Conclusion: This is the first study to investigate the effect of EFA technology on airway clearance in SSC patients. The observations suggest the importance of a daily ACT program with EFA in improving respiratory symptoms. This technology appear to be extremely promising in SS patient management as it is well tolerated and it has the potential to slow down the pulmonary disease progression by limiting bronchial infections.

References:

Disclosure of Interests: Silvia faverezani: None declared, Andrea Becciolini: None declared, Catania, Italy; Silvia faverezani: None declared, Andrea Becciolini

TOWARDS A UNIVERSAL DEFINITION OF DISEASE ACTIVITY SCORES Thresholds

Background: For rheumatologists monitoring patients with various diseases and dealing with multiple scores with different maximum values (9 for RA-DAS, 6.4 for AS-DAS and 60 for PMR-AS) and values thresholds to characterize the different levels of disease activity (low, intermediate and high) can be a tedious task. The same problematic could arise in other specialty than rheumatology. Normalization of these scores seems to be necessary to facilitate daily clinical practice (1).

Objectives: To indentify and standardize scores of activity of inflammatory diseases.

Methods: We conducted a literature review on activity criteria using both a manual approach and the BIBOT software (2) published in English between 1.1.1975 and 31.12.2018. Within all extracted disease activity scores, we selected those with cutoff values in four classes (remission, low, moderate and high disease activity). We used a linear interpolation to map all these disease activity scores to the new score, the AS-135, and developed a smart-phone application to perform the conversion automatically.

Results: 1068 articles were analyzed by BIBOT, 86 were excluded on the basis of the language used for their writing and 11 were excluded on the basis of their publication date. 589 were selected based on their titles, abstracts and keywords. 108 activity criteria from various fields (rheumatology, dermatology, gastroenterology, psychiatry, neurology and pulmonology) were identified, but it is in rheumatology that we find separation into four classes. 10 scores met our inclusion criteria and were implemented in the Android app. These are: DAS28 (ESR), DAS28 (CRP), SDAI, ASDAS (ESR), ASDAS (CRP), ESSDAI, SLE-DAI-2K, DAPSA, PMR-AS (ESR) and PMR-AS (CRP). We built the AS135 score modification for each selected score using a linear interpolation of the existing criteria. It was defined on the interval [0,10] and values 1, 3 and 5 were used as thresholds. These arbitrary thresholds are then associated with the thresholds of the existing criteria and an interpolation can be calculated, allowing the conversion of the existing criteria into AS135 criterion. We have finally created a mobile application that allows each user to obtain both the original value of the activity criterion.

Conclusion: We have created a mobile application that allows any user to obtain in a simple way the level of disease activity, whatever the criterion used to describe it, since the application returns, in addition to the value of the activity criterion calculated from data returned by the physician, the transformation of this value into AS135 criterion and its interpretation in terms of level of activity of the pathology. The application is now available for Android devices and we plan to start developing a version for iOS devices.

References:

PSYCHOSOCIAL CHANGES IN RHEUMATIC DISEASE: A NURSING LED CROSS-SECTIONAL STUDY

Background: Nursing management in Rheumatic Diseases (RD) is focused on global patient care. Starting from basic knowledge of diagnostic and therapeutic management, nurses can assess the impact of RD on patients’ quality of life not only at the physical level, but also at the psychological, social, and emotional levels.

Objectives: To evaluate psychosocial changes in RD patients through nursing-led Patient-Reported Outcomes

Methods: We performed a cross-sectional study of 100 RD patients compared with 100 healthy volunteers matched for age, sex and BMI. Specialist nurses invited patients and volunteers to complete questionnaires on quality of life through seven domains (anxiety, depression, fatigue, sleep disturbance, pain interference, physical functions and satisfaction with participation in social life).