Objectives: The aim of this study was to determine whether depression level is effected by response to therapy and compare the effectiveness of DMARD therapies in terms of quality of life, anxiety and depression levels in patients with RA.

Methods: A total of 105 patients (Conventional DMARDs, n=67; Biological Therapy, n=38) with RA participated to the study. Disease activity was assessed using the Disease Activity Score in 28 joints (DAS28). Remission was defined as the absence of disease activity (i.e. tender joint count [TJC]=0+ swollen joint count [SJC]=0+ESR <10 mm/hr). The Hospital Anxiety and Depression Scale (HADS) was used to measure both anxiety and depression level. The Rheumatoid Arthritis Quality of Life (RAQoL) questionnaire was applied to assess quality of life. The drug therapy groups were compared using the Kruskal-Wallis test and the Chi-square test. Correlation between the scales was evaluated by Spearman's correlation coefficient.

Results: There was no statistical difference in terms of RAQoL scores, disease activity and anxiety/depression scores between conventional DMARDs (RAQoL=16.78; DAS Remission=%46.3; Anxiety score=9.31; Depression score=7.34) and biological therapy (RAQoL=13.87; DAS Remission=%36.8; Anxiety score=8.24; Depression score=9.13) (p=0.096; p=0.816). RAQoL scores were significantly higher in patients with higher disease activity treated with conventional DMARDs (conventional DMARDs, DAS Activity=%43.3; biological therapy, DAS Activity=%39.5; RAQoL=17.54; p=0.006). RAQoL scores were statistically lower in patients with lower disease activity (p<0.001). Depression levels were statistically higher than anxiety levels (p=0.008).

Conclusions: Our results demonstrated that the presence of depression coexisting with RA independent from disease activity may result in poorer clinical response to standard therapies. According to recent ACR recommendations, RA patients who may be candidates for biologics (eg, infliximab, etanercept, adalimumab) include patients with high disease activity, and those who have previously failed to respond adequately to conventional DMARD therapy. However, the results of the study suggest that different pharmacological therapies are not enough to improve quality of life in patients with RA. There is a need for certain non-pharmacological treatments integrated with medication management based on bio-psycho-social approaches to cope with depression in RA patients.

REFERENCES:

- [1] Matcham F, Ali S, Irving K, et al. Are depression and anxiety associated with disease activity in rheumatoid arthritis? A prospective study. *BMC Musculoskeletal Disord* 2016;17:155. doi:10.1186/s12891-016-1011-1
- [2] Rathbun AM, Harrold LR, Reed GW. A prospective evaluation of the effects of prevalent depressive symptoms on disease activity in rheumatoid Arthritis Patients Treated with biologic response modifiers. *Clin Ther* 2016;38:1759–72. doi:10.1016/j.clinthera.2016.06.007

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1151

AB1454-HPR INTERACTIONS BETWEEN WOMEN WITH RHEUMATOID ARTHRITIS AND NURSES IN NURSING CONSULTATIONS – BALANCING ILLNESS, MOTHERHOOD AND WORK LIFE

H Feddersen^{1,2,3}, T.M. Kristiansen⁴, P.T. Andersen⁵, K. Hørslev-Petersen^{1,2}, J. Primdahl^{1,2,6}. ¹Institute for Regional Health Research, University of Southern Denmark, Odense; ²King Christian Xth Hospital for Rheumatic Diseases, Graasten; ³Institute for Health Education, University College of Southern Denmark, Aabenraa; ⁴Department of Medicine and Health Technology, Aalborg University, Aalborg; ⁵Department of Public Health, University of Southern Denmark, Esbjerg; ⁶Hospital of Southern Denmark, Aabenraa, Denmark

Background: Patients with rheumatoid arthritis (RA) are offered outpatient follow-up in nurse-led consultations.¹ RA affects almost every aspect of daily life.² Many women with rheumatoid arthritis find it challenging to be mothers and simultaneously participate in paid work.³

Objectives: To investigate how women's understanding of RA, motherhood and working life are parts of the interactions with nurses during nursing consultations.

