EFFECTS OF A WORKPLACE-CENTRED COUNSELLING PROVISION OF RHEUMATOLOGY SERVICES TO 30

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Background: Active people with musculoskeletal complaints frequently seek medical advice only when symptoms have become chronic and painful. In some cases, symptoms are not severe enough to warrant medical consultation. However, chronic musculoskeletal pain can significantly impact patients’ quality of life, mobility, and ability to perform daily activities. Developing strategies to improve quality of life and reduce long-term disability of patients with rheumatic diseases is crucial.

Objectives: The objective of this study was to evaluate the effects of a workplace-centred counselling programme on musculoskeletal symptoms and related health outcomes among active individuals in a population with a high prevalence of rheumatic diseases.

Methods: A prospective cohort study was conducted, involving a randomised sample of active study participants (n=500) who were categorised into physically highly demanding (HD) and less demanding (LD) groups. The programme included individual consultations with rheumatologists, group sessions on pain management and physical activity, and access to complementary/alternative treatments. Participants were followed up for 12 months.

Results: The programme showed significant improvements in participants’ wellbeing (EQ-5d: 71.0±20.1 vs. 71.4±18.2, p=0.001) and pain intensity (4.1±2.9 vs. 3.6±2.8, p=0.001). Use of NSAIDs decreased significantly from 29.1% to 17.4%, p=0.02. Conversely, rates of use of physical therapy (7.6% vs. 24.7%, p=0.001), gymnastics (2.7% vs. 23.4%, p<0.001), and complementary/alternative methods (7.4% vs. 13.2%, p=0.003) were significantly increased.

Conclusions: The workplace-centred counselling programme significantly improved quality of life, reduced use of NSAIDs, and increased use of physical therapy and complementary/alternative methods. This programme appears to have had beneficial effects on both subjective well-being and on objective parameters suggesting improvements in physical/physiological health.

Disclosure of Interest: None declared

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Abstract AB1244 – Figure 1. EQSD-3L in patients with comorbidities, rheumatic diseases and healthy patients

Conclusions: In comparison with general population, rheumatic patients had a lower quality of life, and it is even worse in patients with rheumatic diseases and comorbidities. Comprehensive care of rheumatic patients should include strategies to improve standards of quality of life such as mobility, to perform daily activities and management of problems such as pain and disability. There are specific factors of intervention to reduce long-term disability of patients with rheumatic diseases.

Disclosure of Interest: None declared

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AB1245

EFFECTS OF A WORKPLACE-CENTRED COUNSELLING OF INDIVIDUALS WITH MUSCULOSKELETAL COMPLAINTS: A PROSPECTIVE COHORT STUDY

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Background: Actively employed people with musculoskeletal complaints frequently seek medical advice only when symptoms have become chronic and painful. In some cases, symptoms are not severe enough to warrant medical consultation. However, chronic musculoskeletal pain can significantly impact patients’ quality of life, mobility, and ability to perform daily activities. Developing strategies to improve quality of life and reduce long-term disability of patients with rheumatic diseases is crucial.

Objectives: The objective of this study was to evaluate the effects of a workplace-centred counselling programme on musculoskeletal symptoms and related health outcomes among active individuals in a population with a high prevalence of rheumatic diseases.

Methods: A prospective cohort study was conducted, involving a randomised sample of active study participants (n=500) who were categorised into physically highly demanding (HD) and less demanding (LD) groups. The programme included individual consultations with rheumatologists, group sessions on pain management and physical activity, and access to complementary/alternative treatments. Participants were followed up for 12 months.

Results: The programme showed significant improvements in participants’ wellbeing (EQ-5d: 71.0±20.1 vs. 71.4±18.2, p=0.001) and pain intensity (4.1±2.9 vs. 3.6±2.8, p=0.001). Use of NSAIDs decreased significantly from 29.1% to 17.4%, p=0.02. Conversely, rates of use of physical therapy (7.6% vs. 24.7%, p=0.001), gymnastics (2.7% vs. 23.4%, p<0.001), and complementary/alternative methods (7.4% vs. 13.2%, p=0.003) were significantly increased.

Conclusions: The workplace-centred counselling programme significantly improved quality of life, reduced use of NSAIDs, and increased use of physical therapy and complementary/alternative methods. This programme appears to have had beneficial effects on both subjective well-being and on objective parameters suggesting improvements in physical/physiological health.

Disclosure of Interest: None declared

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AB1246

PROVISION OF RHEUMATOLOGY SERVICES TO 30 MILLION PEOPLE IN NORTH-WESTERN PAKISTAN (A NAIVE DEPARTMENT WITH HUGE CHALLENGES)

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Background: Practicing rheumatology needs multidisciplinary team work and also good funding. This becomes difficult in places where proper structure of healthcare is lacking.

Objectives: To share experience of establishing a Rheumatology unit in Khyber Pukhtunkhwa (KP) Pakistan.

Methods: KP is the Northwestern province of Pakistan. The population of KP is 30 million. The per capita income of Pakistan was 1180 US $ in 2016. Modern day treatments are expensive in rheumatology. Difficulties are in areas of expertise and biologics.

The first ever Rheumatology unit was established in Lady Reading Hospital (LRH) Peshawar in July 2017 which started its regular outpatient services. Problems at the start were absence of specialist nurses, junior doctors, special immunology and MSK Radiologists. Regular MSK ultrasound was started along with routine procedures. This had an enormous impact on the quality of care. Lack of awareness about rheumatic diseases in general population has been an issue which was addressed through newspapers, television and social media. The response was excellent. The outpatient numbers have raised, referral pathway was established and more patients are now seen in outpatient. Team was further built up by acquiring a trainee registrars and a consultant rheumatologist. Another problem was lack of proper patients education system due to lack of specialist nurses and non- availability of literature in local languages. Biologics are costly and very few people can afford these. Pakistan Baillit Maal, a charitable organisation is the only way to provide biologics to patients on need basis. Currently only few biologics are available in the market (i.e Etanercept, Rituximab and Tecotuzumab. Adalimumab will come to market sometime in 2018.

Kids with Juvenile Idiopathic arthritis, Systemic Lupus Erythematosus and other rheumatic problems are difficult to manage as there is no Paediatric Rheumatologist available in the entire province. We now have established a rapport with our paediatric colleagues which is working well.

Pakistan has only seven hospitals where training is offered in rheumatology but all are based in other provinces and none in KP. For this purpose we are in the process of establishing a dedicated rheumatology department where full training will be given to trainees according to international standards.

The data on rheumatic diseases is non-existing so we are now working on data collection on our local population.

Results: Working as a rheumatologist is a big challenge in under resourced areas. We have been having worst case scenario in almost all aspects. However someone has to be at the forefront as millions of people have rheumatic diseases and they cannot be left with these conditions untreated.