HPR Patients’ perspectives, functioning and health (descriptive: qualitative or quantitative).

AB1321-HPR DEVELOPING A SELF-MANAGEMENT INTERVENTION TO MANAGE JOINT HYPERMOBILITY SYNDROME AND EHLERS-DANLOS SYNDROME HYPERMOBILITY TYPE: AN ANALYSIS INFORMED BY BEHAVIOUR CHANGE THEORY

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Background: Joint Hypermobility Syndrome (JHS) and Ehlers-Danlos Syndrome Hypermobility Type (EDS-HT) are heritable disorders of connective tissue that can cause joint instability and pain and are associated with increased anxiety and depression. There is currently little UK guidance for supporting patients with JHS/EDS-HT. The analysis presented here used the Behaviour Change Wheel (made up of the Theoretical Domains Framework (TDF) and Capability, Opportunity, Motivation and Behaviour (COM-B) model) to identify possible intervention options to improve self-management in people with JHS/EDS-HT.

Objectives: To determine recommendations for the components of a behaviour change intervention for people with JHS or EDS-HT.

Methods: Data from: 1) A systematic review of a meta-synthesis of the literature on the experiences of JHS/EDS-HT and 2) A thematic analysis of interview data where UK adults with JHS/EDS-HT (n=17, 14 women, 3 men) discussed the psychosocial impact of the condition on their lives, were mapped onto the TDF and COM-B in a behavioural analysis. A modified Nominal Group Technique Focus group (n=9, all women) explored which interventions identified by the TDF/COM-B mapping exercise were most important to them.

Results: Participants prioritised a range of potential self-management interventions, including: Education: Participants wanted greater support to improve their knowledge of JHS/EDS-HT, including self-help strategies for coping with injury, fatigue and overexertion, and how to evaluate information about their condition. Training: In activity pacing, assertiveness and communication skills, and what to expect during pregnancy, when symptoms of JHS/EDS-HT can worsen. Environmental restructuring and enablement: Support from occupational therapists to maintain independence at home. Enablers of access to CBT, mindfulness and emotional support.

AB1322-HPR NON-INFECTIONOUS ACUTE INFLAMMATORY ARTHRITIS IN JOINT ARTHROPLASTY


Non-infectious AIA in KJA is a rare entity that should be accounted for in the differential diagnosis of periprosthetic joint infection. The initial diagnosis at least 10 hours was required. The VO2 max measured with a graded maximal exercise test was used to determine the CRF. Pearson correlation coefficients were calculated for the associations between the different measures of physical activity and VO2 max. For the variables that were associated, linear regression analysis was carried out, with pain and disease activity as possible confounders.

Results: Thirteen females and five males were included in the study. The mean age was 66.5 (± 15.0) years. Only 22% of the patients met public health physical activity guidelines for the minimal amount of 150 minutes a week. The mean step count was 6237 (± 2297) steps per day and mean moderate-to-vigorous physical activity time was 16.50 (± 23.56) minutes per day. The median VO2 max was 16.23 [4.63] ml·kg⁻¹·min⁻¹, which is under the standard. Pearson correlations showed a significant positive association for step count with VO2 max. No associations were found for sedentary, light, and moderate-to-vigorous physical activity with VO2 max. The significant association between step count and VO2 max(p = 0.01) was not confounded by disease severity and pain.

Discussion: Since better CRF protects against CVD, increasing daily step count may be a simple way to reduce the risk of CVD in patients with RA and high CV risk. However, these results need to be confirmed in a larger study group. Future research should investigate if improving daily step count will lead to better CRF levels and ultimately will lead to a reduction in CV risk in patients with RA and high CV risk.

Conclusion: Physical activity levels of patients with RA and high CV risk do not meet public health requirements for physical activity criteria and the VO2 max was under the standard. Step count is positively associated with CRF.

References:

Disclosure of Interests: None declared.

AB1322-HPR Non-infectious acute inflammatory arthritis in joint arthroplasty


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References:

Disclosure of Interests: None declared.
of infection could not be confirmed, although three patients had taken AB before sampling. It is important for physicians to have a suspicion for non-infectious arthritis, especially in patients with clinical and blood test result dissociation, radiological CC, medical history of hyperuricemia or psoriasis, in order to avoid unnecessary AB and surgical treatment.

References:

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AB1323-HPR

A QUALITATIVE EXPLORATION OF THE PERSONAL FINANCIAL TOLL OF ARTHRITIS

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Background: The financial experience faced by working-age people with arthritis includes living below the poverty line for many (1). Financial distress amongst people with arthritis is known to contribute to poorer health outcomes, including high psychological distress and more severe pain (2). Despite the demonstrated societal cost of arthritis care and management, the personal costs borne by the individual are not well understood in different health systems (3).

Objectives: To explore the perceived financial impacts of living with arthritis amongst working-age individuals aged 18 – 50 years in Australia.

Methods: A qualitative descriptive study design was used. Participants with inflammatory arthritis or osteoarthritis were recruited from the community, including urban and rural settings. An interview schedule was developed, informed by existing literature (4), which was piloted prior to data collection. Deductive and inductive coding techniques were used to identify financial-related themes arising from the data.

