Disclosure of Interest: C. Zhang Grant/research support from: Bristol-Myers Squibb, Employee of: LIFT1428, Y. Shaw Grant/research support from: Bristol-Myers Squibb, B. Shakley Grant/research support from: Bristol-Myers Squibb, L. Ferri Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb, K. Michaud Grant/research support from: Bristol-Myers Squibb, Pfizer and Rheumatology Research Foundation, Employee of: University of Nebraska Medical Centre and National Data Bank for Rheumatic Diseases, D. McDonald Grant/research support from: Bristol-Myers Squibb, T. Simon Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb

DOI: 10.1136/annrheumdis-2018-eular.4694

AB1445-HPR PATIENT SATISFACTION IN A RHEUMATOID ARTHRITIS OUTPATIENT CENTRE

L. Villarreal², D. Buitrago-García¹, F. Rodríguez², I. Mendez², P. Santos-Moreno³.

¹Epidemiology, SIIES; ²Health services; ³Rheumatology, Biomab, Center For Rheumatoid Arthritis, Bogota, Bogota, Colombia

Background: Patient experience (PX) can be conceptualised as “the sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions, across the continuum of care” nowadays patient satisfaction is considered as one of the quality for performance in health systems.¹ Rheumatology is mainly an outpatient, multidisciplinary medical specialty, therefore care does not stop at the diagnosis it continues during a long-term with frequent monitoring and patient participation.²

Objectives: Describe the results of a patient satisfaction survey in a specialised centre in Colombia during 2017

Methods: In our RA specialised centre during a 12 month period we performed a satisfaction survey in order to evaluate the health services provided. We evaluated the waiting times, timing on attention, appointment assignment, and information provided, the treatment received by the healthcare team, facilities among others. Patients evaluated the services provided in a scale from 1 to 5 where 1 was very bad, 2 bad, 3 regular 4 good and 5 very good. Descriptive epidemiology was performed for each variable presented.

Results: We performed 4756 surveys during 2017, 4550 surveys were completed with a 95% rate response, out of total 80% of respondents were female and 20% male. 80% of patients reported to receive their appointments on time; regarding the service provided by our health care professionals 99% of patients understood the indications regarding their treatment, 98% understood about the administrative procedures to program future appointments and to how to access to their medications, also 98% had clearly understood the date and time of their consultation (rheumatologist, physical therapist, nutritionist, psychologist, infusion therapy, among others.) The mean score for the overall assessment of the services was 4.2/5.0 (table 1). The average time of stay at our centre was 60 min±33. The main aspects to improve our patient satisfaction were the telephone programming of appointments, and the compliance regarding the delivery of medications.

Abstract AB1445-HPR – Table 1

Question	MEAN (SD)	MEDIAN (MIN – MAX)
How was the quality of the service provided?	4.25 (0.51)	4 (3–5)
How was the service provided by our health care team?	4.31 (0.49)	4 (1–5)
How was the service provided y in the waiting room?	4.27 (0.49)	4 (1–5)
Facilities	4.31 (0.49)	4 (1–5)
Overall experience	4.32 (0.53)	4 (3–5)

Conclusions: This survey describes well-functioning multidisciplinary services for all patients who visit to our specialised centre. On the other hand although we found that our patients are highly satisfied, there is a large opportunity to improve our services and generate evidence regarding other aspects that involve the patient’s health determinants.

REFERENCES:

- [1] Th VP. Creating the ideal patient experience. *Journal of medicine and life*. 2016;9(4):380–5.
- [2] Vare P, Nikiphorou E, Hannonen P, Sokka T. Delivering a one-stop, integrated, and patient-centered service for patients with rheumatic diseases. *SAGE open medicine*. 2016;4:2050312116654404.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6078

AB1446-HPR INVESTIGATION THE EFFECT OF KINESOPHOBIA AND NECK DISABILITY LEVELS ON THE NECK AWARENESS IN CHRONIC NECK PAIN PATIENTS: PILOT STUDY

D. Onan¹, O. ULGER². ¹Physiotherapy and Rehabilitation; ²Health of Sciences, Ankara, Turkey

Background: Chronic neck pain can cause patients to limit their activities due to kinesophobia. Patients may experience more disability during rest because of staying in the same position while restricting their activities, lacking exercise and muscles spasms. For these reasons, they may not be aware of many factors related to the position, movement, and shape of their necks.

Objectives: The aim of this study is to examine the effect of kinesophobia and neck disability levels on neck awareness in individuals with chronic neck pain.

Methods: Forty-two patients who have chronic neck pain and aged 18–65 years were participated in this study. The demographic characteristics of the patients were recorded, kinesiophobia levels with Tampa Kinesiophobia Scale (TKS), neck disability level with Neck Disability Index (NDI) and neck awareness with Fremantle Neck Awareness Questionnaire (FNAQ) were evaluated. Correlation analysis were performed with Pearson correlation coefficients for parametric conditions and the Spearman correlation coefficients for nonparametric conditions.

