In the presentation, patient cases will be used to illustrate how occupational therapists may work to enhance occupation in individual clients with a rheumatic condition, and evidence for some of the core interventions will be discussed.

REFERENCE:

- [1] Townsend EA, Polatajko HJ. Enabling occupation II: advancing an occupational therapy vision for health, well-being, & justice through occupation. Ottawa: Canadian Association of Occupational Therapists; 2007.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8515

SP0139 WHAT WE ARE BRILLIANT AT; NURSING PERSPECTIVE

Ricardo Ferreira. Centro Hospitalar e Universitário de Coimbra, EPE, Rheumatology, Coimbra, Portugal

The challenges confronting health care delivery systems worldwide are rapidly changing, and this calls for practice-defined competencies for nurses and other health care workers (Zhang, Luk, Arthur, & Wong, 2001). The definition of competency or competence in nursing has been a subject of debate (Axley, 2008; Fukada, 2018; Zhang et al., 2001). Its clarification is important and still needed to establish a foundation for realistic working behaviours, for nursing education and management.

Although there has been an extensive and valuable work in the definition of core competencies of nursing profession, which includes both autonomous and inter-dependent activities within the multidisciplinary team, little scientific research has been done to clarify the way in which nursing profession is unique.

This presentation will address the following questions:

- What are nurses (collectively) really brilliant at?
- What leads them to develop unique characteristics?
- How do they bring into care, that matches or complements other health professions to result in better quality care?

The presentation is informed by a scoping review, a survey of international nurse leaders and researchers.

REFERENCES:

- [1] Axley, L. (2008). Competency: a concept analysis. *Nurs Forum*, 43(4), 214-222. doi:10.1111/j.1744-6198.2008.00115.
- [2] Fukada, M. (2018). Nursing Competency: Definition, Structure and Development. *Yonago Acta Medica*, 61(1), 1-7.
- [3] Zhang, Z., Luk, W., Arthur, D., & Wong, T. (2001). Nursing competencies: personal characteristics contributing to effective nursing performance. *Journal of Advanced Nursing*, 33(4), 467-474.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8476

FRIDAY, 14 JUNE 2019

15:30:00 – 17:00:00

New insights into JIA and autoinflammatory diseases

SP0140 HOT: MANAGEMENT OF JUVENILE IDIOPATHIC ARTHRITIS 2019 AND BEYOND

Michael Beresford. University of Liverpool, University of Liverpool/Alder Hey Children's NHS Foundation Trust, Liverpool, United Kingdom

Background: Improvements in our care and understanding of paediatric rheumatic disorders has undergone tremendous advances in the last decade. The transformative therapeutic armamentarium now available in targeting treatments for juvenile idiopathic arthritis (JIA) combined with a step change in addressing a holistic approach to our multi-disciplinary management of children and young people, seeks to make a real difference to the lives of the patients we care for.

Objectives: To provide an overview on best management of juvenile idiopathic arthritis, an outlook for new treatment possibilities and JIA outcome with a focus on adults.

Methods: The advances in our understanding of disease mechanisms, coupled with legislative changes across the EU and North America have led to an increase in clinical trials and evidence based new therapies for children with JIA. This progress continues to accelerate, fostered by major international collaborative efforts

in clinical and translational research, and stratified/personalised medicine. Our greater understanding of the genetic, molecular and mechanistic pathways underpinning JIA in children, in whom there is less accumulation of significant co-morbidities and organ damage, have offered new opportunities for this advancement.

Results: The shared knowledge between paediatric and adult clinical research communities and international collaboration has ensured the management of JIA has been transformed. However, we must not be complacent. Future progress will depend upon ensuring that appropriate clinical trials, using methodology and trial design appropriate for and including the insights and perspectives of children and young people care carried out in paediatric rheumatology. This is especially important with the advent of newer molecules and therapies that are relevant to our patients and clinicians treating them, and not just in meeting regulatory requirements.

Conclusion: As the management of JIA continues to evolve and develop, equitable access to the very best care and new and effective treatments and therapies is critical across the world.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8429

FRIDAY, 14 JUNE 2019

15:30:00 – 17:00:00

Overdiagnosis and overtreatment in inflammatory arthritis

SP0141 DOES IMAGING LEAD TO OVERDIAGNOSIS AND OVERTREATMENT?

Duncan Porter. Garthnavel General Hospital, Rheumatology, Glasgow, United Kingdom

Background: The use of musculoskeletal ultrasound (MSUS) and magnetic resonance (MR) imaging is widespread in the diagnosis and management of patients with rheumatic disease. Interpreting the images, and their implication for clinical management is challenging, particularly in the community, in mild/early disease, when there is discordance between clinical and imaging findings, and in the presence of co-morbid joint disease.

Objectives: – to review the evidence about whether the use of imaging results in over-diagnosis and over-treatment

Specifically, the following issues will be addressed, using rheumatoid arthritis as the exemplar:

- To review the prevalence of 'abnormal' MSUS and MR findings in the general population
- To understand the prevalence and significance of sub-clinical joint inflammation
- To summarise the evidence from clinical trials about the risks/benefits of treating to a target of imaging (rather than clinical) remission

Methods: If clinicians are to interpret the available imaging correctly, several issues are pertinent. Firstly, it is important to understand the prevalence of erosions, synovitis and bone marrow oedema in the general population, in different joints, at different ages and in the presence of co-morbid conditions such as osteoarthritis. Secondly, in RA what are the implications of sub-clinical inflammatory changes for disease progression? Thirdly, do clinical trials support the hypothesis that 'treat to target' strategies should aim at a target of 'imaging remission' rather than clinical remission? The results of the TaSER, ARCTIC and RA-IMAGINE trials will be reviewed to identify if the systematic, routine use of imaging results in over-treatment or clinical harm. Lastly, the possibility that imaging could have a role in reducing over-treatment will be discussed.

Conclusion: It is impossible to interpret the results of imaging correctly, without knowing the clinical context. Clinicians need to understand the value and the limitations of imaging, and should not pursue a simplistic or binary approach when interpreting the results - otherwise over-diagnosis and over-treatment will be the result. To date, the evidence from RCTs in the management of RA suggest that a 'treat-to-target' approach should aim for clinical and not imaging remission.

REFERENCES:

- [1] Dale J, Stirling A, Zhang R, Purves D, Foley J, Sambrook M, et al. Targeting ultrasound remission in early rheumatoid arthritis: the results of the TaSER study, a randomised clinical trial. *Ann Rheum Dis*. 2016 Jun;75(6):1043-50
- [2] Haavardsholm EA, Aga A-B, Olsen IC, Lillegraven S, Hammer HB, Uhlig T, et al. Ultrasound in management of rheumatoid arthritis: ARCTIC randomised controlled strategy trial. *BMJ*. 2016 Aug 16;:i4205.
- [3] Møller-Bisgaard S, Hørslev-Petersen K, Ejbjerg B, Hetland ML, Ørnbjerg LM, Glinatsi D, et al. Effect of Magnetic Resonance Imaging vs