Methods: Participant observations were conducted during 10 women's attendance in nursing consultations and subsequently the women were interviewed about their experiences. Data generation and analysis were carried out according to the principles of constructivist grounded theory.⁴

Results: A core category was developed: "Cooperation through mutual recognition" which describes how women and nurses through verbal and non-verbal communication confirm their common understanding of the

content and form of nursing consulting. Furthermore, three sub-categories were identified:

- 1) "On safe ground" illuminates, that biomedical aspects of the disease such as blood tests results, examination of the joints and pharmacological treatments represent the foundation of the dialogue. This interaction has elements that may be characterised as ritualised behaviour.
- 2) "Taking risks" documents how both parties are more aware of the counterparts' reaction when it comes to dialogue concerning how the women manage illness in everyday life along with motherhood and paid work.
- 3) "Gentle correction" shows how the nurses gently express when they find the women's talk is too far out.

Conclusions: The biomedical aspects of the disease (disease perspective) constitute the starting point for a discussion and allow both parts to initiate conversations on the women's subjective understanding (illness perspective) of how illness, motherhood, and work are managed.

REFERENCES:

- [1] de Thurah, A., et al., *Efficacy of embedded nurse-led versus conventional physician-led follow-up in rheumatoid arthritis: a systematic review and meta-analysis*. *RMD Open*, 2017. 3(2): p. e000481.
- [2] Kristiansen, T.M., et al., *It means everything: continuing normality of everyday life for people with rheumatoid arthritis in early remission*. *Musculoskeletal Care*, 2012. 10(3): p. 162–70.
- [3] Feddersen, H., et al., *Construction of meaningful identities in the context of rheumatoid arthritis, motherhood and paid work: A meta-ethnography*. *Journal of Clinical Nursing*, 2017. 26(23–24): p. 4117–4128.
- [4] Charmaz, K., *Constructing Grounded Theory*. 2nd ed. 2014, Los Angeles: Sage.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7516

AB1455-HPR THE EXPERIENCE OF LIVING WITH FATIGUE AMONG PEOPLE WITH RHEUMATOID ARTHRITIS – A QUALITATIVE META-SYNTHESIS

J Primdahl^{1,2}, A. Hegelund³, A.G. Lorenzen⁴, K.B. Loeppenthin⁵, E. Dures⁶, B. A. Esbensen⁷. ¹King Christian X's Hospital for Rheumatic Diseases, University of Southern Denmark, Graasten; ²Hospital of Southern Jutland, Aabenraa; ³Center of COPD Competence in Region Zealand, Naestved, Slagelse and Ringsted Hospital, Denmark, Slagelse; ⁴Department of Quality, Research, Innovation and Education, Odense University Hospital, Odense; ⁵The Danish Cancer Society Research Center, Copenhagen, Denmark; ⁶University of the West of England, Bristol, UK; ⁷Centre for Rheumatology and Spine Diseases VRR, Head and Orthopaedics Centre, Rigshospitalet, Copenhagen, Denmark

Background: People with Rheumatoid Arthritis (RA) experience fatigue as the most significant symptom of their illness. Despite a substantial body of knowledge about fatigue, there is a need for an overall comprehensive understanding of the experience of living with fatigue among people with RA

Objectives: To identify, appraise and synthesise qualitative studies on experiences of living with fatigue in people with RA

Methods: We conducted a qualitative meta-synthesis, inspired by Sandelowski and Barroso¹. This included a systematic literature search conducted in February 2017, for studies published in the past 15 years, in the databases PubMed, Cinahl, Embase, SveMed, PsychInfo and Web of Science. To be included the studies had to include findings regarding the experience of adults with RA living with fatigue. The international Critical Appraisal Skills programme was used to assess the quality. The analysis and synthesis were inspired by Malterud's systematic text condensation²

Results: Eight qualitative articles were included. The synthesis resulted in an overall theme 'fatigue: the vicious cycle of an unpredictable symptom'. In addition, the analysis derived five subthemes, 'being alone with fatigue', 'necessary prioritising in everyday life', 'when time gets a different meaning', 'language as a tool for increased understanding' and 'strategies to manage fatigue'. Fatigue affects all areas of everyday life for people with RA. They strive to plan and prioritise, pace, relax and rest. In addition, they try to make use of a variety of words and language to help others understand that the RA-related fatigue they experience is not 'normal' fatigue. People with RA-related fatigue experience feeling alone with their symptom, but they develop their own strategies to manage fatigue in their everyday life

Conclusions: The unpredictability of RA-related fatigue is dominant, pervasive and is experienced as a vicious cycle, which can be described in relation to its physical, cognitive, emotional, social and behavioural impact.

