

tailored questionnaire was administered as Visual Analogue Scale (VAS) during monitoring visits, to evaluate intensity of pain. Furthermore quality of life was monitored through Short Form (36) Health Survey.

Results: Mean age was similar in the two study groups with values of 45.4±5.6 years and 46.1±4.1 respectively. In the patients treated with Lecoxen cream, the reduction of lesion size was significantly higher (70%–75%) ($p<0.001$) in comparison with those registered in group II (40–45%) ($p<0.05$); a significant improvement was observed in levels of pain in Group I (30 days: $p<0.001$), while in group II the results of reduction were not significant. The analysis of SF36 survey showed highly significant reduction ($p<0.001$) of indexes in group I. At last visit, 32 ulcers were healed: 17 in the group I ($p<0.001$), 11 in the Group II ($p<0.01$). Two-way analysis of variance (ANOVA) test was used to examine differences. Intragroup changes were evaluated with the paired Student t-test. A p -value of <0.05 was considered to be significant.

Conclusions: Lecoxen cream showed the greatest effect on the mean reduction of the lesion size and pain levels. In the patients treated with Lecoxen cream the reduction of lesion size was 70%–75%; the reduction was smaller in the group II. At last visit, 32 ulcers were healed: 17 in the group I, 11 in the Group II. Data collected from SF36 surveys are very interesting, because they show a clear improvement in quality of life of scleroderma patients, who underwent three different treatments. In particular, a better subjective perception of tactile sensation and minor discomfort in the pathological skin have been reported. On the basis of the results, it could be argued that the medical device Lecoxen cream may be useful in the treatment of DUs in patients suffering from systemic sclerosis.

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THU0744-HPR ASSESSMENT OF ADALIMUMAB SUBCUTANEOUS INJECTION RELATED PAIN AND EFFECTIVENESS OF NURSE SUPPORT FOR PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Subcutaneous injection of biologic agents gives more freedom and independence for patients with rheumatoid arthritis (RA) than intravenous injection. Despite this, patients with RA sometimes select intravenous injections due to concerns over self-injection, such as injection anxiety, including pain, and lack of confidence in giving a self-injection [1]. It is reported that one in five people are estimated to experience injection anxiety [2]. Therefore, an understanding of subcutaneous injection pain and anxiety and support for anxiety of patients with RA are important for appropriate usage of subcutaneous biologics.

Objectives: The aim is to evaluate pain and anxiety caused by adalimumab (ADA) subcutaneous injection and assess the effectiveness of nurses' care.

Methods: Patients with RA using ADA self-injections were enrolled. Pain was assessed in 4 categories: general, needle insertion, drug injection, needle removal. Pain was evaluated using Visual Analogue Scale (VAS) scale. Effectiveness of support by nurses was also assessed using self-questionnaires and free-format comments. Statistical analyses were performed utilizing Wilcoxon's signed rank test and Spearman's rank correlation coefficient.

Results: Twenty patients (Male: Female, 4: 16) completed the questionnaire. Average age and disease duration were 68 and 12.6 years, respectively. Mean \pm SD of Pain VAS were 34.9 \pm 28.1 mm (General), 30.3 \pm 30.6 mm (needle insert), 42.5 \pm 35.6mm (drug injection) and 11.8 \pm 18.4mm (needle removal). There were no statistically significant differences between general pain and needle insertion ($p=0.631$), or general pain and drug injection ($p=0.121$). However, statistically significant differences were found between general pain and needle removal ($p=0.001$). Moreover, there were statistically significant differences between needle insertion and removal ($p=0.003$), and drug injection and needle removal ($p=0.00048$). General pain showed statistically significant correlation with needle insertion pain ($r=0.653$, $p=0.0018$) and drug injection pain ($r=0.615$, $p=0.004$). However, general pain was not correlated with needle removal pain ($r=0.137$, $p=0.565$).

