Background: Orthoses and footwear can play an important role in managing foot pathology in patients whose systemic disease is controlled. Foot orthoses are frequently prescribed in clinical practice as an intervention for people with rheumatoid arthritis (RA).

Objectives: The aim of our study is to evaluate the impact of thermofordable orthoses on the functional index of the foot (FFI) in patients with rheumatoid arthritis.

Methods: We conducted an open clinical trial, having consecutively included 14 patients (85.7% female, average age 54.8 ± 10 years) suffering from rheumatoid arthritis (median progression time of 9 years [5 - 12]). The average DAS28 was 2.7 ± 1.2 and the functional impact objectified by the Health Assessment Questionnaire (HAQ) was on average 0.9 ± 0.7. The median deadline from the start of RA and the onset of the foot problem was 3 years [0 – 7.75]. The foot problem was bilateral in 100% of the cases and inaugural in 85.7% of the cases.

We evaluated the functional impact of foot injury for all our patients at baseline and 8 weeks after the use of thermofordable orthoses, based on the FFI (Foot function Index) measuring the impact of foot pathology on function in terms of pain, disability and activity limitation.

The comparison of the FFI domains before and after the use of orthoses was carried out using parametric or nonparametric paired tests using The SPSS statistical software.

Results: With the use of foot orthoses, FFI values decreased in all subscales (p=0.024) (pain, disability and activity limitation). This reduction was significant for disability (0.011) but not for pain and activity limitation. There were no significant correlations between the global FFI and the progression of RA, the duration of foot damage and the functional impact measured by the HAQ.

Conclusion: Pilates method is an effective method for improving respiratory parameters, spinal mobility, disease activity and quality of life. Additionally, pilates training is found to be superior compared to conventional exercise training in improving respiratory muscle strength.

References:

Disclosure of Interests: None declared

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Background: Methotrexate (MTX) is the first choice disease-modifying anti-rheumatic drug (FAME) in the treatment of rheumatoid arthritis among other rheumatic diseases. It is therefore very important that patients are aware of this treatment and have an adequate management of it.

Objectives: The development of a recommendation leaflet for patients with rheumatic diseases in treatment with methotrexate.

Methods: A systematic review of the literature was conducted, defining the criteria for inclusion and exclusion of content. The coordinators of the work generated preliminary recommendations that were evaluated and discussed in GESVR meetings and 10 recommendations on the use of MTX were accepted, which were later ratified by the Valencian Society of Rheumatology.

Results: The final document with a brief introduction indicates that MTX can be administered orally or subcutaneously, depending on the prescribed dose and its tolerance. In the case of subcutaneous administration, pre-filled syringes or pens are used which do not require any preparation, so there is no risk of handling and/or inhalation toxicity. The proposed recommendations are described below:

[1] MTX should be taken or administered ONLY once a week, and always on the same day of the week. It is important to follow these recommendations to ensure adequate effectiveness and avoid side effects.

[2] It is common to add a folic acid supplement the day after MTX is taken to avoid certain side effects of the drug. In some cases, it may be necessary to increase the dose to other days of the week.