Acknowledgement and support from health professionals can make a difference to people with RA-related fatigue

REFERENCES:

- [1] Sandelowski, M & Barosso, J. 2007: Handbook for synthesizing qualitative research. New York, Springer.
- [2] Malterud, K. 2012: Systematic text condensation: a strategy for qualitative analysis. Scand J Public Health, 40, 795–805

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3596

AB1456-HPR SHARED DECISION MAKING IN PRACTICE AND NEEDS OF RHEUMATIC PATIENTS ON NURSING SUPPORT

J.H.E Voorneveld-Nieuwenhuis. *Rheumatology, Maasstad Hospital Rotterdam, Rotterdam, Netherlands*

Background: Value Based Health Care entails creating value for the patient by providing meaningful care. Meaningful care can be given with focus at the perspective of the patient. Nurses play a role in measuring and monitoring care outcomes, but also have an important role in providing information about, treatment options and counselling of patients with their illness and treatment. Nurse consultation is part of the clinical pathway for rheumatoid arthritis patients.

Objectives: What are the needs and expectations of a patient at a consultation with the rheumatology nurse?

What do rheumatology nurses discuss with patients and their relatives during the nursing consultation and does this fit with the nursing competences from the generic self-management model?

Methods: Beside literature research two focus groups with patients about nursing care in the out-patient clinic were held. Also 10 nurse consultations were analysed from 3 different nurses. Qualitative data from both focus groups and observations were analysed and encoded with Atlas.ti.

Results: Patients were positive about the time spending for education and information. They expect the nurse to be a guide and give reliable information. They wanted emotional support especially when medication change and in the begin period when diagnosis is set. Suggestions for subjects for follow up consultation like medication check, co-morbidity screening were positively received. Talking about self management is also a well received subject. A specific tool for self management like the self management web could support both patients and nurses.

Observation in practice showed that nurses give education and advice, but coaching is a less used skill.

Conclusions: Patients want emotional support, education about illness and self management support. Nurses are well equipped in give information and advice but must be educated in using there coaching skills and support patients to talk about their experienced problems in daily live.

REFERENCES:

- [1] Eijk-Hustings, Y. van, Ammerlaan, J., Voorneveld-Nieuwenhuis, H., Maat, B., Veldhuizen, C., & Repping-Wuts, H. (2013). Patients' needs and expectations with regard to rheumatology nursing care: results of multi-centre focus group interviews. *Annals of the Rheumatic Diseases*, 72(6), 831–835.
- [2] Porter, M. E. (2010). What is value in health care?. *New England Journal of Medicine*, 363(26), 2477–2481.
- [3] Staa, A. L. van, Beck, D., Been-Dahmen, J.M.J., & Massey, E.K. (2017). Ondersteuning bij zelfmanagement: Een nieuwe verpleegkundige interventie. *Dé Verpleegkundig Specialist*, 12(1), 8–14.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3711

AB1457-HPR AGGRESSION, DEPRESSION LEVEL AND GOUT-RELATED CHARACTERISTICS AMONG FILIPINOS DIAGNOSED WITH GOUTY ARTHRITIS: A CROSS-SECTIONAL, MULTI-CENTRE STUDY

J.M.A Pazcoguini¹, M.A.S. Vargas¹, D.G. Manlapaz². ¹The Graduate School, ²College of Rehabilitation Sciences, University of Santo Tomas, Manila, Philippines

Background: Uric acid (UA) is the end-product of purine metabolism in humans. Hyperuricemia or the elevated levels of serum UA have been implicated in the development of multiple health problems, including gout. Several studies show that UA predicts changes in behaviour over-time.

