treatment of patients with IA. The EULAR Task Force comprised 15 nurses, 2 patient research partners, 1 physiotherapist, 1 psychologist, 1 occupational therapist, 1 medical student and 2 rheumatologists of whom one was also methodologist. A total of 17 European countries were represented. The systematic literature review included available literature from 2010 until December 2017 and was performed in the databases Medline, EMBASE, Cochrane Central, CINAHL, PsycINFO and in the 2016/2017 ACR and EULAR conferences abstracts. The original search strategy was used with no limitations applied with regard to publication type, research type or language. Titles, abstracts and full texts were screened for eligibility independently by the fellow and the reviewer. Results were shared with the task force to check for comprehensiveness. Subsequently, the steering committee prepared proposals for update and rewording of the ten recommendations. The proposals were discussed with the Task Force in a one day consensus meeting and final agreement was obtained by voting.

Results: A total of 51 studies was included. Some studies added to existing evidence with a higher level of evidence to nurses’ contribution regarding patients’ satisfaction with care, cost-effectiveness, and self-efficacy, and also for the benefit of nurses’ extended roles to patient outcomes as well as structured training aiming at improving nurses’ skills. Additional evidence was found for needs-based patient education and telemonitoring. Two recommendations remained unchanged, six were reworded, two were merged and one recommendation was deleted and reformulated as an overarching principle together with the formulation of two additional overarching principles (figure 1). The level of agreement from each Task Force member will be retrieved by email.

Figure 1 EULAR recommendations for the role of the nurse in the management of CIA: 2018 Update

Conclusions: A total of three overarching principles and eight evidence- and expert opinion-based recommendations have been formulated, that provide an up-to-date guidance of nursing care in rheumatology.

REFERENCE:

Disclosure of Interest: None declared

NURSE-LED OUTPATIENT MANAGEMENT FOR IMPROVED TREATMENT OF GIANT CELL ARTERITIS (GCA) AND POLYMYALGIA RHEUMATIC (PMR) IN A RHEUMATOLOGY OUTPATIENT CLINIC

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Background: GCA and PMR are challenges with regard to diagnosis and effective treatment because of varied and vague symptom presentations and overlapping pathologies that often require specialist for diagnostic investigations and specific treatment. Long-term glucocorticoids (GC) dependency is common, and GC side effects occur in approximately 50% of patients emphasizing the need for continued monitoring and symptom control (1).

Methods: To present the development and the implementation of a nurse-led, rheumatologist-supported model of care in the outpatient management of adults diagnosed with GCA or PMR.

Results: Initially, available evidence about symptom regulated GC tapering in the treatment of GCA and PMR was identified. Subsequently, a fixed phase-out schedule for high dose GC therapy following either of three pathways (GCA with/ without symptoms and PMR) was agreed on in a multidisciplinary working group. Furthermore, the group developed a nurse-managed protocol for nurse-led outpatient consultations to ensure systematic treatment and proper response to relapse. Prior to the implementation rheumatology nurses were taught and trained by rheumatologists in pertinent regulation of medication and identification of adverse signs and symptoms essential for providing appropriate support and patient education. Overall patient satisfaction was assessed on-site by an anonymous iPad questionnaire.

Conclusions: A nurse-managed protocol for systematic and individualized GC tapering and patient support was developed as well as implemented successfully for individualized treatment of GCA and PMR. The extensive supportive patient education and involvement in symptom management secured by the rheumatology nurse provided high satisfaction. Also, the protocol executes rapid and direct access to advice for patients as recommended by EULAR for the management of PMR (2).

REFERENCES:

Disclosure of Interest: None declared

THE ASSOCIATION OF LOCAL DISEASE ACTIVITY AND FOREFOOT DEFORMITIES WITH PLANTAR PRESSURE IN PATIENTS WITH RHEUMATOID ARTHRITIS AND FOREFOOT SYMPTOMS: A CROSS-SECTIONAL STUDY IN THE AMSTERDAM FOOT COHORT

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Background: In patients with rheumatoid arthritis (RA), both high and low forefoot plantar pressures have been reported in the literature (1–3). Understanding of contributing factors to forefoot pressure alterations can help to better formulate and specify goals for treatment with foot orthoses or therapeutic footwear.

