

**Online supplementary table S4.** The 2018 update versus the first EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis from 2012

<b>2018 Formulation</b> Level of Evidence <sup>a</sup> , Grade of Recommendation <sup>a</sup> , Level of Agreement <sup>†</sup>	<b>2012 Formulation</b> Category of evidence <sup>b</sup> , Strength of Recommendation <sup>b</sup> , Level of Agreement <sup>†</sup>
#1 Patients should have access to a nurse for needs-based education to improve knowledge of CIA and its management throughout the course of their disease 1B, A, 10±0.2 [9-10]	#1 Patients should have access to a nurse for education to improve knowledge of CIA and its management throughout the course of their disease 1B, A, 9.9±0.2
#2 Patients should have access to nurse consultations in order to enhance satisfaction with care 1A, A, 9.7±0.6 [8-10]	#2 Patients should have access to nurse consultations in order to experience improved communication, continuity and satisfaction with care 1B, A, 9.1±0.6
#3 Patients should have the opportunity of timely access to a nurse for needs-based support; this includes tele-health 1B, B, 9.7±0.6 [8-10]	#3 Patients should have access to nurse-led telephone services to enhance continuity of care and to provide ongoing support 3, C, 9.2±0.8
#4 Nurses should participate in comprehensive disease management to control disease activity, reduce symptoms, and improve patient preferred outcomes; this leads to cost-effective care 1A, A, 9.7±0.5 [8-10]	#4 Nurses should participate in comprehensive disease management to control disease activity, to reduce symptoms and to improve patient-preferred outcomes 1A, A, 9.4±0.8
#5 Nurses should address psychosocial issues to reduce patients' symptoms of anxiety and depression 1B, A, 9.6±0.7 [8-10]	#5 Nurses should identify, assess and address psychosocial issues to minimise the chance of patients' anxiety and depression 1B, A, 9.4±0.7
#6 Nurses should support self-management skills to increase patients' self-efficacy 1A, A, 9.8±0.4 [9-10]	#6 Nurses should promote self-management skills in order that patients might achieve a greater sense of control, self-efficacy and empowerment 3, C, 9.7±0.5
<i>The former recommendation #7 deleted and reformulated to an overarching principle</i>	#7 Nurses should provide care that is based on protocols and guidelines according to national and local contexts 3, C, 8.4±1.0
#7 Nurses should have access to and undertake continuous education in the specialty of rheumatology to improve and maintain knowledge and skills 2C, B, 9.8±0.7 [7-10]	#8 Nurses should have access to and undertake continuous education in order to improve and maintain knowledge and skills 3, C, 9.7±0.5
#8 Nurses should be encouraged to undertake extended roles after specialized training and according to national regulations 1A, A, 9.7±0.6 [8-10]	#9 Nurses should be encouraged to undertake extended roles after specialized training and according to national regulations 3, C, 9.5±0.8
<i>The former recommendation #10 was combined with recommendation #4</i>	#10 Nurses should carry out interventions and monitoring as part of comprehensive disease management in order to achieve cost savings 1B, C, 8.8±1.3

<sup>a</sup>According to the Oxford Centre for Evidence-based Medicine - CEBM 'Levels of Evidence 1', <sup>†</sup>Expert agreement achieved upon the consensus meeting, mean ±Standard Deviation (SD), [range]

<sup>b</sup>According to GRADE, <sup>†</sup>Expert agreement achieved upon the consensus meeting, mean ±Standard Deviation (SD)