AB1366-HPR THE EFFECTS OF LAND AND WATER BASED MULTIDIMENSIONAL FUNCTIONAL MOBILITY EXERCISES ON PULMONARY FUNCTIONS IN ANKYLOSING SPONDYLITIS PATIENTS

Baris Gurbinar¹, Nursen Ilcin¹, Sema Savci¹, Nurullah Akkoc². ¹Dokuz Eylul University, Izmir, Turkey; ²xxxxxx, Izmir, Turkey

Background: Pulmonary manifestations are common in ankylosing spondylitis (AS) yet there is not enough evidence about the results of different interventions on pulmonary functions.

Objectives: The aim of this study was to evaluate the pulmonary effects of land and water based multidimensional functional mobility exercises on pulmonary functions in AS patients.

Methods: This is a single-blinded, randomized and experimental study conducted in outpatient clinic and thermal center. A total of 38 patients with definite ankylosing spondylitis according to the modified New York criteria were recruited for the study. Patients were randomly allocated to aquatic (AG) and land (LG) exercise group twice in a week for 8 weeks. Pulmonary Function Tests (PFT), maximal inspiratory mouth pressure (MIP), and maximal expiratory mouth pressure (MEP) were measured before and after the intervention.

Results: 3 patients from AG and 6 from LG missed 4 sessions consecutively. In AG, PEF (p=0.004), VC (p=0.025), MVV (p=0.006) and MIP (p=0.001) improved significantly on the other hand in LG FEV1/FVC (0.049), PEF (p=0.007) and MVV (p=0.004) significantly increased.

Conclusion: Performing multidimensional functional mobility exercises in water and on land could have different results. Exercising in water could have additional benefits such as increasing inspiratory muscle strength.

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AB1367-HPR EFFECTIVENESS OF THE HYPERBARIC TREATMENT ON THE PERCEIVED PAIN, FATIGUE AND FUNCTIONALITY OF WOMEN WITH FIBROMYALGIA

Ruth Izquierdo Alventosa¹, Marta Inglés², Sara Cartés Amador², Lucía Gimeno-Mallench³, Àngels Vidal³, Javier Chirivella¹, Juli D. Kropotov⁴, Pilar Serra Añó². ¹Fundación FIVAN, Valencia, Spain; ²University of Valencia, Physiotherapy, Valencia, Spain; ³University of Valencia, Physiology, Valencia, Spain; ⁴N. P. Bechtereva Institute of the Human Brain, Russian Academy of Sciences, St Petersburg, Russian Federation

Background: Fibromyalgia (FM) is a chronic pain syndrome accompanied by other symptoms such as fatigue or altered functionality¹. One of the most common non-pharmacologic treatment is physical exercise because of its known positive influence on pain as a consequence of the physical condition improvement.² However, they use to present a lack of adherence to this type of therapeutic programs may be attributable to post-exercise pain³. For this reason, alternative approaches that do not involve physical efforts, such as hyperbaric therapy, may be effective to reduce pain, fatigue or functionality in women with FM.⁴

Objectives: To compare the effectiveness of hyperbaric therapy and physical exercise on pain, fatigue and functionality in women with FM.

Methods: A randomized control trial was conducted. 28 women with FM were divided in two intervention groups: One group, composed of 14

women, received a low-intensity physical exercise program twice a week for 8 weeks (PEG). The other group received 40 sessions of hyperbaric treatment, 5 times per week (HBTG). To determine the effect of these therapeutic programs, the perceived pain was assessed with an analogue visual scale. Further, the fatigue was measured with the Borg scale and the covered walked distance with The Six minutes walk test. The measurements were conducted two times, before and one week after finishing the treatment. The effect of the treatments was statistically analyzed with a mixed factorial ANOVA with the between-subject factor called 'group' (categories: PEG and HBTG) and with the within-subject factor called 'intervention' (categories: pre and post-intervention).

Results: Our study shows that hyperbaric treatment significantly improved functionality and reduced the levels of pain and fatigue (Table 1). The physical exercise intervention improved functionality, but this program could not reduce the experienced intensity of pain nor the perceived fatigue (p>0.05).

