(table 1): perseverance, avoiding threatening thoughts, social support connection, pursuing valued activities, positive reframing, maintaining a sense of control, acceptance, humor, equanimity, and flexibility. Nine patients were categorized as high-resilience and 9 patients as low-resilience cases. High-resilience patients tended to have more years' experience of living with RA compared with low-resilience patients. Although low-resilience patients sometimes struggled to cope, they made efforts to improve their capacity to face their personal challenges.

Table 1 Strategies described by RA patients for building/maintaining resilience

Strategy	Definition
Perseverance	Habitually enduring difficult situations
Avoiding threatening thoughts	Avoiding emotionally threatening thoughts and information
Social support connection	Receiving or giving emotional or instrumental social support
Pursuing valued activities	Deep engagement in valued activities
Positive reframing	Finding positive meaning in difficult experiences
Maintaining a sense of control	Adopting actions or thoughts to promote a sense of control over one's condition
Acceptance	Acknowledging the realities of living with RA
Humor	Joking about stressful situations due to RA
Equanimity	Staying calm in stressful situations
Flexibility	Adjusting to changes in physical limitations

Conclusions: Participants used a combination of behavioral and emotion management strategies to build and maintain resilience when facing challenges of living with RA. Awareness of these strategies may benefit patients, healthcare providers and researchers developing behavioral interventions and social support programs in the context of RA and other chronic diseases.

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FRI0741-HPR DISCUSSIONS OF LIFESTYLE HABITS AS AN INTEGRAL PART OF CARE MANAGEMENT IN PATIENTS WITH ESTABLISHED RHEUMATOID ARTHRITIS.

K. Malm^{1,2}, S. Bergman^{1,3}, A. Bremander^{1,4}, I. Larsson^{1,5}, M.L. Andersson^{1,4} on behalf of The BARFOT study group. ¹R&D-CENTRE, SPENSHULT, ²Rheumatology, Capio Movement, Halmstad, ³Primary Health Care Unit, Department of Public Health and Community Medicine, Institute of Medicine, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, ⁴Department of Clinical Sciences, Section of Rheumatology, Lund, ⁵Halmstad University, School of Health and Welfare, Halmstad, Sweden

Background: Rheumatoid arthritis (RA) is associated with an increased risk of developing comorbidities which are known to be associated with lifestyle-related habits; such as having a sedentary lifestyle, having an unhealthy diet, smoking, and over-consumption of alcohol. In 2010, the European League Against Rheumatism (EULAR) published general guidelines on risk management in patients with RA, with an update 2017 (1,2) in which health professionals are encouraged to prioritize discussions with patients regarding their lifestyle and it is of interest to study the extent to which these discussions actually occur.

Objectives: To study if lifestyle habits; physical activity, diet, smoking and alcohol had been discussed with patients having RA during health care visits.

Methods: A cross-sectional postal survey in 2017 included 1542 eligible patients from the BARFOT (Better Anti-Rheumatic Pharmacotherapy) study. All patients received a questionnaire including lifestyle habits (physical activity, diet, smoking, and alcohol), and whether these habits had been discussed during health care visits. There was also a question regarding if they would have wanted such a discussion.

Results: 1,061 patients (68%) responded to the survey (mean age 67 years (SD 13); 73% women). Physical activity was discussed with 49% of the patients (figure 1A). Those who reported that they were active on a health-enhancing level were more likely to have discussed physical activity with health professionals. Diet had been discussed with 23% of the patients (figure 1B). Patients who reported a non-traditional mixed diet were more likely to have discussed diet. Smoking was discussed with 25% of the patients (figure 1C). Current smokers had more often

discussed smoking habits with healthcare professionals compared with never smokers (32% vs. 17%; $p=0.000$). Alcohol had been discussed with 17% of the patients (figure 1D). Of the patients with hazardous drinking habits, 77% had not had a discussion regarding alcohol.

Figure 1 Rate of patients reporting that they had had a discussion regarding life-style-related habits and whether they had wanted to have a discussion. Panel A relates to physical activity, panel B relates to diet, panel C relates to smoking, and panel D relates to alcohol consumption.

Conclusions: Physical activity had been discussed at least once with every second patient with established RA. Diet, smoking, and drinking habits had been discussed with about a quarter of them. There is a need for improvement, since lifestyle habits are especially important in a long-standing disease such as RA. Discussions concerning lifestyle habits should be an integral part of care management and an interactive process.

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HPR Service developments, innovation and economics in healthcare

FRI0742-HPR EULAR RECOMMENDATIONS FOR THE ROLE OF THE NURSE IN THE MANAGEMENT OF CHRONIC INFLAMMATORY ARTHRITIS: 2018 UPDATE

B. Bech¹, J. Primdahl², M. Scholte-Voshaar³, H.A. Zangi⁴, A. van Tubergen⁵, Y. van Eijk-Hustings⁵. ¹Center for Rheumatology and Spine Diseases, Centre for Head and Orthopaedics, Rigshospitalet – Glostrup, Copenhagen, ²King Christian X's Hospital for Rheumatic Diseases, Graasten; Hospital of Southern Jutland, Aabenraa and University of Southern Denmark, Odense, Denmark, ³Department of Psychology, Health and Technology, University of Twente, Netherlands, ⁴Department of Rheumatology, National Resource Centre for Rehabilitation in Rheumatology, Diakonhjemmet Hospital, Oslo, Norway, ⁵Department of Internal Medicine, Division of Rheumatology, Maastricht University Medical Centre, Netherlands

Background: During the past years an increasing number of papers regarding rheumatology nursing have been published, which may contribute to a higher level of evidence and increased insight into the nurses' roles.

Objectives: To update the EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis (IA) (1).

Methods: The EULAR standardised operating procedures were followed to integrate available higher level of evidence and new insights of nursing care in the