

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

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#### SP0139 WHAT WE ARE BRILLIANT AT; NURSING PERSPECTIVE

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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.

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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

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### 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, Ørnberg LM, Glinatsi D, et al. Effect of Magnetic Resonance Imaging vs

Conventional Treat-to-Target Strategies on Disease Activity Remission and Radiographic Progression in Rheumatoid Arthritis: The IMAGINE-RA Randomized Clinical Trial Effect of MRI vs Conventional Treat-to-Target Strategies on Disease Activity Remission in RA Effect of MRI vs Conventional Treat-to-Target Strategies on Disease Activity Remission in RA. *JAMA*. 2019 Feb 5;321(5):461–72

- [4] Mangnus L, van Steenberg HW, Reijnen M, van der Helm-van Mil AHM. Magnetic Resonance Imaging–Detected Features of Inflammation and Erosions in Symptom-Free Persons From the General Population. *Arthritis & Rheumatology*. 2016;68(11):2593–602

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## The multiple rheumatological faces of PsA (or PsA is more than just poly-arthritis? – Consequences for management in daily practice)

**SP0142** **CASE 1 PRESENTER: A PATIENT WITH PERSISTING MONO/OLIGO-ARTHRITIS (EITHER AT START OR REMAINING AFTER TREATMENT OF POLY-ARTICULAR DISEASE)**

*William Tillett. Royal National Hospital for Rheumatic Diseases, Rheumatology, Bath, United Kingdom*

**Background:** The varied clinical phenotypes of psoriatic arthritis present treatment challenges in clinical practice. The dominant phenotype represented in clinical trials is polyarthritis with little representation of oligoarticular or monoarticular disease.

**Objectives:** To review the phenotypes of psoriatic disease and treatment of resistant oligo/monoarthritis in the context of a clinical case.

**Methods:** Clinical case history

**Conclusion:** The clinical phenotype of articular disease in psoriatic arthritis can evolve over time. There is limited data to inform the treatment of resistant oligo/monoarthritis

**Disclosure of Interests:** William Tillett Grant/research support from: AbbVie, Celgene, and Lilly, Consultant for: AbbVie, Celgene, Lilly, Novartis, and Pfizer, Speakers bureau: Abbvie, Celgene, Lilly, Janssen, Novartis, UCB, and Pfizer  
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**SP0143** **CASE 1 DISCUSSANT: HOW IS TACKLING OLIGO-ARTICULAR DISEASE DIFFERENT FROM POLYARTHRITIS? CAN WE USE TRIAL RESULTS FROM POLY-ARTICULAR PSA IN A PATIENT WITH MONO/OLIGO-ARTHRITIS?**

*Laura C Coates. University of Oxford, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Oxford, United Kingdom*

**Background:** Oligoarthritis is a well recognised phenotype in psoriatic arthritis (PsA) where less than 5 joints are involved with active arthritis. In cohort studies, the proportion of patients presenting with mono/oligoarthritis varies from 20-70% depending on the timeframe studied and duration of disease. However most studies of therapeutic agents in PsA have focused on polyarticular disease. Although the majority of studies accept a minimum of 3 active joints for inclusion, the average tender and swollen joint counts are usually over 10 at baseline.

**Objectives:** To review data supporting treatment of psoriatic mono/oligoarthritis including comparisons of response rates in therapeutic trials in PsA and the differential performance of outcome measures in this subtypes of disease.

**Results:** When considering the applicability of RCT data to mono/oligoarthritis in PsA it is important to address the populations included in these studies. Nearly all large therapeutic studies exclude monoarthritis, and while some oligoarthritis patients are eligible for inclusion in most RCTs, the demographics of the population included suggest that this is a minority. Unfortunately most clinical trials have not reported the efficacy results separately for oligoarthritis and polyarthritis patients. The other key consideration is that the outcome

measures used in the majority of trials are developed and validated on patients with polyarticular PsA. Thus assessing effectiveness of therapies may be limited in the oligoarthritis population as the response measures are less sensitive to change.

**Conclusion:** Although data from polyarticular RCT populations is often used to choose therapies in oligoarticular PsA, there is a real paucity of data to ensure that we are treating these patients optimally. Future research is needed to address the variable prognosis seen in mono/oligoarticular PsA, to ensure that appropriate outcome measures are used to test different therapies and to provide clear evidence on the efficacy of drugs in this important subtype of disease.

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**SP0144** **CASE 2: SOLITARY ENTHESITIS AS A THERAPEUTIC CHALLENGE**

*Philippe Carron. Ghent University Hospital, Rheumatology, Gent, Belgium*

The enthesis is a site crucial for mobility of the musculoskeletal system yet it is also commonly a target of inflammation, especially in spondyloarthritis. Because the enthesis is prone to high biomechanical forces, it has been hypothesized that biomechanical forces may be implicated in the onset of the enthesitis and spondyloarthritis in general. However, treatment recommendations involve exercise therapy which at first glance appears to pose a paradox. Using a case, we will discuss the current knowledge on enthesitis, the link with mechanical stress and the implications thereof in diagnosis and management of spondyloarthritis.

**Disclosure of Interests:** None declared

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**SP0145** **CASE 2 DISCUSSANT: ENTHESITIS AND THE CONCEPT OF MECHANICAL STRESS**

*Dirk Elewaut. Ghent University Hospital, Rheumatology, Ghent, Belgium Philippe Carron and Dirk Elewaut, VIB Inflammation Research Institute, Ghent University and Department of Rheumatology, Ghent University Hospital*

The enthesis is a site crucial for mobility of the musculoskeletal system yet it is also commonly a target of inflammation, especially in spondyloarthritis. Because the enthesis is prone to high biomechanical forces, it has been hypothesized that biomechanical forces may be implicated in the onset of the enthesitis and spondyloarthritis in general. However, treatment recommendations involve exercise therapy which at first glance appears to pose a paradox. Using a case, we will discuss the current knowledge on enthesitis, the link with mechanical stress and the implications thereof in diagnosis and management of spondyloarthritis

**Disclosure of Interests:** None declared

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## Cannabis for arthritis: hype or hope?

**SP0146** **BENEFITS OF CANNABIS TO YOUR JOINTS: HYPE OR HOPE?**

*Serge Perrot. France, France*

Cannabis-based medicines have been approved for pain management in a number of countries. However, there are uncertainties and controversies about their role and the appropriate use of these medicines for the management of chronic pain, particularly in musculoskeletal conditions. These ancient drugs are now being rediscovered and considered as modern analgesic approaches in the context of cannabis legalization in more and more countries. The fight for cannabis legalization is frequently confused with the search for new analgesics in a medical context. Furthermore, there is a confusion between herbal cannabis, medical cannabis and cannabinoids. Therefore, it is important to differentiate products and