Abstract AB1367HPR Table 1. Effect of the physical exercise program and hyperbaric therapy on pain, fatigue and functionality.

		Pre-intervention	Post-intervention
Pain	PEG	6.21 (2.29)	5.57 (2.24)
HBTG	7.43 (1.70)	5.07 (2.50)*	
Fatigue	PEG	6.86 (2.82)	7.21 (2.52)
	HBTG	7.79 (2.15)	6.5 (2.24)*
Distance	PEG	489.21 (76.39)	516.64 (71.58)*
	HBTG	507.14 (67.46)	566.79 (71.55)*

Data are shown as mean (SD). PEG: physical exercise group; HBTG: hyperbaric treatment group.

Conclusion: Both hyperbaric therapy and physical exercise achieved an improvement in the functionality. Nevertheless, only the hyperbaric therapy achieved a decrease in perceived pain and an improvement in the perceived fatigue.

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AB1368-HPR ENHANCED ROLE OF NURSES AND OTHER HEALTHCARE PROFESSIONALS (HCPS) IN THE CARE OF RHEUMATOID ARTHRITIS AND ASSOCIATED COMORBIDITIES

Alison Kent¹, Cem Gabay², Rinie Geenen³, Ioanna Gouni-Berthold⁴, Frank van den Hoogen⁵, Lars Klareskog⁶, Mikkel Østergaard⁷, Karel Pavelka⁸, Joaquim Polido-Pereira⁹, Anne Grete Semb¹⁰, Magnus Sköld⁶, Alejandro Balsa¹¹, Neil Betteridge¹², Maya Buch¹³, Maxime Dougados¹⁴, Patrick Durez¹⁵, Ennio Favalli¹⁶, Guillaume Favier¹⁷, Tore K. Kvien¹⁰. ¹Salisbury NHS Foundation Trust Hosp, Salisbury, United Kingdom; ²Geneva Hosp, Geneva, Switzerland; ³Utrecht U, Utrecht, Netherlands; ⁴Polyclinic for Endo, Diab and Prev Med, U Cologne, Cologne, Germany; ⁵Sint Maartenskliniek, Nijmegen, Netherlands; ⁶Karolinska Inst and Karolinska U Hosp, Stockholm, Sweden; ⁷Rigshospitalet, Copenhagen, Denmark; ⁸Inst Rheumatology, Prague, Czech Republic; ⁹Hosp Santa Maria, Lisbon, Portugal; ¹⁰Diakonhjemmet Hosp, Oslo, Norway; ¹¹Hosp U La Paz, Madrid, Spain; ¹²Betteridge Associates, London, United Kingdom; ¹³Chapel Allerton Hosp, Leeds, United Kingdom; ¹⁴Cochin Hosp, Paris, France; ¹⁵Clin U Saint-Luc, IREC, Brussels, Belgium; ¹⁶Gaetano Pini Inst, Milan, Italy; ¹⁷KPMG LLP, London, United Kingdom

Background: Long-term morbidity and mortality in patients with rheumatoid arthritis (RA) are increased⁽¹⁾ due to the increased risk of comorbidities

including cardiovascular disease (40-70% incidence⁽²⁾; 5-12.9% prevalence⁽³⁾), diabetes (IR of 8.6 per 1000 person-years⁽⁴⁾; 20%⁽⁵⁾), interstitial lung disease (7.7%⁽⁶⁾); up to 60% (interstitial lung abnormalities in early RA)⁽⁷⁾ and depression (up to 200%⁽⁸⁾; 16.8%⁽⁹⁾). In addition to differing health care delivery systems throughout Europe, there is also variability in the roles and responsibilities of healthcare professionals (HCPs) across and within countries⁽¹⁰⁾.

Objectives: This study aimed to identify good practices within the roles of HCPs in the care of RA and associated comorbidities and to understand how these practices may be implemented in other centres.

