FRI0736-HPR A STUDY AIMING FOR THE IMPLEMENTATION OF THE NURSE RECOMMENDATIONS FOR THE ROLE OF THE NURSE IN THE MANAGEMENT OF CHRONIC INFLAMMATORY ARTHRITIS IN CHINA

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Background: Chronic inflammatory arthritis(CIA) is considered the leading cause of disability that places severe limits on daily activity and quality of life for over 100 million Chinese. Nurse-led CIA management reveals tremendous benefits for CIA patients. European League Against Rheumatism(EULAR) developed the recommendations for the role of the nurse in the management of CIA in 2011, however, whether or not the recommendations could be fully implemented in China is unknown.

Objectives: The aim was to test the EULAR recommendations among registered Chinese rheumatology nurses in terms of its agreement level, practicality, and adverse conditions to the implementation.

Methods: We conducted an anonymous online questionnaire among registered clinical nurses in the department of rheumatology and immunology nationwide based on convenience sampling. The agreement and feasibility of the recommendations were assessed by visual analogue scale(VAS 0=total disagreement/completely infeasible, VAS 1–4=partial disagreement/partially infeasible, VAS 5–9=partial agreement/partially feasible, VAS 10=complete agreement/completely feasible). The respondents needed to select the reasons they agreed or disagreed and if they thought the recommendations were feasible or not.

Results: 485 subjects were included, and 438 valid questionnaires were retrieved(valid recovery rate=90.3%). The subjects were from 49 national medical centers with the average age of 31.65±6.65. The average years of working experience were 6.41±5.438. With each and every piece of the recommendation, approximately 50% of the subjects completely agreed(VAS 10), about 40% partially agreed(VAS 5–9), under 10%(VAS 1–4) partially disagreed and around 1% (VAS 0) totally disagreed(shown in figure 1A). As for the feasibility, around 30% of the subjects thought the recommendations were fully feasible(VAS 10), about 50% considered partially feasible (VAS 5–9), 10% partially infeasible(VAS 1–4), and less than 1% totally infeasible(shown in figure 1B). Factors made the subjects disapprove of the recommendations include busy clinical loading(39.98%), lack of professional knowledge and nursing skills(25.7%), patients did not accept the extended role of nurses(17.35%). In the meantime, lack of working time(16.33%), shortage of professional nurses(12.74%), lack of training and education(10.59%), lack of professional knowledge(9.22%), attitude of patients toward nurses (8.28%), and lack of financial support(7.53%) were the reasons that made subjects think the recommendations infeasible in China.

Figure 1 the agreement and feasibility analysis of the EULAR recommendations in China

Conclusions: The role and tasks of nurses should be clearly described in the framework in China. Professional training and educational nursing programs at both basic and advanced levels need to be well developed with the aim of providing better care and bringing added value to patients at a lower cost.

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HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

FRI0737-HPR WOMEN'S EXPERIENCES OF COPING WITH CHRONIC WIDESPREAD PAIN – A QUALITATIVE STUDY

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Background: Approximately ten percent of the population report chronic widespread pain (CWP), the condition is more common among women than men. For most people, the pain interferes with many aspects of every-day life and implies large consequences. However, the group reporting CWP is heterogeneous and there is a need for better understanding of the different strategies used for coping with pain in every-day life.

Objectives: The purpose of this study was to describe women's experiences of how to cope with CWP.

Methods: The study had a descriptive design with a qualitative content analysis approach. Individual interviews were conducted with 19 women, 31–66 of age, who had reported CWP in a survey 2016. CWP was defined according to the 1990 ACR criteria for fibromyalgia. To be considered chronic, the pain should have persisted for more than three months during the last 12 months. A manifest qualitative content analysis was used to analyze the main question "How do you cope with your chronic widespread pain?" The analysis resulted in four categories.

Results: Women described their coping with CWP in four different ways; to take control, to continue as usual, to follow instructions and to rest. *To take control* meant to make deliberate decisions to handle everyday day life. It also meant to take care of oneself, to think positive and to exercise at an adequate level. *To continue as usual* meant not to listen to body signals and either to ignore or accept the pain. *To follow instructions* meant listening to the health professionals and following advices, but without taking any part of the responsibility for the treatment outcome. *To rest* meant to perceive an unreasonable need for recovery, to resign and let the pain set the terms for the daily living.