Results: The mean age of the patients participating in the study was 42.4±13.47 years (7 men and 36 women). There was a moderate statistically significant positive correlation ($r=0.462$, $p<0.01$, $p=0.002$) between FNAQ and NDI, indicating that individuals with chronic neck pain had kinesophobia reduced neck awareness. It was found that there was a very good relationship between FNAQ and NDI ($r=0.602$, $p<0.001$) and neck awareness decreased as the neck disability level increased. There was a moderately significant relationship between TKS and NDI ($r=0.567$, $p<0.001$), levels of kinesophobia increased as neck disability increased.

Conclusions: It has been shown that the high level of kinesophobia and neck disability results in a negative effect on neck awareness and that these three variables are interrelated as a result of our work on neck awareness, which has been rarely studied in the literature. Therefore, increasing the activity and movement will reduce the level of neck disability and increase awareness. For this reason, patients with chronic neck pain need to be directed in terms of activity and movement.

REFERENCES:

- [1] Hudes, K. (2011) The Tampa Scale of Kinesiophobia and neck pain, disability and range of motion: a narrative review of the literature. *The Journal of the Canadian Chiropractic Association*, 55 (3), 222–232.
- [2] Nederhand, M.J., Ijzerman, M.J., Hermens, H.J., Turk, D.C., Zilvold, G. (2004) Predictive value of fear avoidance in developing chronic neck pain disability: consequences for clinical decision making. *Arch Phys Med Rehabil*, 85 (3), 496–501.
- [3] Dragesund, T., Ljunggren, A.E., Kvåle, A., Strand, L.I. (2010) Body Awareness Rating Questionnaire—Development of a self-administered questionnaire for patients with long-lasting musculoskeletal and psychosomatic disorders. *Advances in Physiotherapy*, 12 (2), 87–94.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2601

AB1447-HPR BIOPSYCHOSOCIAL STATUS OF JIA PATIENTS: PERSPECTIVES OF DAILY LIVING ACTIVITIES, DISEASE ACTIVITY AND FAMILY IMPACT

E. Ünal¹, E.D. Batu Akal², E.H. Sönmez³, Z.S. Arıcı⁴, P. Kısacık¹, G. Arın¹, N. B. Karaca¹, D. Aydın Hakkı⁵, R. Alpar⁵, Y. Bilginer³, S. Özen³. ¹Department of Physiotherapy and Rehabilitation, Hacettepe University Faculty of Health Sciences; ²Ankara Training and Research Hospital; ³Department of Pediatrics-Rheumatology, Hacettepe University Faculty of Medicine, Ankara; ⁴Şanlıurfa Training and Research Hospital, Şanlıurfa; ⁵Department of Biostatistics, Hacettepe University Faculty of Medicine, Ankara, Turkey

Background: Juvenile Idiopathic Arthritis (JIA) is the most frequent chronic rheumatic disease during childhood. It can result in disabilities, loss of quality of life and mood changes.¹ Furthermore, literature reviewing the effects of arthritis on children and family is inconsistent, with studies showing significant difference or not, compared to healthy children.²

Objectives: The purpose of this study is to present results regarding the functional status, psychosocial status and disease activity of children with JIA and their effects on the child’s family. The second aim is to present the correlations between these parameters.

Methods: The study included children diagnosed with JIA who applied to Hacettepe University İhsan Doğramacı Children's Hospital Rheumatology Department. After demographic data was collected, all children were assessed with Child Health Assessment Questionnaire (CHAQ) for daily living activities, with the Juvenile Arthritis Disease Activity Score (JADAS) for disease activity and with a newly developed scale from Hacettepe University Faculty of Health Sciences Department of Physiotherapy and Rehabilitation for children with rheumatism by Edibe Ünal³ for functional and psychosocial status. Cut-off point was accepted as ≤ 2.7 for disease activity.⁴ The Family Impact Scale (FIS) was used to assess perspective of parents.

Results: A hundred and ninety-six children were included in the study. The mean age of children was 12.44 ± 3.97 and female/male ratio was 55.6/44.4. Although the mean JADAS score was 3.33 ± 4.21 , it only detected active disease in 81 children. There was a moderate correlation between CHAQ (Pain) and functional scores of Ünal's scale and JADAS score. CHAQ total score was well correlated with function and psychosocial scores. The correlation between FIS and other scales was very low.

Abstract AB1447HPR – Table 1. Descriptives

	Mean $\pm$ SD
JADAS	3,33 $\pm$ 4,21
CHAQ (Total)	0,32 $\pm$ 0,38
CHAQ (Pain)	2,31 $\pm$ 3,01
CHAQ (General VAS)	3,52 $\pm$ 2,99
Function (range: 0–30)	4,09 $\pm$ 5,85
Psychosocial (range: 0–30)	13,25 $\pm$ 5,76
FIS	43,6 $\pm$ 10,12

Function; Psychosocial; Functional and Psychosocial subscales of Ünal's scale.³

Abstract AB1447HPR – Table 2. Correlations

	CHAQ Pain	Function	Psychosocial
JADAS	r 0,499	0,423	0,216
	p 0,000	0,000	0,003
CHAQ (Total)	r 0,384	0,757	0,507
	p 0,000	0,000	0,000
CHAQ (Pain VAS)	r	0,438	0,308
	p	0,000	0,000
CHAQ (General VAS)	r	0,360	0,358

Conclusions: Our results show that pain and function alter disease activity in children with JIA. It is seen that psychosocial states of children and their functional states expressed by their own knowledges also affect their daily life. These changes did not affect the viewpoint of the family.