Objectives: Investigate the association of focal disease activity and forefoot deformity with plantar pressure in RA patients with forefoot symptoms.

Methods: A cross sectional study was conducted in the Amsterdam Foot (AMS-foot) cohort, using data of 172 consecutive patients with RA and forefoot symptoms. Peak pressure (PP) and pressure time integral (PTI) in the forefoot were measured with a pressure platform. Forefoot deformity was measured with the Platto score. Forefoot disease activity was defined as swelling and/or pain measured by palpation of the metatarsophalangeal (MTP) joints. The forefoot was

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divided in a medial, central and lateral region, in which the following conditions could be present: 1) no abnormality, 2) disease activity, 3) deformity or 4) deformity and disease activity. A multilevel analysis was performed using condition per forefoot region as the independent variable and PP or PTI in the corresponding region as the dependent variable.

**Results:** Statistically significant higher PP and PTI were found in forefoot regions when deformities were present (RR 1.2, CI 1.1–1.3, P<0.0001), compared to forefoot regions without forefoot abnormalities. No significant differences in PP and PTI were found when solely local disease activity was present in forefoot regions (RR 1.0, CI 0.9–1.2, P=0.749 and RR 1.0, CI 0.8–1.2, P=0.850 respectively).

**Conclusions:** Deformities in the medial, central and lateral forefoot regions are related to higher plantar pressures measured in these regions. The absence of an association between local disease activity and plantar pressure might be explained by the low prevalence of MTP pain or swelling as detected by palpation. Future research on ultrasonic measurements to detect disease activity is recommended to reveal the effect of forefoot disease activity on plant pressure.

**REFERENCES:**

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**FR0745-HPR**

**IMPLICIT AND EXPLICIT ATTITUDES AND ASSOCIATIONS OF RHEUMATOID ARTHRITIS PATIENTS TOWARDS CONVENTIONAL DISEASE MODIFYING ANTI-RHEUMATIC DRUGS AS POSSIBLE TARGETS FOR IMPROVING MEDICATION ADHERENCE**

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**Background:** Medication adherence to conventional disease modifying anti-rheumatic drugs (cDMARDs) is suboptimal in patients with rheumatoid arthritis (RA) with medication adherence rates ranging from 30 to 80% [1]. Since existing interventions are only partially effective, identifying (modifiable) factors associated with non-adherence might help to find targets for more effective adherence-improving interventions. There is growing evidence that not only explicit attitudes (conscious responses) are responsible for behaviour, but also implicit attitudes (unconscious responses) might be involved [2].

**Objectives:** The aim of this study is to examine implicit and explicit attitudes of RA patients towards cDMARDs, and their association with medication adherence.

**Methods:** A multicenter observational cohort study in two rheumatology specialized centers was initiated to examine implicit and explicit attitudes of 254 consecutive adult RA patients (ACR 2010 criteria) treated with at least one cDMARD for a period of 6 months. The aim of this study was to determine if there was a difference in DAS28-CRP between 2 groups was performed by Student t-test for continuous variables and chi-square test for categorical variables. A one-way repeated measures ANOVA was used to perform the statistical analyses. The primary outcome was the difference in proportion of subjects who remained to have DAS28-CRP≤3.2 at 12 months. Secondary outcomes included the difference in proportion of subjects with DAS28-CRP>3.2 at 12 months; the change in modified Sharp score, health assessment questionnaire (HAQ) score, patients’ drug compliance from baseline and patients’ satisfaction at 12 months.