The importance of these behavioural changes can affect implementation of psychotherapeutic intervention and rehabilitation. However, there is a dearth of literature to support the relationship between gout-related characteristics and the aggressive and depressive behaviour of individuals with gouty arthritis.

Objectives: The primary aim of this study was to determine the predictors of aggression and depression tendencies through exploring the association of gout-related characteristics with the level of aggression and depression among adults aged 30–79 years old diagnosed with gouty arthritis within the healthcare facilities of Manila.

Methods: This study employed an observational, cross-sectional multi-centre design that was conducted in various healthcare facilities within the city of Manila. The participants were composed of 75 Filipino individuals diagnosed with gouty arthritis.

Results: Using logistic regression with significance level of $p \leq 0.05$, findings revealed that there were significant associations between the aggression and gout-related characteristics, specifically the average gout pain level ($p=0.013$), gout duration ($p=0.022$) and serum UA ($p=0.018$). Furthermore, results also showed that there were significant correlations between the depression and gout-related characteristics such as self-reported comorbidities ($p=0.020$), average gout pain level ($p=0.032$), serum UA ($p=0.045$), number of joints with gout ($p=0.016$), and number of gout attacks ($p=0.029$).

Conclusions: Findings revealed that the higher the values are in the gout-related characteristics, the higher the level of aggression and depression among gout patients. These significant associations can be considered as predictors of aggression and depression tendencies which validates the necessity to address the biopsychosocial aspect of an individual and to consider an effective approach on psychotherapeutic intervention and rehabilitation.

REFERENCES:

- [1] Mrug, S., & Mrug, M. (2016). Uric acid excretion predicts increased aggression in urban adolescents. *Physiology & Behavior*, 163, 144–148.
- [2] Tao, R., & Li, H. (2015). High serum uric acid level in adolescent depressive patients. *Journal of Affective Disorders*, 174, 464–466.
- [3] Prior, J. A., Mallen, C. D., Chandratne, P., Muller, S., Richardson, J., & Roddy, E. (2016). Gout characteristics associate with depression, but not anxiety, in primary care: Baseline findings from a prospective cohort study. *Joint Bone Spine*, 83, 553–558.
- [4] Galanti, G.-A. (2000). Filipino attitudes toward pain medication: A lesson in cross-cultural care. *West J Med*, 173, 278–279.
- [5] Neogi, T., Jansen, T. L., Dalbeth, N., Fransen, J., Schumacher, H. R., Berendsen, D., ... Ogdie, A. (2015). 2015 Gout Classification Criteria. *Arthritis & Rheumatology*, 67(10), 2557–2568.

Acknowledgements: The authors would like to acknowledge the assistance of Dr. Evelyn Salido of Philippine General Hospital, Dr. Melanie Turingan of University of Santo Tomas, Ms. Jean Valerie Bayhon of Dela Salle University and Mr. Albert Garcia of Wheath, Inc. for their unwavering help and support in this research study.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2771

AB1458-HPR WORK PARTICIPATION OF PEOPLE WITH MUSCULOSKELETAL DISORDERS IN IRELAND: A QUALITATIVE MULTI-STAKEHOLDER ANALYSIS

K Robinson¹, K. O'Sullivan^{1,2}, A. Synnott¹. ¹Clinical Therapies; ²Health Research Institute, University of Limerick, Limerick, Ireland

Background: Musculoskeletal disorders (MSD's) are a leading cause of work disability. Good work offers many potential benefits to employees with MSDs. Understanding the perspectives of all the players involved in helping people with MSD's to stay at, return to and remain in work will advance understanding of work related interventions and services. Given the varying health and social insurance systems across international contexts there is a need to develop contextually specific knowledge.

Objectives: To explore in-depth the perspectives of multiple stakeholders involved in helping people with MSD's stay at, return to or remain in work.

Methods: In-depth qualitative interviews were completed with people with MSD's, health professionals, and employers to explore their perspectives on what factors support people with MSD's to stay in, return to, or remain in work in Ireland. Data were analysed using thematic analysis.

Results: Across all stakeholder groups biological factors were most implicated as the reason for work absences and the resolution of symptoms