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AB1433-HPR IMPROVING NURSING CARE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic Lupus Erythematosus (SLE) is a systemic inflammatory autoimmune disease with a heterogeneous presentation in which almost every organ can be affected¹. SLE patients experience a lower health-related quality of life, due to variation of disease severity over time, arthritis, arthralgia, skin abnormalities, myalgia and general fatigue². The treatment and support of patients with SLE is carried out by a multi-disciplinary team, composed of rheumatologists, clinical immunologists, nurse practitioners and rheumatology nurses. Although nurses have a major task concerning providing information, support, and education in SLE care³, little is known about how patients experience nursing care and what needs and expectations they have.

Objectives: To investigate the patients' needs for nursing support in order to optimise and standardise nursing care in a SLE clinical pathway.

Methods: To identify specific factors regarding nursing care for SLE patients, a literature search was performed. Subsequently, semi-structured interviews were held among patients with SLE from the department Rheumatology and Clinical Immunology of the University Medical Centre Utrecht (tertiary care referral centre with approx. 300 SLE pts/year). The interviews focused on patients' needs, quality of life and nursing care. The questions regarding quality of life were partially derived of the SLE QoL Questionnaire⁴ and focused on; daily-, social- or occupational activities, symptoms, medical treatment, and negative emotions. Interviews were recorded, transcribed and analysed with thematic analysis by the researchers and patient partners.

Results: Several tools to explore individual needs among patients with SLE, such as the Dutch version of the Educational Needs Assessment Tool (D-ENAT), were identified⁵. Eight SLE patients were interviewed (female n=6, average age 37.5 years). All were using a DMARD and/or biological. Patients indicated a need for help with problems in daily life, information regarding SLE, peer support, and psychosocial help. Pain and fatigue were the most commonly reported symptoms. Most patients saw their nurse on an irregular basis. They appreciated the accessibility, accuracy, clarity, and patience of nurses.

Conclusions: There is a need for individualised nursing support in dealing with SLE. To assess individual needs among patients, a needs assessment tool could be used. Further research on the usefulness and effectiveness of a needs assessment tool in daily clinical practice is needed.

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AB1434-HPR EFFECTS OF CORE STABILITY EXERCISES ON GRIP STRENGTH AND MANUAL DEXTERITY IN PATIENTS WITH CHRONIC NECK PAIN

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Background: It is known that chronic neck pain causes sensorimotor disturbances. A reduction occurs in upper extremity functions due to pain and sensorimotor disturbances in chronic neck pain patients. Core stability exercises were thought to be effective in order to improve stability and muscular strength. However, there is insufficient information on whether core stability training improve grip strength and/or manual dexterity in chronic neck pain patients.

Objectives: The aim of this study was to investigate the effect of core stability exercises on grip strength and manual dexterity in patients with chronic neck pain.

Methods: Thirty-six patients with chronic neck pain were enrolled. Grip strength and manual dexterity were evaluated by hand held dynamometer and Nine Hole Peg Test, respectively. Patients were randomly divided into supervised core stability exercise and home exercise group. Patients underwent twelve-week exercise training. All assessments were repeated at the 12th week.

Results: Grip strength and manual dexterity were significantly increased in both groups ($p < 0.05$). While both treatment methods had positive effects on grip strength and manual dexterity, core stability exercises were found to be more effective than home exercises to improve grip strength ($p < 0.05$) and manual dexterity ($p = 0.003$ for right side, $p = 0.008$ for left side).

Conclusions: Core stability exercises were more effective than home exercises to improve manual dexterity and grip strength. Core stability training should be added to rehabilitation approaches in order to enhance upper extremity functions in patients with chronic neck pain.

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AB1435-HPR EFFECTS OF FLAT CUSHIONING INSOLE ON GAIT PARAMETERS OF INDIVIDUALS WITH CHRONIC IDIOPATHIC NECK PAIN

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Background: Shock waves caused by ground reaction force dissipate through the body during walking, which brings about dynamic loading on bones and soft tissues. It was showed that individuals with neck pain walk with a stiffer spine due to protective movement strategy against pain. Degenerative changes, pain and increased stiffness decrease the shock absorption capacity of the spine and cause an increase in dynamic loading affecting the spine. It was known that chronic idiopathic neck pain (CINP) causes alternations in gait parameters, but it is still unclear if using flat cushioning insole affects gait parameters in individuals with CINP.

Objectives: The aim of the study was to investigate the effects of flat cushioning insole on neck pain during walking and gait parameters in individuals with CINP.

Methods: Twenty-one individuals with CINP (15 female – 6 male, mean age: 35,67±12,64) and 21 healthy controls (15 female – 6 male, mean age: 35,33±12,51) recruited into this study. Assessment of gait