**Statistical analysis:** SPSS v.22 was used to perform the statistical analyses according to intention to treat and per protocol analysis. The comparisons between 2 groups was performed by Student’s t-test for continuous variables and chi-square test for categorical variables. A one-way repeated measures ANOVA was conducted to determine if there was a difference in DAS28-CRP between treatment groups during the study period.

**Results:** 276 subjects were randomized to receive rheumatology nurse consultation or usual rheumatologist follow-up. At 12 months, 95.5% and 90.5% of subjects in the nurse consultation and rheumatologist follow-up remained to have low disease activity respectively, with an adjusted treatment difference of 5.0% (CI -1.27–11.54) and showed non-inferiority with a pre-defined margin of -10%. However, implicit and explicit attitudes and associations of RA patients towards cDMARDs and their adherence should be further investigated with MEMS (medication event monitoring system) devices.

**REFERENCES:**

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**FR0746**

**NURSING CONSULTATION VERSUS RHEUMATOLOGIST FOLLOW UP FOR PATIENTS WITH STABLE RHEUMATOID ARTHRITIS: A RANDOMIZED CONTROLLED TRIAL**

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**Background:** Conventionally, patients with RA have been managed by scheduled routine consultations by rheumatologists every 3 to 6 months. However, the burden of RA has been increasing globally. Although rheumatology nursing consultation was shown to be an effectiveness management strategy in western countries, its feasibility has not been evaluated in Chinese population. Therefore, we would like to compare the efficacy of rheumatology nursing consultation with usual rheumatologist follow-up in Hong Kong.

**Objectives:** To evaluate the efficacy of rheumatology nursing consultation in patients with stable RA over 1 year.

**Methods:** Study design and patient selection: This is a single centre, randomized controlled, non-inferiority trial conducted in Queen Mary Hospital. Patients with RA were recruited from the rheumatology clinic in Queen Mary Hospital. Subjects have to fulfill the 2010 ACR-EULAR classification criteria for RA, with DAS28-CRP<3.2 for at least 6 months with no increase in dose of conventional synthetic disease modifying anti-rheumatic drugs (cDMARDs). Subjects with systemic manifestation of RA, current malignancies or current use of biologic therapies were excluded.

**Intervention:** Subjects were randomized in a 1:1 ratio to the following treatment groups:

- Usual rheumatologist follow-up (control): Subjects were followed up by rheumatologists or registrars every 4 months. The treatment target was to maintain the DAS28-CRP<3.2.
- Rheumatology nursing consultation: Subjects were followed up by the rheumatology nurses every 4 months. At 12 months, all subjects will be reviewed by a senior rheumatologist. The treatment target was to maintain the DAS28-CRP<3.2.

**Outcomes:** The primary outcome was the difference in proportion of subjects who remained to have DAS28-CRP<3.2 at 12 months. Secondary outcomes included the difference in proportion of subjects with DAS28-CRP>3.2 at 12 months; the change in modified Sharp score, health assessment questionnaire (HAQ) score, patients’ drug compliance from baseline and patients’ satisfaction at 12 months.

**Statistical analysis:** SPSS v.22 was used to performed the statistical analyses according to intention to treat and per protocol analysis. The comparisons between 2 groups was performed by Student’s t-test for continuous variables and chi-square test for categorical variables. A one-way repeated measures ANOVA was conducted to determine if there was a difference in DAS28-CRP between treatment groups during the study period.

**Results:** 276 subjects were randomized to receive rheumatology nurse consultation or usual rheumatologist follow-up. At 12 months, 95.5% and 90.5% of subjects in the nurse consultation and rheumatologist follow-up remained to have low disease activity respectively, with an adjusted treatment difference of 5.0% (CI -1.27–11.54) and showed non-inferiority with a pre-defined margin of -10%. However, more subjects in the rheumatologist follow-up experienced DAS28-CRP>3.2 at 12 months. One-way repeated measures ANOVA test showed significant difference in DAS28-CRP between 2 treatment group over time. No statistically significant differences were seen in other outcome measures.