REFERENCES:

- [1] Spiegel L, Kristensen KD, et al. Juvenile idiopathic arthritis characteristics: Etiology and pathophysiology. *Seminars in Orthodontics* 2015, 21(2); 77–83
- [2] Susan T. Reisine. Arthritis and the Family. *Arthritis Rheum* 1995, 8 (4);265–271.
- [3] Kısacık Pınar, Ünal Edibe, et al. Juvenil İdiyopatik Artritli Hastalarda Çok Yönlü Bir Değerlendirme Sistemi Oluşturulması Delphi Çalışması. 2016, Annals Of Paediatric Rheumatology.
- [4] Bulasovic Calasan M, De Vries LD, et al. Interpretation of the Juvenile Arthritis Disease Activity Score: responsiveness, clinically important differences and levels of disease activity in prospective cohorts of patients with juvenile idiopathic arthritis. *Rheumatology (Oxford)* 2014, 53(2); 307–312.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7248

AB1448-HPR PATIENTS EXPERIENCE WITH A NURSE-LED TELEPHONE SERVICE IN AN OUTPATIENT CLINIC

E Moholt, C.L. Olsen, S.R. Molvik, S. Arnkværn, H. Lunøe, A. Fernmo, G. Stenberg, A.-B. Aga. *Diakonhjemmet Hospital, Oslo, Norway*

Background: According to "EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis"¹, patients with rheumatic diseases should get access to nurse-led telephone service. Patients call if they have a flare and need an appointment with the rheumatologist, have questions regarding their disease, medical treatment, infections or side-effects.

Patients experience with calling a nurse need further investigation.

Objectives: The objective for this study was to explore and describe the patients' experience with the nurse-led telephone service in an outpatient clinic at a rheumatology department.

Methods: The helpline is open 2 hours daily during the week, and served by 2–3 nurses. Patients at the outpatient-clinic between 01.10.17 and 29.12.17, were invited to answer a questionnaire about the nurse-led telephone service.

The questions were about access to a nurse, if they got the help they needed, if they had confidence in the nurse's knowledge, understanding her information, if the helpline was important in their lives with a chronic disease and if the nurse-led telephone service gives comfort or makes them feel secure.

They could choose between 5 different answers: not at all, to a small degree, to some degree, to a large degree or to a very large degree. It was also possible to write comments.

All the answered phone calls were registered.

Results: The nurse-led telephone service answered mean (min–max) 30^{19–48} phone calls every day, and in total 1875 calls during the period of 3 months. Only 29% of these patients needed and got an appointment with a rheumatologist.

341 patients answered the questionnaire.

68 commented regarding long time to wait, or a need for extended time for the telephone service. However, concerning how easy the access to a nurse on helpline was, 70% answered to a large or a very large degree, as shown in table 1.

89% answered that they to a large or a very large degree got the information or help they needed from the nurse.

90% answered that they to a large or a very large degree trusted the nurse's professional skills.

The nurse spoke to them so they could to a large or a very large degree understand her according to 92% of the respondents.

There was some variation in the answers about the helpline's importance in their life with a chronic disease, but 44% answered to a very large degree and only 4.7% answered not at all.

66% answered that access to a nurse on helpline provides a very large degree of security.

Abstract AB1448HPR – Table 1. Results from the questionnaires with response shown in% (N)

Question	Not at all	To a small degree	To some degree	To a large degree	To a very large degree
Was it easy to get in touch with the nurse on the helpline?	2.9 (10)	4.4 (15)	20 (68)	41.4 (141)	28.5 (97)
Did you get the information/help you needed from the nurse at the helpline?	1.2 (4)	2.1 (7)	5.6 (19)	32.5 (111)	56.3 (192)
Did you trust that the person was professionally skilled?	0.6 (2)	1.5 (5)	4.1 (14)	31.4 (107)	59.2 (202)
Did you experience that the nurse talked to you so you could understand her?	0.3 (1)	0 (0)	3 (10)	27.4 (93)	64.6 (219)
Is the helpline important to you in your life with a chronic disease?	4.7 (16)	8.8 (30)	12.4 (42)	24.2 (82)	44 (149)
How much security is there for you to have access to a nurse on helpline?	1.2 (4)	1.8 (6)	5.3 (18)	20.7 (70)	66.4 (225)

Conclusions: This study shows that calling a nurse-led telephone service is valuable for patients with a rheumatic disease. Although there can be some time to wait, almost 90% got the help they needed, understood the nurse and had confidence in the nurse's knowledge.

Only 13.5% answered that nurse-led telephone service has not at all or a small degree of importance in their lives with a chronic disease.

The nurse-led telephone service was important to a large or very large degree to feel secure and confident for 87% of the participants in this study.

REFERENCE:

- [1] van Eijk-Hustings Y, et al. *Ann Rheum Dis* 2012

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5744