dietary supplements are available both as combination formulas and as single-ingredient supplements. The most studies, investigating diet influence on RMD symptoms in human, were conducted among Association Arthritis (RA) patients as an adjunctive therapy. Further, there is a wide variation in evidence robustness probably due to the complexity of studying the relationship between diet and disease activity.

**Diets:** Several controlled studies among RA patients have been performed. Mediterranean diet intervention studies have shown tendency to pain reduction and improvement of physical function after 3-6 months. An intervention study, comparing 7-10 days fasting followed by 13 months vegetarian diet and the ordinary diet, showed significant pain reduction in the intervention group. Though, there was no significant difference in physical function or morning stiffness compared to RA patients adhered to an ordinary diet. Vegan diet intervention studies did not report statistical significant difference in pain, physical activity or morning stiffness compared to an ordinary diet.

One study compared 6 weeks of elimination diet to an ordinary diet. Due to inadequate data reporting, no between-group analyses were possible, the authors of the study concluded: “When the dietary and placebo groups were compared the dietary group did better for all 13 variables for which differences between them were significant”.

Cholesterol lowering diet study among 17 Systemic Lupus Erythematous (SLE) patients showed increased quality of life (measured by questionnaire) after 12 weeks study period compared to the control group. Ramadan fasting study among 40 SLE patients did not reveal any influence of fasting on disease activity or patients’ quality of life during the fasting period or 3 months after fasting compared to non-fasting SLE patients.

Non-randomised controlled low-salt, uncooked vegan diet study among 53 fibromyalgia patients revealed improvements in pain, joint stiffness, quality of sleep, quality of life and general health after 3 months of study period.

**Dietary supplements:** Several studies of fish oil supplementation have been performed among RA patients and have generally shown positive results on pain reduction, morning stiffness, and improvement in physical activity and decreased use of pain relief medications. The potential benefit of eating whole foods with high omega-3 content has not been evaluated.

Studies, investigating Vitamin D supplementation in RA patients did not find any disease modifying effect.

Interventional studies of antioxidant supplementation in patients with RMD have been inconclusive.

Current data regarding potential therapeutic effects of probiotics suggest plausible benefits, though evidence grade is still low. There is some evidence that herbal therapy containing Gama Linolenic Acid oils (evening primrose, borage, or blackcurrant seed oil) reduce some RA symptoms.

**Alcohol:** Studying effects of alcohol on RMD activity is complicated not least in relation to the treatment. Two observational studies among RA patients, showed tendency towards an inverse association between alcohol use and disease severity.

**Conclusion:** The effects of dietary manipulation in RMD patients are still uncertain due to small study samples and potential risk of bias. Higher drop-out rates and weight loss in the groups with manipulated diets indicate that potential adverse events should not be ignored.

However, there is some evidence that fasting followed by a vegetarian diet and Mediterranean diet improve pain, but not stiffness and physical function among RA patients, when compared to an ordinary diet.

Several controlled studies showed that dietary supplements of moderate-to-high doses of omega-3 fatty acids have a beneficial effect on several parameters of RA activity.

Evidence regarding diet influence on RMD’s other than RA is very weak.

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**HOW TO OFFER SEMINARS ON NUTRITION**

C. Elling-Audersch, Deutsche Rheuma-Liga (German Rheumatism League), Berlin, Germany

Deutsche Rheuma-Liga (German Rheumatism League) Deutsche Rheuma-Liga (DRL) is a patient organisation that offers support to people with all rheumatic and musculoskeletal diseases (RMDs). We offer to our members information, various seminars, exercise classes and advice services. The main goal is to improve a patient’s self-management. Most patients have questions concerning medication, but would like to know as well what other measures can be taken to improve their health. Nutrition and the question of a rheumatism diet is one of the great patients’ demands.

Based on a survey of our organisation (DRL) patients’ information priorities are obvious and have led to offerings for patients.

Our seminars for patients about nutrition are based on our nutrition booklet, on evidence-based information and on avoiding an esoteric content. All seminars deal with three key elements of self-management: nutrition, exercise and ergonomic kitchen aids.

Based on the key messages of nutrition, the important aspects are not only to educate, but also to exercise, to communicate, to exchange experiences, to cook, to taste, to smell and to enjoy. We show ergonomic kitchen aids and explain their daily usefulness.

My talk will consider organisational aspects as well, if an organisation wants to offer such seminars.

In our experience combining nutrition, exercise and ergonomic aids are essential aspects of a healthy life and contribute to a person’s rheumatic and/or musculoskeletal treatment successively.

**Disclosure of Interest:** None declared

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SATURDAY, 16 JUNE 2018

Challenging projects in education and training

**THEORY OF POSTER DESIGN AND PRESENTATION**

M. Boers, Epidemiology and Biostatistics; Amsterdam Rheumatology and Immunology Center, VU University Medical Center, Amsterdam, Netherlands

This lecture introduces basic elements of poster design, and is followed after the session by a special poster tour devoted to design. It strongly links to the concepts discussed in my workshop on data visualisation.

To design an effective poster, its message and the intended audience must be clear. Effective posters stand out because they convey their main message almost instantly, and then seduce participants to stay longer and learn more. Much more than oral presentations, posters are about selling your work in competition with all those other people presenting in your session.

In a good poster, all elements work together like a symphony orchestra:

- Title, headings, text, tables, graphs, format, colours, layout, handouts, gimmicks, and... you!

For the design process, you need a good plan (including timelines!), good tools (templates, software!) and a ruthless editor. Editing is about throwing out more and more stuff, until finally you reach the point where throwing out more destroys understanding. So the ‘orchestra’ has single instrumentation, and is wonderfully transparent.

Posters are not ‘comprehensive’! All the details you love can go into a specially designed handout (NOT an exact replica of your poster).

Your role as presenter is special: you must be visible but unobtrusive, and flexible to accommodate different viewer styles, and have different modes of presentation (e.g. walkthrough, answer questions, respond to critique). Also make sure your content details are visible and clear (if no handout, be sure to have business cards). If you are playful you can use gimmicks to increase your visibility: match your clothes to your colour scheme, make something in real 3D on your poster, use sound, etc. But don’t overdo it: this is just the icing on the cake: this is a science, not a commercial exhibit.

When we go to assess posters in the upcoming poster tour, we will be looking for the following elements:

1. Overall message clear?
2. Text quality: brevity, clarity
3. Table quality: clear vision, clear understanding
4. Graph quality: clear vision, clear understanding
5. Design elements: layout, choice of font, color
6. Handout: not a replica, elements 1–5 repeated
7. Presenter: style, contact details

Disclosure of Interest: None declared


**THE EULAR SCHOOL OF RHEUMATOLOGY: A CHALLENGING EDUCATIONAL EULAR PROJECT, WHERE ARE WE NOW?**

A. Iagnocco, Scienze Cliniche e Biologiche, Università degli Studi di Torino, Turin, Italy

EULAR has traditionally been a strong advocate of training and education in rheumatology, which has made EULAR the pre-eminent provider and facilitator of high-quality educational offerings for physicians, health professionals in rheumatology, and people with rheumatic and musculoskeletal diseases. Indeed, the international rheumatology community is set to benefit from high levels of education and training possibilities that are undergoing constant changes with new approaches, products and technologies coming up.

The EULAR School of Rheumatology combines all educational offers, whether they are live courses, on-line courses, online classes, books, webinars or any other material, under one roof. This new system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the