities among today's patients.
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SP0042 THE ART OF JUGGLING - A PATIENT'S PERSPECTIVE

F.M. Catrina. *LRR, Bucharest, Romania*

Diagnosed with ankylosing spondylitis since 2006, when just turned 24 years old. I was very demoralized and could not understand why I have rheumatic pains bigger than my grandmother 70 years old. I did not understand why I can not go, just do anything wrong to anyone. Slowly, slowly I began to understand the disease and help doctors started to move again.But my secret to healthy aging, was family. Therefore we understand that positive thinking can help me more than any drug, and how you can have a more positive attitude as if in a nice family environment?
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