Methods: This study interviewed multidisciplinary teams at 12 selected specialist centres across Europe (1 centre per country) and examples of HCPs who had expanded roles and responsibilities were identified. Further, the questions whether these practices improved quality of care and could be implemented in other centres were addressed.

Results: This Europe-wide study identified good practice examples of enhanced roles and responsibilities for HCPs such as nurses, physiotherapists, occupational therapists and podiatrists that varied with different categories of patients and their corresponding needs. The scope and depth of extended roles also varied between different countries and health systems. Examples included:

Examples identified	Patient categories		
	suspected RA	newly diagnosed RA	established RA
Providing education on RA and comorbidities		x	x
Conducting history and joint examination	x	x	x
Coordinating care		x	x
Delivering preliminary comorbidity screening		x	
Providing treatment		x	x
Being first point-of-contact		x	x
Collaborating with community-based teams		x	x
Providing holistic support	x	x	x
Empowering self-management		x	x

Conclusion: Expanding the roles of HCP team members can help broaden perspectives on healthcare delivery, relieve the burden put on specialists and enable the provision of well-rounded, patient-centred holistic care that may improve quality of life for patients with RA, especially related to their associated comorbidities.

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AB1369-HPR THE EFFECTS OF CLINICAL PILATES TRAINING IN INDIVIDUALS WITH PRIMARY SJÖGREN'S SYNDROME

KESKIN Aylın¹, Bilge Basakci Calik¹, Elif Gur Kabul¹, Murat Tasci², Veli Cobankara². ¹Pamukkale University, School of Physiotherapy and Rehabilitation, DENİZLİ, Turkey; ²Pamukkale University, Department of Rheumatology, DENİZLİ, Turkey

Background: Primary Sjögren's syndrome (PSS), occurs in people with no other rheumatic disease, is a chronic, systemic, autoimmune disease characterized by lymphocytic infiltration of all exocrine glands, especially tears and salivary glands (1,2). Exercise training is commonly recommended in the approach of individuals with rheumatic disease and clinical pilates training have positive effects on endurance, functional mobility and quality of life. Nonetheless there is limited study related exercise training and no study which examined the efficacy of clinical pilates training in individuals with PSS in literature. Therefore, our study is very important.

Objectives: The aim of the study was to examine the effects of clinical pilates training on trunk and lower extremity endurance, functional mobility, emosyonel status, sleep quality, functional level and quality of life in individuals with PSS.

Methods: The study included 23 voluntary individuals (22 female, 1 male; mean age: 50.52±9.38 years), with PSS who were diagnosed with primary Sjögren's syndrome according to 2016 American College of Rheumatology/European League Against Rheumatism Classification Criteria and according to Chisholm-Mason classification between grade 3 and 4 who applied to Pamukkale University Department of Internal Medicine, Department of Rheumatology. Anterior and lateral bridge was used to determine trunk endurance, 30-Second Chair Stand Test (30s-CST) and The Timed Up and Go (TUG) Test for lower extremity endurance, Lower Extremity Functional Scale (LEFS) for functional mobility, Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) for emotional status, Pittsburgh Sleep Quality Index (PSQI) for sleep quality, Health Assessment Questionnaire (HAQ) for functional level and Short Form 36 (SF-36) for quality of life, right after demographic information and disease related data were recorded. The all assessments were made before and after clinical pilates training. All participants attended 60-min exercises training (5-min warm up, 45-min clinical pilates exercises, 10-min cool down) three times a week for 8 weeks which was progressively challenged and applied by a Physiotherapist with 2 years of experience in this field. Wilcoxon test were used to examine the factors related to functional level.

Results: After training in all evaluations a statistically advanced level of significant improvement compared to pre-training values in individuals with PSS (p<0.001).

Conclusion: Muscular endurance and functional level and the associated with emosyonel status, sleep and quality of life are important for individuals with PSS. Exercise approaches for these parameters are recommended. This study showed that clinical pilates exercise programs have positive effects on trunk and lower extremity endurance, functional mobility, emosyonel status, sleep quality, functional level and quality of life in individuals with PSS.

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