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 Rheumatoid 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 Erythematosus (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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SP0154 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 successfully.

Disclosure of Interest: None declared

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SP0155 NUTRITION – HOW TO TALK ABOUT IT

V. Krafft. *Rheumaliga Schweiz, Zurich, Switzerland*

When it comes to the subject of nutrition and rheumatism, particularly in relation to inflammatory rheumatism, opinions are sharply divided. Holistically oriented physicians and therapists believe that a change in diet can replace medication in the treatment of chronic inflammation and they thus pursue the goal of reducing the need for medication through an anti-inflammatory diet. Rheumatologists by contrast staunchly defend drug therapy and still approach the subject of nutrition with great reserve, disinterest, or even reject its effects out of hand. Some warn that patients who stray from a balanced diet with a mix of foods may risk nutritional deficiencies.

These opposing views leave many of those affected by rheumatism unsure of how to approach nutrition. Can a change in diet really help alleviate the symptoms of inflammatory rheumatism? Which diet rules can I trust? And what's more: How do I speak about it with my rheumatologist? Will he advocate a change in diet and view it as part of my arthritis therapy – or see it merely as a supporting measure, quite a nice idea but without any therapeutic value?

Anyone wanting to provide rheumatism patients with some guidance in this regard must ward against possible bias. The Swiss League against Rheumatism makes sure its communications on this controversial issue take into account the whole spectrum of existing medical pluralism. On the question of nutritional benefits, it thus provides information from the point of view of conventional medicine as well as that of complementary medicine and all the shades in between.

Objectives of the Swiss League against Rheumatism

The Swiss League against Rheumatism endeavours on the one hand to ensure that its communication about nutrition is not one-sided but rather presents the different viewpoints. On the other hand, those affected should be given access to knowledge that can help them to form their own opinion.

To achieve these goals, the Swiss League against Rheumatism continually invests human and financial resources into research on this topic, interviews and exchanges with experts, as well as ongoing updates of their contributions.

Communication channels: The Swiss League against Rheumatism informs people about the topic of nutrition through the following communication channels:

- Website
- Facebook
- Brochures
- Lectures

The main focus is on articles on the website.

Standpoint of the Swiss League against Rheumatism

The Swiss League against Rheumatism includes the subject of nutrition in its communications because there is a great need for information among those affected.

The Swiss League against Rheumatism itself takes no position for or against a described measure but rather only makes recommendations based on scientific criteria. On the basis of these scientific criteria, it can be assumed that nutrition, in particular a Mediterranean diet, can have a "positive influence" on various rheumatic diseases.

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SATURDAY, 16 JUNE 2018

Challenging projects in education and training**SP0156 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 (eg. walkthrough, answer questions, respond to critique). Also make sure your contact details are visible and correct (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

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SP0157 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 in rheumatology, with the aim of delivering significant relief to the lives of people with musculoskeletal and rheumatic diseases worldwide.

In June 2017, the EULAR School of Rheumatology was launched at the Annual EULAR Congress. This is as a fully integrated operational entity contained within EULAR which combines all educational offers, whether they are live courses, online courses, 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 various incentives and special offers. The School will also provide the members a secure means of storing their gained certifications and other personal information. In addition, members of the EULAR School of Rheumatology will be able to benefit from a new accumulative credit point system, which adds points according to educational hours spent in EULAR courses, either live or on-line. Members will also

be regularly informed regarding the developments of the School and new educational and training materials.

With the purpose of optimising and improving the already very solid educational offerings of EULAR, during the last two years, seven groups of eminent experts in education actively worked to develop new products to be added to the existing educational material of EULAR. Many different projects are currently being developed by these "classrooms" and are addressed to the whole rheumatology community (i.e. rheumatologists, undergraduates, trainees, teachers, researchers, health professionals, and people with rheumatic and musculoskeletal diseases). Indeed, in today's digital era, education and training possibilities are undergoing constant changes with new approaches, products and technologies coming up. Thus, the EULAR School of Rheumatology represents a model of future learning, reflecting the changing needs of the rheumatology community through offering new educational materials across this medical discipline and the greatest levels of access to the highest quality of education in the field.

With the modern developments of the rheumatology discipline, EULAR School of Rheumatology is today taking its educational offerings, services and products to a global audience worldwide.

For information about ongoing and new initiatives of the EULAR School of Rheumatology, please go to www.eular.org/school_of_rheumatology.cfm.

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SATURDAY, 16 JUNE 2018

Recommendation session ESSCA**SP0158 UPDATE OF EULAR RECOMMENDATIONS FOR VACCINATION OF PATIENTS WITH AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES**

O. Elkayam, on behalf of Eular task force. *Rheumatology, Tel Aviv Medical Center, Tel Aviv, Israel*

Objectives: A European League Against Rheumatism (EULAR) Task Force was established to update the recommendations for vaccination of patients with autoimmune inflammatory rheumatic diseases (AIIRD) published in 2011.

Methods: Following the latest version of the EULAR Standardised Operating Procedures (SOP), three systematic literature reviews were conducted to present the new evidence published between 2009–2017 regarding the prevalence of vaccine preventable diseases among patients with AIIRD, the efficacy and safety of vaccines recommended for adults, and the effect of disease modifying drugs on the response to vaccines. After the presentation of the new evidence to the Task Force, overarching principles and recommendations were formulated. Evidence was graded in categories I–IV, the strength of recommendations was graded in categories A–D, and Delphi voting was applied to determine the level of agreement between the experts of the Task Force.

Results: A total of 6 overarching principles and 9 recommendations were formulated. The first two overarching principles focus on the responsibility of the treating physician for a yearly assessment of the vaccination status of AIIRD patients. An individualised vaccination program should be suggested and explicitly discussed with all patients. The next overarching principles address the timing of vaccination. Preferably patients are vaccinated during stable disease and prior to planned immunosuppression, in particular prior to B-cell depleting treatment. Non-live vaccines can be safely provided to AIIRD patients under immunomodulating treatments, whereas the administration of live attenuated vaccines should be avoided under immunomodulating treatment, with the possible exceptions of herpes zoster and MMR. Recommendations 1 to 7 refer to the administration of specific vaccines. Influenza and pneumococcal (a combination of PCV 13 and PPSV23) vaccines should be strongly considered for all patients with AIIRD. Herpes zoster, human papilloma virus, hepatitis A and B, yellow fever, and tick-borne encephalitis vaccines should be considered in AIIRD patients at risk. Newly formulated recommendations 8 and 9 address the vaccination approach to household members and newborns of patients with AIIRDs. Immunocompetent household members of patients with AIIRD should be encouraged to receive vaccines according to national guidelines with the exception of oral poliomyelitis vaccine. Live attenuated vaccines should be avoided during the first 6 months of life in newborns of mothers treated with biologics during the second half of pregnancy.

Conclusions: The 2017 EULAR recommendations provide an up-to-date guidance on the management of vaccinations in patients with AIIRDs. The dissemination of the data to health professionals and patients and implementation of the recommendations will help to prevent vaccine preventable diseases in the AIIRD population.

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