Back pain was distributed equally among all groups. HD women reported significantly higher use of NSAIDs (55.1% vs. 27.7% in female LD,21.7% in male HD,23.5% in male LD)p<0.001. HD men showed the lowest (4.1±2.9). HD women showed the highest HADS anxiety-score (6.3±3.8 vs. 0.042).

235 individuals participated in telephone follow-up. There was 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. 254.1±40.7,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 showed improved quality of life, reduction of RMD pain, better 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 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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**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 have lead to loss of workability.

**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 (Orthopaedics, Rheumatology, Physical Medicine). Employees’ work was categorised into physically highly demanding(HD) and less demanding(LD).

From participants consenting to follow-up, additional data were acquired: demographics, known pre-existing RMD, pain intensity, affected region(s), current treatment, number of sick leave-days due to musculoskeletal complaints, and out of pocket costs for treatments during the preceding year. General wellbeing and depression were measured by Euroqol5d(EQ-5d) and Hospital Anxiety and Depression Scale(HADS). After one year, information about general wellbeing, pain intensity, treatment, individual costs, and days of sick leave during the intervening year was collected by telephone-interview.

**Results:** 6170 employees were invited.413 participated in the counselling program. 344 were enrolled in the study.56.6% of the participants had no previously known RMD, after the specialists’ assessment, this percentage decreased to 35.7%. Men with LD workload had significantly higher wellbeing(EQ-5d scale):77.3±15.1 compared to women with both LD(71.0±20.1,p<0.034) and HD(64.6±21.3,p<0.001).LD and HD differed significantly regarding percentage with painful upper(28.6 vs. 45.3,p<0.006) and lower(49.6 vs. 65.3,p<0.016) limbs.

**Conclusion:** This brief workplace-centred intervention appears to have beneficial effects on both subjective well-being and on objective parameters suggesting improvements in physical/physiological health.
Conclusions: The idea is to persevere and continue efforts for the betterment of our patients. More specialists are needed to fill in the gaps along with appropriate funding to develop rheumatology services in our part of the country. We feel that situation in other countries with low socio-economics will be more or less the same or even worst for patients with rheumatic diseases. International communities and leagues such EULAR, BSR, ACR and APLAR etc should discuss this on their forums to see if in anyway they can improve lives of millions of people with rheumatic disorders in under-resourced countries.

Disclosure of Interest: None declared


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 afterwards they were in charge of imparting the program to other patients with the assistance of a 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. Group1 (11 patients) and 2 (10 patients). First we analysed differences between the basal data and the ones collected after the last session. The analysis of the data from all the patients (groups 1 and 2) showed that in differences between the basal data and the ones collected after the last session.

Conclusions: We found a low vaccination rate in the rheumatology clinic. We found an insufficient promotion and indication of vaccination by the rheumatology staff. Constant fomentation and updated knowledge about vaccination recommendations in autoimmune diseases is necessary for the prevention of infections and to improve the comprehensive care of patients with rheumatic diseases.

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