adequate pre-MTX labs (hematology, renal and liver panel and or hepati-
tis serology) requested by 46% in 2016 to 90% in 2018 (<p=0.0001). When
documented, MTX use was often interrupted (2018 17.24; 2018 14;
43 p=0.003) and mainly due to limited drug availability.

Conclusion: An educational program conducted with support from the
local medical community has potential to improve management of rhe-
matic disease in resource limited regions without adequate rheumatology
capacity. However, interventions must be maintained over time and
changes in practice measured to ensure that appropriate diagnosis and
safe prescribing practices continue until local rheumatology expertise and
capacity is available.

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AB1344

CLINICAL ASSESSMENT OF THE MUSCULOSKELETAL
SYSTEM HANDBOOK AND ACCOMPANYING VIDEOS:
15 YEARS OF USE
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Background: 15 years ago, Arthritis Research UK (ARUK) produced the
‘Clinical Assessment of the Musculoskeletal (MSK) System’ handbook and a
set of accompanying videos; ‘Regional Examination of the Musculoske-
letal System’. (1) There has been an evaluation of the use of this
resource showing that they are widely used among medical students and
healthcare professionals. Recently, ARUK has merged with Arthritis Care
to become Versus Arthritis, and previous publications are due to be
rebranded.

Objectives: This project aims to review how the handbook and videos
are being used 15 years on. The secondary aim is to gain insight into any
changes that may need to be made going forward as Versus Arthri-
tis seeks to revise and update the original materials.

Methods: In September 2018, a clinical group was formed to review the
current handbook’s content and format. The project team was invited to
take part in the surveys and disseminate them within their professional
networks and across every UK medical school.

Results: 78 people took part in the survey; this included 61 users (stu-
dents, registrars, seniors) and 17 medical schools and others.

User Survey: How to access the handbook? respondents said online (36%),
via an app (31%) or printed version (10%). 83% of respondents said they
found the handbook very useful, 100% said it was easy to understand,
95% said it was well illustrated, and 75% said the video clips were very useful.
100% of respondents said the handbook did not contradict any learning rec-
ceived.

When asked what would improve the handbook, the most popular
response was case studies. When asked what the most useful thing was,
most respondents commented on the structure and how clear and
concise it was. When asked what the least useful thing was, respondents
felt it lacked detail regarding the rationale behind the purpose of the
examinations.

Teacher Survey: 17 medical school representatives completed the survey,
94% of respondents use the resource. Most provide their students with
the online version of the handbook (64%). 88% thought the resource
was very useful for their students. 94% said the resource maps well to the
current MSK curriculum. When asked what would improve the hand-
book the most popular response was abnormal examination findings.
The least popular response was patient exercise videos and sheets.

Content Review: Several comments were made suggesting the use of
more appropriate language. Recommendations were made to introduce
sections on physical activity, self-management and the multidisciplinary
team involvement. A suggestion was made to include the patient’s ‘ideas,
concerns and expectations’ concept.

Conclusion: The consensus is that the resource is already very good
and maps well to the MSK curriculum taught by the medical schools. It
would benefit from adding new contents, e.g. examination clips of
patients with pathology. We would need to be wary of overcomplicating
the purpose of the new resource.

It was also highlighted that the resource would benefit from a refresh of
the layout, including clear headings and more up to date images and
diagrams. Several comments were made around the format to include an
online resource that students could use to incorporate examination videos
with experts explaining the findings.

REFERENCES
[1] Arthritis Research UK. 2018. Information for Health Professionals and Stu-
dents. [Online] Available at: https://www.arthritisresearchuk.org/shop/prod-
ucts/publications/information-for-medical-professionals.aspx [Accessed 30
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AB1345

CONTEXTUAL FACTORS IMPACTING OSTEOARTHRITIS
MANAGEMENT IN URBAN AND RURAL COMMUNITY-
DWELLING SENIORS: AN ANALYSIS BASED ON THE
INTERNATIONAL CLASSIFICATION OF FUNCTIONING
DISABILITY AND HEALTH
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Background: Living with arthritis requires lifelong management that can
be influenced by person, place and context.

Objectives: The objectives of this study were to: (1) identify contextual
factors that influence OA management in rural and urban-dwelling seniors,
and (2) examine how contextual factors identified in rural and urban-
dwelling seniors are explained in terms of the ICF framework.

Methods: Semi-structured interviews were conducted with 20 community-
dwelling seniors in Ontario, Canada.; purposively including 11 seniors from
an urban setting and 9 seniors from a rural setting, all over the age of
65, and previously diagnosed with OA. Broad questions on self-manage-
ment and information seeking were explored. Interview concepts related
to the environmental and contextual factors component were extracted
from interview transcripts and organized into subthemes. Meaningful con-
cepts were linked by 2 raters to ICF categories according to established
linking rules. Descriptive analyses were performed.

Results: A total of 891 meaningful concepts were identified; 481 from
interviews with 11 urban-dwelling seniors and were linked to 54 ICF cate-
ories; 24 Environmental Factors, 21 Activities and Participation, and 9
Body Functions and 410 meaningful concepts from interviews with 9
rural-dwelling seniors; 57 ICF categories; 27 Environmental Factors, 24
Activities and Participation, and 6 Body Functions. Within Activities and
Participation component, “d839 Education” was the most code for both
rural groups. From the Body Functions component, “b1800 Experiences of
Self” followed by “b1301 Motivation” were most mentioned. Environmental
factors represented 203 of 481 (42.2%) urban concepts and 253 of 410
(61.7%) rural concepts. The concepts linked to the Activities and Partici-
pation category were similar across urban and rural groups (17.3% and
17.1%). Personal Factors (e.g. “adapting to life with OA”, “self-sufficiency,”
pain tolerance”, “age”) or “no (c) not covered” (e.g. “feeling old”, “embr-
rassed by OA”, “being a burden”) were not coded in 12.2% urban and
20.6% rural content was labeled as Personal Factors. Chapter e5 serv-
ces, systems and policies was the chapter with the highest coverage
overall. Within the environmental factors “e355 Health Professionals” was
the most common code for both urban and rural groups, and mentioned
in almost all interviews. Participants frequently discussed physician’s atti-
dudes and misconceptions towards patients with OA.

Conclusion: The complex interaction of personal and environmental fac-
tors impacting OA management in both urban and rural communities was
illustrated. Rurality influences some aspects of this complexity, but many
common themes occur.

REFERENCES
status measures to the international classification of functioning, disability,
and health (ICF). Osteoarthr Cartil. 2003;11(7):S19-S23. doi:
S1063458403000864 (pii).