WEDNESDAY, 12 JUNE 2019
14:15:00 – 15:45:00
How to perform low-budget high-quality research

SP0016 YOUR VERY FIRST STEPS ON SYSTEMATIC REVIEW
Loreto Carmona, Instituto de Salud Musculosquelética, Research, Madrid, Spain

Systematic reviews (SR) are a type of clinical research, and thus they follow the
hypothetical-deductive or scientific method. Their objective is to answer clinical
questions and they do it based on a specific structure (protocol) and working
through inferences. Interestingly, a SR is a type of study design that can answer
all types of questions, from efficacy to incidence. They manage the information
from previous studies in a pre-established reproducible way, as unbiased as pos-
sible. They provide quick answers. However, they should be performed and inter-
preted with caution: a poor systematic review is much worse than a narrative
review, as it gives the false impression of “science”. This is even worse if the stud-
ies were combined in a meta-analysis.

In this lecture, we will review the protocol of a SR, the importance of paraphrasing
the question, the search strategy, selection criteria, and procedures of studies
selection, primary endpoints, and quality and risk of bias. The last part of any SR
is the analysis, which is always qualitative, supported by the evidence table, and
following a synthetic discourse with the PICO order, and sometimes quantitative
(meta-analysis). We will review some methods to evaluate publication bias, to
combine results, and to explore heterogeneity. In this sense, it is essential to note
that if we cannot find a valid explanation for heterogeneity, our results may not be
valid.

Disclosure of Interests: Loreto Carmona Grant/research support from: Abbvie, Actelion, Astellas, BMS, Eisai, Gbromo Pharma, Grünenthal, Lilly, MSD, Novartis, Pfizer, Roche, Sanofi-Aventis and UCB Pharma, Paid instructor for: Novartis


SP0017 USING AVAILABLE DATASETS TO ANSWER NEW RESEARCH QUESTIONS
Daniel Prieto-Alhambra, University of Oxford, NDORMS, Oxford, United Kingdom

Background: Clinical data are continuously recorded in clinical encounters in the
form of electronic medical records, registries, audits ans similar databases. Such
large datasets are available to researchers, and provide unique opportunities.
However, challenges arise from the use of routinely collected data, that need spe-
cial attention and specific skills to minimise a waste in research.

Objectives: To discuss available data sources (data discovery), their advantages
and limitations, their uses, and to cover examples of research conducted using
routinely collected datasets.

Methods: We will discuss a list of data sources at high level (types of data), their
main pros and cons, and then cover challenges and solutions through a number of
previously published examples.

Disclosure of Interests: Daniel Prieto-Alhambra Grant/research support from: Grants from Amgen, UCB Biopharma and Servier outside the submitted work, Consultant for: UCB Biopharma, Speakers bureau: Amgen


SP0018 WHAT YOU SHOULDN'T MISS FROM THE HPR PROGRAMME AS A CLINICIAN
Maria Bergström, Linköping University, Department of Social and Welfare Studies, Division of Occupational Therapy, Norköping, Sweden

As a health professional, the EULAR congress is the place where I can get access
to new and fresh rheumatology research of good quality. My presentation will take
you through the possibilities the congress offers clinicians when it comes to differ-
ent topics within the area of rheumatology. Further, my aim and hope is to give
you a sense of what is in store for you during this year’s EULAR congress.

People with rheumatic diseases today live their lives to a great extent having the
diagnosis affecting their everyday life. The ability to work, interact with others or
engaging in activities they want to, can be limited. So what do we need to know
about them in order to provide the best possible treatment and rehabilitation? As a

health professional clinician, I look forward to finding some of the answers to this
during this congress.

During the EULAR congress, we as health professionals have the possibility to
contribute to and acquire research of good quality in rheumatology, on our way to
give our patients the best possible treatment. Also, we have the possibility to con-
tribute to the patient’s health, and I look forward to sessions touching health topics
such as exercise. The quality of research and the variety of topics during this
EULAR congress can give us a bigger set of tools to work with when we get back to
our patients and continue our path towards the best possible treatment and
health for this big and important group of patients. I hope that this session can pro-
vide an overview of what this year’s congress can offer from a clinical perspective.

Disclosure of Interests: None declared


SP0019 PRES HPR: DONT DELAY, COLLABORATE TODAY
Jeannette Cappon1, PReS Committee for Health Professionals1, Department pediatric rehabilitation, Reade Center for rehabilitation and rheumatology2, Dutch Health Professionals in Pediatric Rheumatology3, Reade Center for Rehabilitation and Rheumatology, Pediatric Rehabilitation, 1056AB Amsterdam, Netherlands

Background: The Pediatric Rheumatology European Society (PReS) is an inter-
national organization based in Europe which is dedicated to advance the care and
improve the health and well-being of children and young people with rheumatic
conditions, helping them to reach their full potential. Full PReS membership is
extended to individuals from all European countries, whether they are within the
EU or not, and includes countries in the middle east and from other parts of the
world as associate members to enrich the collective experience and knowledge.
PReS welcomes every practitioner/researcher in the field of pediatric rheumatology.

The PReS committee for Health Professionals in Pediatric Rheumatology aims to
bring together nurses, physical therapists, occupational therapists, social work-
ers, psychologists, podiatrists and other health professionals(HP) to foster dia-
logue, to set standards of clinical practice, education and research.

Collaboration between PReS and Eular Health Professionals starts today, here in
Madrid.

Collaboration in general starts with a shared goal to work on together. Our young
patients of today might be your patients of tomorrow: what should you know about
what they have been through? Your patients of today might have been our young
patients of yesterday: what can we learn from their experiences of the past being
a child with a rheumatic condition? Did they receive comprehensive care that sus-
tained into their adulthood?

Objectives: To find shared goals between HP Eular and HP PReS to deliver
comprehensive care for people with rheumatic diseases during their full life.
To find common interests to discuss between HP Eular and HP PReS
Methods: Examples of common interests e.g. supporting self management of
pain and health illness education are presented.

Shared goals for collaboration are proposed and collected from the audience.

Opportunities to connect for Eular HP and PReS HP in Madrid and Prague Sep-
tember 2020 are listed and benefits are mentioned.

Results: Health Professionals from Eular and PReS experience common inter-
est and shared goals. Positive relations are expected to develop upcoming
years.

Conclusion: CollaboRelation between HP Eular and HP PReS can start today

Disclosure of Interests: None declared


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Health Professional Welcome session

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EULAR Projects in paediatric rheumatology

SP0020 THE GLOBAL CHALLENGE AND OPPORTUNITY FOR PAEDIATRIC RHEUMATOLOGY
Christian Scott; University of Cape Town, Red Cross War Memorial Children's Hospital, Paediatric Rheumatology, Cape Town, South Africa

Background: Poorly developed healthcare systems and the overwhelming bur-
den of communicable diseases have limited the growth and development of
Paediatric Rheumatology in non central and less resourced countries.1,2 Most
children on earth reside in these less resourced environments and suffer from dis-
proporportionately poor access to adequate care for paediatric rheumatic diseases.
Emerging evidence suggests that rates of rheumatic diseases are not likely to be
der different to European and North American children but that diseases severity
and