Conclusions: Women expressed different ways of coping with CWP including both active and passive strategies. The coping strategies included two dimensions, where one ranged from *actively taking control over the pain*, to *passively following instructions* and the other from *actively continue as usual* by either accepting or ignoring the pain to *passively rest* and being mastered by pain.

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HPR Epidemiology and public health (including prevention)

FRI0738-HPR NURSE-LED SCREENING: CHANGES IN CARDIOVASCULAR RISK PROFILE AND ASSOCIATION TO SOCIO-ECONOMIC STATUS IN OUTPATIENTS WITH INFLAMMATORY ARTHRITIS

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Background: Persons with inflammatory arthritis have an increased risk for cardio-vascular (CV) disease and screening is therefore recommended (1)

Objectives: To investigate changes in the patient's risk for CV disease and whether risk reduction was associated with socio-economic status in a hospital population of outpatients with inflammatory arthritis (IA) (rheumatoid arthritis (RA), psoriatic arthritis (PsA) and ankylosing spondylitis (AS))

Methods: Outpatients with IA ≤85 years of age connected to King Christian X's Hospital for Rheumatic Diseases in Graasten, Denmark, who had participated in a 30-minute nurse-led screening consultation (SC) (2) based on the EULAR recommendations between July 2012 and July 2015 were included. During the SC the patients' risk for cardiovascular death was calculated according to the SCORE system (3). Elements of motivational interviewing were used. Data was entered in a national rheumatology quality database, DANBIO, and combined with national registers. Whether socio-economic status influenced changes in risk factors from first to second screening consultation was explored in simple logistic regression analyses for each risk factor including the socio-economic variables sex, age, marital status, education, and income separately one at a time

Results: A total of 1266 patients, 18–85 years of age, were included; 72.5% with RA and 27.5% with AS or PsA. 447 patients had high risk (≥5% risk) for CV death in 10 years and 819 had low to moderate risk (<5%). Number of patients achieving relevant changes from the first to the subsequent yearly or biannual screening consultation, are reported for high and low risk patients in table 1.

For all the patients, female gender significantly decreased the odds for increased exercise frequency (OR, [CI], p-value) (0.40[0.17; 0.92], 0.0320), being single decreased the odds of reduced BMI (0.57[0.32; 0.99, 0.0472] and age ≥65 years

increased the odds of a normalization of SBP (2.13[1.30; 3.50], 0.0027). In high risk patients, higher education (1.94[1.05; 3.57], 0.0338) and higher income (2.07 [1.00; 4.28], 0.0508) increased the odds off a normalization of SBP although not significant, we include this effect based on the confidence interval not including any values indicating a decreased odds

Table 1 Changes in CV risk profile from first to subsequent screening consultation for high and low risk patients

Risk factor	Patients with high risk (SCORE $\geq$ 5%)	Low to moderate risk (SCORE<5%)
	Number with changes out of number affected (%)	Number with changes out of number affected (%)
Changes in exercise habits from < 5 times a week to $\geq$ 5 times a week	73/153 (18%)	27/136 (20%)
Smokers changed to non-smokers	12/60 (20%)	10/66 (15%)
Elevated blood sugar (fasting Blood sugar or HbA1C): changes to normal level	69/72 (96%)	94/95 (99%)
LDL-cholesterol: changes from elevated level to normal level (<3 mMol/Mol)	4/18 (22%)	0/0 (0%)
Systolic blood pressure $\geq$ 145: changes from elevated level to normal level ($\leq$ 140 mmHg)	73/153 (48%)	0/0 (0%)
BMI $\geq$ 30: reduction with at least 1	21/68 (31%)	36/90 (40%)

Conclusions: Clinically relevant reductions in CV risk factors were seen after SC for CV risk in both high and low risk patients. Surprisingly female patients improved their exercise habits less often than male patients did. Older age increased the odds to reach a normal SBP. In high-risk patients, education and income positively influenced the odds to reduce SBP to normal

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HPR Interventions (educational, physical, social and psychological)

FRI0739-HPR EXPERT RECOMMENDATIONS ON PSYCHOLOGICAL NEEDS OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Objectives: To generate recommendations in order to: 1) Optimize the management of psychological needs of RA patients, their family and caregivers; 2) Promote and improve communication and decision making with patients; 3) Establish referral criteria to mental health professionals.