Results: Semi-structured interviews were conducted with 21 younger people (90% female) with a mix of arthritis conditions including rheumatoid arthritis, psoriatic arthritis, osteoarthritis, and ankylosing spondylitis. Four themes were identified: direct arthritis-attributable medical costs, indirect arthritis-attributable costs, insurance and pension costs, and broader financial impacts on the family. Non-subsidised costs were frequently referenced by participants as burdensome, and existed even within the publically-funded healthcare system. Financial distress was characterised by participants as chronic, onerous for the entire family, and associated with exacerbation of physical symptoms.

Conclusion: People with arthritis and of working age experience significant arthritis-attributable financial burden and related distress. Financial concerns should be actively identified and considered within shared clinical decision making, in order to provide more patient-centred care for these individuals.

References:

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AB1324-HPR

INVESTIGATION OF THE RELATIONSHIP BETWEEN SOCIAL APPERANCE ANXIETY AND DISEASE DURATION, SELF-ESTEEM, ANXIETY AND DEPRESSION IN RHEUMATOLOGICAL DISEASES-PRELIMINARY STUDY

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Background: Appearance anxiety means discomfort in social interactions due to changes in appearance. Also this anxiety; it is the fear of being evaluated negatively and worry about the changes in appearance, and it is not only apparent. Body image is the emotions, thoughts and perceptions of the individual about his or her own body and directly affects self-esteem. The Social Appearance Anxiety Scale (SAAS) was developed to assess social appearance anxiety, and this scale was found to be a valid and reliable scale in scleroderma (SSc) patients. It was also thought to be related to the severity of the disease. The literature shows that appearance concerns are strongly related to depression in patients with rheumatic disease and should be evaluated routinely.

Objectives: The first aim of the study is to determine the level of social appearance anxiety in rheumatology patients, and our last goal is to investigation of the relationship between social appearance anxiety and disease duration, self-esteem, depression and anxiety.

Methods: 129 rheumatology patients with a mean age of 42.96 ± 11.33 years (51 men, 78 women) were included in the study. 55% of patients were ankylosing spondylitis (AS), 15.5% of patients were spondyloarthritis syndrome (SSA), 11.6% of patients were rheumatoid arthritis (RA), 7.8% of patients were fibromyalgia syndrome (FMS), 6.2% of patients were SSc, 2.3% of patients were Behcet’s disease (BD) and 1.6% were diagnosed with psoriatic arthritis (PsA). The Social Appearance Anxiety Scale (SAAS) was used to evaluate patients’ social appearance anxiety, the Rosenberg Self-Esteem Scale (RSES) was used to evaluate self-esteem, and the Hospital Anxiety and Depression Scale (HADS) was used to evaluate depression and anxiety.

Results: The disease duration was found to be 6.82 ± 5.22 years. The SAAS average was found to be 43.23 ± 20.53 points. It was found that the SAAS values of patients with PsA and SSc were higher than patients with AS, RA, FMS, SS, BD. A moderate positive correlation was found between SAAS and disease duration, depression and anxiety (p: 0.048; r: 0.545; p: 0.007; r: 0.638; p: 0.014; r: 0.769, respectively).

Conclusion: As a result of the study, it was observed that rheumatology patients had moderate and high level social appearance anxiety. We thought that they have a higher level of social appearance anxiety because of skin involvement in patients with PsA and SSc. In addition, as a result of the study, we found that as the social appearance anxiety increased, disease duration, depression and anxiety increased. According to this study, in which the preliminary results are given, we thought that is it necessary to determine patients’ appearance anxiety in routine evaluation and to reduce social appearance anxiety by collaboration with multidisciplinary areas in rheumatological diseases.

References:

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AB1325-HPR

THE TRANSITION FROM PEDIATRIC TO ADULT RHEUMATOLOGY OF 347 PATIENTS AT A SINGLE CENTER

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Background: Pediatric to adult rheumatology transition can be a challenge for both the patient and the clinician, especially in rheumatology as it includes chronic diseases with close follow-up.

Objectives: The objective of this study is to understand our tertiary rheumatology center patient demographic transitioning from pediatric to adult rheumatology in order to design prospective studies enhancing the evidence of transition recommendations.

Methods: Patients included in this study are regularly followed-up in our adult rheumatology clinic and were regularly followed up in our pediatric rheumatology clinic in the past. They were all diagnosed with a rheumatologic condition receiving treatment. The patient files were assessed to have a better understanding of their demographic, disease and treatment information.

Results: Our cohort includes 347 patients diagnosed with a variety of conditions that are Familial Mediterranean Fever (FMF) (n=216), Juvenile Idiopathic Arthritis (JIA) (n=39), Juvenile Spondyloarthitis (SPA) (n=39), Systemic Lupus Erythema-tosus (SLE) (n=20), Behcet’s Disease (n=7) and the rest of the rheumato-logic conditions with less than 5 patients each. The mean age of the patients during transition, mean age of diagnosis, and follow-up duration are 129±1.2 years, 12.9±1.2 years and 15±2.1 years, respectively. The treatment regimens the patients received are summarized in Table 1.

Disclosure of Interests: None declared