Patients with RA answered that support by nurses was effective for relieving pain (30%), reduction of anxiety (35%) and improving treatment motivation (50%). According to the patients, nurses helped raise motivation by explaining that treatment prevents the progression of RA and allows many patients to feel better and have less pain. Interaction with nurses appears to be effective in reducing injection pain and anxiety and improving motivation for self-injection treatment.

Conclusions: These data indicate that needle insertion and drug injection pain have great influences on general pain. Support by nurses is likely to reduce injection anxiety and pain, resulting in higher motivation toward self-injection treatment.

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THU0745-HPR A COMPARISON THE EFFECTIVENESS OF WHOLEBODY VIBRATION, PROGRESSIVE RESISTIVE EXERCISE AND HOME-BASED EXERCISE IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis (OA) is the most common type of lower extremity OA. Systematic reviews of randomized controlled trials (RCTs) indicate that exercise therapy reduces pain and patient-reported disability in patients with knee osteoarthritis (OA), but to date, type and the optimal exercise regimen has not been identified.

Objectives: The aim of our study was to determine the effects of whole body vibration training exercise, progressive resistive exercise, home-based exercise used in osteoarthritis treatment on pain, muscle strength, functional status and quality of life.

Methods: Forty five patients (mean age=53,86±5,33 years, 43 female, 2 male) diagnosed with bilateral knee osteoarthritis (Grade II-III, Kellgren &Lawrence) were included in this study. The assessments were performed at baseline, after three months when they completed the exercise programme and sixth months. Whole body vibration exercise training in Group-1; progressive resistive exercise training in Group-2; home-based exercise training in Group-3; were applied for three days per week, three months, totally 36 sessions. All the groups were included patient education programme at baseline. The pain was assessed according to Visual Analog Scale (VAS) and quadriceps muscle strength was evaluated by using Handheld dynamometry. The functional status of the patients was evaluated by WOMAC (Western Ontario and McMaster Universities) index and health related quality of life was evaluated by Nottingham Health Profile (NHP).

Results: Significant improvement was found after treatment on pain, quadriceps muscle strength, functional status and quality of life in all groups ($p<0.05$). When the groups compared by ANOVA it was found that outcome measures were not significantly different between Group-1, Group-2 and Group-3 ($p>0.05$).

Conclusions: Supervised resistive exercises and whole body vibration exercises were more effective in strengthening lower extremity muscles when compared to home exercise training in patients with knee OA. However, the increase in muscle strength was not observed at long- term follow- up in both groups. Neither whole body vibration exercise training programme nor progressive resistive exercise and home-based exercise programme were found to be superior for the treatment of osteoarthritis. All types of exercise training programmes were beneficial for pain, functional status, quadriceps muscle strength and quality of life. Further studies with long-term follow-up are warranted.

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THU0746-HPR RHEUMATOLOGY NURSE SPECIALISTS AND DMARD PRESCRIPTION - WHERE ARE WE NOW?

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Background: It is widely acknowledged that a multidisciplinary team approach is the best way to care for rheumatology patient group. The rheumatology nurse specialist (RNS) is an integral part of this multidisciplinary team. EULAR has published recommendations for their role in the management of chronic inflammatory arthritis (van Eijk-Hustings Y et al, 2012). The Department of Health also highlights the need for providing different models of care in a more cost effective way. It recognises that the nurse specialists' role is the bedrock of an effective care providing team and can contribute to answering the challenge of health provision in a financially difficult environment (Department of Health, 2008).

Objectives: We undertook a pilot survey to understand the present climate of rheumatology practitioners' prescribing of methotrexate in their practice.

Methods: "Learning Rheum" is a national initiative with an aim to establish a core curriculum for rheumatology nursing. Prior to its national meeting, the steering committee organised a focus group discussion of an ideal training structure to be able to successfully deliver DMARD education for patients. Methotrexate was accepted as index DMARD for the purpose of the exercise. A questionnaire