EFFECTS OF A WORKPLACE-CENTRED COUNSELLING I. Malik1, Z. Afridi2.

Methods: Employees of four companies were sent a screening questionnaire in order to detect and to counsel individuals with symptoms of Rheumatic and musculoskeletal diseases (RMDs).

Objective: In this study, a brief examination was offered in the workplace setting in order to perform daily activities and management of problems such as pain and discomfort. There are specific factors of intervention to reduce long-term disability of patients with rheumatic diseases.

Disclosures of Interest: None declared

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AB1245 EFFEC TS 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 have led to loss of work ability.

Objectives: In this study, a brief examination was offered in the workplace setting in order to detect and to counsel individuals with symptoms of Rheumatic and musculoskeletal diseases (RMDs).

Methods: Employees of four companies were sent a screening questionnaire regarding musculoskeletal problems. In case of a positive screening, consultation by RMD specialists was offered which took place close to the workplace. If necessary, participants were referred to a practice/clinic specialised in RMDs.

Results: 235 individuals participated in telephone follow-up. There was a significant improvement in wellbeing (mean 77.2±17.4 vs. 73.6±18.2 at baseline, p=0.006) and in rating of RMD pain (mean 27.8±24.9 vs. 40.8±24.6 at baseline, p=0.001). Participants who were suspected by the specialist to suffer from RMDs had significantly increased out of pocket costs after one year (mean in C. 441.8±61.8 vs. 294.1±60.7, p=0.006). Use of NSAIDs decreased significantly from 29.1% to 17.4%, p=0.02. Conversely, rates of use of physiotherapy (7.6 vs. 24.7, p=0.001), gymnastics (2.7 vs. 23.4, p=0.001), physical therapy (12.8 vs. 43.3, p=0.027) and complementary/alternative methods (7.4 vs. 13.2, p=0.003) were significantly increased.

Conclusions: In our study we found most physical and psychological problems related to RMDs in HD working women. After one year, participants reported improved quality of life, reduction of RMD pain, higher utilisation of medical services and of gymnastics, less use of NSAIDs, and if suspected to suffer from RMDs, higher out of pocket costs. Thus, this brief workplace-centred intervention 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 outpatients.

Team was further built up by acquiring a trainee registrars and a consultant rheumatologist. Another problem was lack of proper 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 Bailtul 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 Tocilizumab. 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 alone with these conditions untreated.
Abstract AB1247 – IMPACT OF A SELF-CARE EDUCATION PROGRAM FOR PATIENTS WITH OSTEOARTHRITIS

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Background: Osteoarthritis (OA) has a prevalence rate that reaches 29% in people older than 60 years1. Treatments available are limited. The costs of OA in Spain are about $4.800 million euros/year2.

Objectives: To create a self-care program for OA patients in order to improve their quality of life (QoL) and therefore to reduce the socioeconomic cost.

Methods: The design of the program was carried out by 2 PC physicians, 1 rheumatologist, 1 rehabilitator, 1 nurse and 2 psychologists. The program included a total of 9 sessions of 1.5 hours each. There were 2 sessions for each of the following topics: general information, physical activity, nutrition, coping with the disease, and 1 summary session. Three OA patients were trained and after attending the program they could assist the nurse. Before and after the program some data was collected relating the patients’ knowledge, food and physical activity habits, social networks and hours of rest. They were asked to complete WOMAC, EuroQol-5D, and HAD Scale questionnaires. The statistical analysis was performed using package SPSS v16.

Results: 60 Knee OA patients were recruited from Hospital del Mar and Vila Olímpica PC centre, and divided into 6 different groups. Only the results of the first two groups are shown. Group 1 (11 patients) and 2 (10 patients). First we analysed the difference in OCD knowledge about OA management the average value obtained in the basal visit was 6.89±5.26, and 8.75±4.90 after the last session (p=0.038). Meet-