Methods: A nominal group meeting of RA experts, rheumatologists and psychologists was held, in which the most important psychological and emotional needs and related aspects in RA were addressed. With an extensive review of the literature, a set of preliminary recommendations was generated that the experts discussed and modified. The definitive recommendations were voted in a Delphi which was extended to 20 more professionals. Participants voted from 1 (strongly disagree) to 10 (totally agree). Agreement was considered if at least 70% voted $\geq$ 7 (GA). Each recommendation was assigned a level of evidence (LE) and a grade of recommendation (GR) according to the Center for Evidence Based Medicine of Oxford.

Results: A total of 13 recommendations were generated (see table 1).

#	RECOMMENDATIONS	LE*	GR*	GA†
1	One of the objectives of the treatment of RA should be the psychological well-being of the patient	5	D	80%
2	The panel recommends to perform, along with the usual clinical actions, a psychological approach of patients with RA at the diagnosis and during the course of the disease	5	D	80%
3	It is recommended to analyze the impact that the information on the diagnosis of RA may cause in the patient	4	D	93%
4	It is recommended to adapt the information we give, to patient knowledge of their own illness, their concerns and characteristics, and to offer it sequentially, using all the available resources	5	D	100%
5	Information about RA should avoid medical technicalities as much as possible, as well as words and expressions that may negatively impact on the patient	5	D	87%
6	The panel recommends to use a constructive messages when we inform the patient about RA	5	D	100%
7	It is recommended to encourage and motivate the patient regarding to the treatment plan of the RA	2a	B	100%
8	During the course of the disease special attention must be paid to the psychological needs of the patient and their family and caregivers	4	D	100%
9	It is recommended to generate an atmosphere of trust, to share treatment decisions, and to avoid paternalistic attitudes or reprimands	5	D	87%
10	It is recommended to use open questions, an active listening, and to let the patients express themselves freely, as well as time for reflection	5	D	93%
11	Empathy should be practice in daily consultation, allowing discussion to seek consensus, and avoiding confrontation	5	D	100%
12	In patients with negative attitudes, it is recommended to promote self-efficacy, to promote the solution of problems and to offer other therapeutic options	5	D	87%
13	In patients with emotional lability, the panel recommends to use the HADS screening questions in order to detect depression	5	D	73%

Conclusions: These recommendations will help health professionals address psychological needs of the patient in daily practice, in order to manage them and improve patient's quality of life.

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HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

FRI0740-HPR RESPONDING RESILIENTLY TO CHRONIC DISEASE: RHEUMATOID ARTHRITIS PATIENTS' DISCOURSE ON COPING STRATEGIES AND CHALLENGES

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Background: Little is known about how rheumatoid arthritis (RA) patients build and maintain resilience, or their ability to recover from, and adapt successfully to, stressful situations.¹ As symptoms and limitations caused by RA are often beyond patients' control, it is important to understand how patients develop and maintain resilience throughout fluctuations in their condition.

Objectives: We qualitatively explored patient narratives of coping with RA to examine their strategies for building/maintaining resilience in the context of RA.

Methods: Semi-structured interviews were conducted with adult RA patients in the United States. Interviewees were asked to discuss their experiences with diagnosis, living with RA, coping with challenges, treatment, and healthcare providers. The interviews were audio-recorded and transcribed verbatim. Transcripts were analyzed to identify patients' strategies for building/maintaining resilience (including examples, patterns in how and when strategies were used, and changes in use as patients gained experience with RA). Patients were categorized as 'high resilience' and 'low resilience' based on how confidently they coped with symptoms, physical limitations, the prospect of future life with RA, taking treatments, and communicating with healthcare providers. The characteristics of the high-resilience and low-resilience groups were qualitatively described.

Results: Eighteen patients were interviewed, with ages of 27–80 years and RA durations of 4–40 years. Patients used 10 strategies to build/maintain resilience