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.

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

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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

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