Abstract AB1430-HPR – Figure 1

Conclusions: The use of functional rigid taping in patients with acute and subacute low back pain provided a statistically significant improvement in all measured values of patients and provide better results than the control group. However, there is a need for comparative new studies in order to measure the effectiveness of rigid taping in a more accurate way.

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AB1431-HPR DEVELOPING AN EVIDENCE-BASED GROUP PROGRAMME FOR OCCUPATIONAL THERAPY MANAGEMENT OF OSTEOARTHRITIS

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Background: Patients with Hand OA form a significant proportion of Rheumatology referrals to Occupational Therapy. Occupational Therapy (OT) interventions for patients with Hand OA can reduce hand pain, and improve grip strength, hand function and quality of life. Under-resourcing of staff can mean that patients with Hand OA are waiting a long time for OT intervention. Providing OT interventions in a group setting for patients with arthritis has been used in Ireland and the UK with good results.

Objectives: To review the process of developing and piloting a group-based Occupational Therapy programme for patients with Hand Osteoarthritis. The programme would include self-management education, splinting and a hand exercise programme.

Methods: The group programme was developed and piloted with 4 different patient groups between December 2016 and September 2017. The programme was delivered by two OTs and one OT Assistant, with between 3 and 9 patients per group. Outcome measures were taken at week 1 and at the end of the programme, week 13.

Results: Initial results are very positive, with the majority of patients who attended the group sessions showing improved grip strength, reduced hand pain, better hand function and they also reported increased confidence of how to manage their arthritis.

Conclusions: The development and commencement of a pilot group programme for OT management of Hand OA in Our Lady's Hospital, Navan, Ireland, has provided effective intervention, and also provides patient access to therapy in a more timely manner.

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AB1432-HPR MINDFULNESS-BASED STRESS REDUCTION (MBSR) PROTOCOL APPLIED TO SYSTEMIC SCLEROSIS (SSC) PATIENTS: A PILOT INTERVENTIONAL STUDY FOCUSED ON NURSING ASSESSMENT AND PERCEIVED STRESS

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Background: MBSR is a protocol, developed by John Kabat-Zinn, which fosters awareness by focusing on the present experience. Basing on scientific evidences, the numerous benefits of MBSR on diseases symptoms have been widely demonstrated.¹⁻² No studies have used MBSR on SSC. SSC is characterised by skin and systemic involvement: patients may complain for pain, psychological distress, concerns about disfigurement and reduced self-esteem.³ Thus, nurse's role is pivotal not only in improving SSC patients global health and quality of life (QoL) but also in ameliorating their self-management strategies.

Objectives: to assess the effect of MBSR protocol on sleep quality, QoL and perceived stress in SSC.

Methods: 28 SSC patients were enrolled and randomly assigned to experimental group or to control group, and were assessed at baseline and after 8 weeks of MBSR program for the experimental group compared to the control group. The following clinimetric outcomes were measured: QoL with SF-36, sleep quality with a NRS (0–10 range) and Likert scale on night awakenings, perceived stress scale (PSS) and Likert Scale on the way they cope with the stress. Data are presented as differences of Mean and Percentage (%), between and within the groups.

Results: QoL presented an improvement for Mental Index Subscale for the experimental group (44.3 to 49.06) while the control group did not show any modification (40.73–40.75). For the impact of sleep quality, MBSR obtained an improvement from 53.3% at baseline to 26.7% at the end of the study: these patients still felt a bad sleep quality but were from far better in respect to controls that did not show any change. In MBSR group night awakenings were reduced from 73% to 60%, while in the control group were increased from 54% to 67%. Satisfaction of sleep quality was slightly improved in MBSR group (6.8 to 7.6) while controls did not experience any change (5.25 to 5.45). MBSR patients at baseline classified stress as a "high" health problem (53%) while after MBSR training only 20% kept the same answer.

Conclusions: MBSR program, applied for the first time to SSC patients, showed a very good tolerability and a positive impact on aspects of life like sleep quality, stress perception and self-management strategies. The present study has limitations, nevertheless this is the first time that an alternative approach, such as MBSR, is used. Obviously, MBSR is a supportive approach which can provide to patients a self-management strategy against stress and disease perceptions and in the future it can be integrated to pharmacological therapy and clinical rehabilitation.