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

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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 diagnose 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.

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

J.M.A Pazcoguín¹, 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.

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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

was identified as the single greatest enabler of return to work. Although pockets of good practice were identified, in the main, health professionals and employers describe uncertainty about their role and responsibilities and describe a narrow scope of practice. Patients report a mostly adversarial experience of vocational supports.

Conclusions: Irish vocational rehabilitation stakeholders do not report awareness of the complex interplay of biological, psychological and social factors influencing work participation for people with MSD's. Vocational supports and services are hampered by role uncertainty and consequentially adversarial experiences for service users.

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AB1459-HPR PATIENTS WITH RHEUMATOID ARTHRITIS HAVE LATERALITY ON THE UPPER LIMBS RANGE OF MOTION

K Tsujimura¹, S. Kato¹, C. Nagata¹, S. Nakazaki². ¹Rheumatology, Kamiaraya Clinic; ²Rheumatology, Johoku Hospital, Kanazawa, Japan

Background: Biological disease-modifying antirheumatic drug (bDMARD) has been introduced since 2003 in Japan. In many patients, bDMARD has made it possible to control the disease activity of rheumatoid arthritis (RA), and has led to the structural remission and the functional remission. As for the structural damage, the relationship between mechanical stress and radiographic damage in RA has been recently reported. Koh reported that radiographic damage was worse and progressed more rapidly in the dominant hand in individuals with early RA¹. Nakazaki reported that the eroded joint count was significantly more in the dominant than the non-dominant upper extremity². Incidentally, there are few studies as for the relationship between mechanical stress and functional impairment, while joint range of motion (ROM) plays a important role on the physical function of the patients with RA.

Objectives: The aim of this study is to examine whether patients with RA have difference between right and left on the upper limbs and to see whether mechanical stress influences on ROMs.

Methods: We assessed 103 RA female patients aged less than 75 years old with their disease onsets after 2003 and their disease durations within 10 years. Exclusion criteria were the patients with past history of any apoplexy or fracture. We measured the ROM of joints including the shoulder, elbow, wrist, hip, knee, and ankle. The ROMs were measured by criteria of the Japanese Orthopaedic Association and the Japanese Association of Rehabilitation Medicine, and then the joints with restricted ROM were counted to see if any difference between right and left limbs. Data were analysed by using McNemar's test and judged as statistically significant when p value was less than 0.01.

Results: The mean age was 57.1 (26~74) years, the mean disease duration was 64.0 (7~120) months, the rate of bDMARD was 33.3%, the right limb was dominant in 99.0% among the patients. As for the ROM of upper limbs, the forearm pronation and the wrist flexion of the right limbs demonstrated significantly more restricted ROM compared with the left limbs (p<0.001). The ROM of lower limbs showed no significant laterality.

Abstract AB1459-HPR – Figure 1

Conclusions: The ROM limit count in the upper limbs was significantly more in the right limbs than the left limbs and the right limb was dominant in 99% of the patients, therefore it was suggested that the mechanical stress influenced the ROM of upper limbs and physical function in patients with RA even in the era of the bDMARD.

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AB1460-HPR PSYCHOLOGICAL VARIABLES PREDICTOR OF SLEEP DISORDERS IN PATIENTS WITH ANKILOSING SPONDYLITIS AND PSORIASTIC ARTRITIS. MULTICENTER STUDY

L Cano García¹, N. Mena-Vázquez¹, M.D. Hernández-Sánchez², R. SEGURA RUIZ³, C. Domínguez-Quesada⁴, S. Manrique-Arja¹, I. Ureña-Garnica¹, F. G. Jiménez-Núñez¹, E. Vilchez-Ocaña¹, A. Fernández-Nebro⁵. ¹Rheumatology, Hospital Regional Universitario De Málaga, Instituto De Investigación Biomédica De Málaga (ibima), Universidad De Málaga, Málaga; ²Rheumatology, Complejo Hospitalario de Jaén, Jaén; ³Rheumatology, Hospital Reina Sofía, Córdoba; ⁴Rheumatology, Hospital Virgen Macarena, Sevilla; ⁵Rheumatology, Hospital Regional Universitario De Málaga, Instituto De Investigación Biomédica De Málaga (ibima), Departamento De Medicina Y Dermatología, Universidad De Málaga, Málaga, Spain

Objectives: To study the variables associated with the severity of insomnia and hypersomnia according to the Oviedo sleep questionnaire (COS) in patients with ankylosing spondylitis (AS) and psoriatic arthritis (PsA).

Methods: Design. Transversal descriptive study. **PATIENTS:** Patients with follow-up AS or PSA were selected by consecutive sampling in rheumatology units of 4 Spanish cities. Selection criteria: age ≥ 16 years old) with AE (New York criteria) or PSA (CASPAR criteria) able to understand and willing to carry out the questionnaires. Protocol: they were explained and the patients were given to meet the selection criteria and the informed consent signed a battery of questionnaires; his doctor performed the evaluation of disease activity and recorded comorbidities and current medication. Main outcomes: the 3 dimensions of COS:¹ Subjective satisfaction with sleep,² Insomnia and ³ Hyperinsomnia. Other variables: current medication for AE or PsA, comorbidities, use of sleeping drugs and/or CPAP according to the COS questionnaire, disease activity: axial AS (BASDAI) and PSA (DAS28), quality of life related to health (HRQOL) through SF-36, pain perception (Brief Pain Inventory BPI questionnaire), AE (BASDAI) and PSA (DAS28) and fatigue through FACIT, emotional intelligence through TMMS, resilience with the resilience questionnaire, anxiety screening and depression through HADs. Statistical analysis: Descriptive analysis of the main variables. Bivariate using T-Student, Mann Whitney U and χ^2 followed by binary logistic regression (RLB) (Vd: Insomnia: value greater than 22 of the insomnia scale).

Results: 302 patients participated: 152 patients with AE and 149 patients with PA (47.8% women, 48.97 $\pm$ 10.26 years) with an average of 8.35 $\pm$ 6.8 years of disease. They used 47.8% biological therapy. The most frequent comorbidities were: disc disease 143 (47.5%), visual impairment 60 (19.9%), anxiety 49 (16.3%), obesity 47 (15.6%) and depression 45 (15%). In the bivariate analysis it was observed that patients with AE suffered more insomnia than patients with PSA (57% vs 43%, p=0.029), they took more drugs to sleep (30.3% vs 22.9%, p=0.001) and suffered a higher activity of the disease measured by BASDAI (mean [SD] 4.7 [1.8] vs 3.8 [1.9], p=0.005). In insomnia in PsA, it was not associated with the degree of activity measured by DAS28 but it was associated with depression. In the binary logistic regression analysis (RLB), insomnia was associated with BASDAI and depression. Therefore, patients with greater BASDAI and depression have almost twice the risk of presenting insomnia in patients with spondyloarthropathies. There are no associations of insomnia with the resilience and emotional intelligence with results above the cut, that is, patients with good resilience and emotional intelligence.

Conclusions: There is an association between insomnia, disease activity and depression in the group of AE, in the case of PSA there is a relationship with depression. Insomnia is a problem related to depression, so education in sleep hygiene in nursing consultation could be of help for insomnia.

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