OP0284-PARE THE INFLUENCE OF FUNCTIONAL TRAINING AND PSYCHO-SOCIAL SUPPORT

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Background: Treatment of chronic noncontagious diseases in which we include RMD implies usage of medicines and non medicine (changing bad lifestyle habits like losing nutrition, physical activity, smoking...).¹ Unwanted cardiovascular and cerebrovascular states are the most common cause of shortening of life of people with RMD.² None of the chemical drugs can replace physical activity. Physical activity dosage is individual, and depends on aerobic capability and heart rate increase, taking in account age, type of noncontagious diseases, level of tissue and organs damage as well as the type of work the person is engaged in. Patients with RMD have common symptoms, such as stiffness, fatigue, poor mobility, joint pain and muscle pain, anxiety and depression, and lack of fitness. In addition to physical medicine and rehabilitation and balneoklimatology, various forms of physical activity are recommended, such as walking, swimming, functional training. Today, moderate physical activity is known to help reduce fatigue, strengthen muscles and bones, improve flexibility and endurance of the joints, and improve general health. It is necessary to find the best combination of rest, activities and exercise programs to prevent deformities of the joints, the development of disability, improve the quality of life, and the mental health of patients with RMD.³

Objectives: 1. By practicing Cigong, an increase in the volume of movement in the joint, the strengthening of joint muscles and the improvement of general condition, pain relief, fatigue reduction is achieved and also, it helps patients look and feel better.

2. The goal of Yoga is to neutralize and remove all obstacles that stand in the way and disturb the function of the body and the mind and achieves inner peace.

3. Changing the psychological state during exercise also led to a positive way of thinking.

4. Psycho-physical support for the people with RMD

Methods: From 2011, we organize two times a week functional training of Cigong.⁴

Since January 2016, twice a week persons with RMD have been practicing Yoga.⁵

From 2015, one per week four psychologists volunteer hold workshops for psycho-social support for persons with RMD.^{6,7}

Participants of the training and psycho-social sessions took a survey.

Results: 1. Joint pain reduction – 50% of total number of participants

2. Joint mobility increase – 95% of total number of participants

3. General fitness improvement – 73% of total number of participants

4. Less pronounced negative emotions – 59% of total number of participants

Conclusion: Practicing cigong, yoga and psycho-social support workshops help patients look better and feel better. Changing the psychological state during exercise also led to a positive way of thinking. All of this increased the effectiveness of drug treatment and improved the quality of life of patients with RMD.

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OP0285-PARE SARCOPENIA IN PATIENTS WITH RHEUMATIC DISEASES

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Background: Sarcopenia is a rather new term, coined in 1989: only in 2016 the International Classification of Disease (ICD) code was established for this disease. Sarcopenia describes a state of reduced muscle mass together with reduced muscle strength and reduced muscle performance that comes with aging. The topic is of great relevance for people with rheumatic diseases, because chronic inflammations and lack of exercise, among others, have been identified as risk factors for the development of sarcopenia. To shed additional light on this emerging field, the German Rheumatism League has funded a participatory research project for the investigation of sarcopenia.

Objectives: The aim of the study was to investigate the prevalence of sarcopenia in patients with rheumatoid arthritis. In addition, the study aimed at identifying risk factors and biomarkers for the development/diagnosis of sarcopenia. The results of the study are intended to enhance the diagnostic tools for recognising sarcopenia in patients with rheumatoid arthritis and to allow the formulation of specific exercise recommendations for the prevention of sarcopenia. Based on the results of the study and additional information from the literature, an information leaflet or brochure for patients will be prepared.

Methods: Participants were screened by medical questionnaires. Blood chemistry was analysed. Body composition was assessed by dual-energy X-ray absorptiometry (DXA). Muscle area and muscle density were measured using peripheral quantitative computed tomography (pQCT). Various neuromuscular tests were performed to assess muscle performance, muscle strength and sense of balance. Additional information on treatment options, prevention and detection were retrieved in a comprehensive literature search. Two "Patient Research Partners" are involved in the study.

Results: The study has not yet been completed. So far, 269 patients (age 18 and older; 216 female, 53 male) were recruited until December 2018. Mean age of participants was 59 years, mean DAS-28 was 2.4 (remission). The control group consisted of an existing cohort of 280 individuals without chronic inflammatory diseases or muscle paralysis (153 females, 127 males, mean age 63 years). Preliminary data show that prevalence of sarcopenia is higher in patients with rheumatoid arthritis compared to the control group. Literature revealed that physical exercise has a positive effect on sarcopenia. In addition, amino acid supplementation, nutritional interventions and hormones might be effective in the treatment of sarcopenia.

Conclusion: The higher prevalence of sarcopenia in patients with rheumatoid arthritis illustrates the urgent need to provide education on sarcopenia for patients with rheumatic diseases.

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OP0286-PARE DEVELOPING A VIRTUAL ASSISTANT TO PROMOTE EDUCATION ON OSTEOARTHRITIS

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Background: Osteoarthritis (OA) is one of the most prevalent chronic rheumatic diseases (24% in Portugal, according to the Portuguese Society of Rheumatology) accounting for significant years of disability. Optimal management of OA requires active patient participation. A recent systematic review concluded that more effective information strategies are needed to respond to the needs of OA patients.¹

Interactive computational simulation with Virtual Humans (VH) has been used with the purpose of educating or promoting lifestyle change in healthy people or in