Conclusion: Our data suggests that a MDC for RD-ILD results in a more thorough investigation and treatment, and this will likely lead to improvements in patient outcomes. Based on these findings, our rheumatology group is seeking internal funding for a pilot clinic evaluating prospectively the benefits of an ILD MDC.

REFERENCES:

[1] Leeftink AG, Bikker IA, Vliegen IMH, Boucherie RJ. Multi-disciplinary planning in health care: a review. Health Syst (Basingstoke). 2018;9(2):95-118. Published 2018 Feb 27.
[2] Chaudhuri N, Spencer L, Greaves M, Bishop P, Chaturvedi A, Leonard C. A Review of the Multidisciplinary Diagnosis of Interstitial Lung Diseases: A Retrospective Analysis in a Single UK Specialist Centre. J Clin Med. 2016;5(8):66.
[3] Murali Mohan BV, Tousheed SZ, Manjunath PH, Ravichandra MR, Ranganatha R, Annapandian VM, Kumar MH, Sagar C. Multidisciplinary team obviates biopsy in most patients with diffuse parenchymal lung diseases-A retrospective study from India. Clin Respir J. 2021 Jul;15(7):761-769.

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AB1560-HPR NURSE-DRIVEN DIAGNOSTIC PROCESS OF PATIENTS WITH SJÖGREN'S SYNDROME (SS) A CLINICAL DEVELOPMENT PROJECT

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Background: Sjögren's Syndrome (SS) is a chronic autoimmune disease that affects the body's glandular functions, especially the lacrimal and salivary glands, causing the mucous membranes to dry out (1). There are no diagnostic criteria, and classification criteria are often used to support the diagnosis (2). We identified a need to unify and consolidate the diagnostic process of patients with SS in the Capital Region of Denmark. A medical working group supervised the nurse-driven diagnostic process at Rigshospitalet, Glostrup. Here an interdisciplinary working group with physicians, nurses, and secretaries developed a diagnostic process and logistic based on the American-European Consensus Group Classification Criteria 2002 (3). The nurse's took medical history and performed sicca tests and made sure that the patient received adequate guidance. With input from three patients, the nurses at the outpatient clinic developed - written material on eye and mouth dryness. We developed a "smart phrase" for our documentation platform in the interdisciplinary working group. The purpose of the 'smart phrase", was to unify the documentation and ensure continuity in the conversation with the patient. The Rheumatologists task was to disprove or confirm the diagnosis and perform a risk stratification especially in relation to the development of lymphoma, but also interstitial lung disease.
Objectives: The aim of this project was to examine and evaluate the patients' experience of nurse-driven diagnostic process.
Methods: To evaluate the new patient course, we performed a survey. The questions selected for the survey were primarily based on the patients experience of meaning and coherence in the diagnostic process. The questions were developed by the nurses in the Outpatient Clinic; "Do you feel safe going home after the consultation today?" "Did you get answers to the questions you asked while you were in the consultation?" "Did the staff take the time to listen to you?". Also, the patients could add comments.
Results: A total of 34 consecutives responded to the questionnaire. 88% felt safe when returning home from the Outpatient Clinic, 85% received answers to their questions during the consultation. Altogether, 94% answered that the health care professionals were present and listened to them. The patients had the following comments: "The diagnostic process contained a lot of unresolved waiting time " and "There has been some confusion about the division of tasks in the different hospital wards".
Conclusion: We found that the patients were satisfied with the nurse-driven diagnostic process. The diagnostic process created a feeling of safety in the patients and the patients found that they were listened to and allowed to ask questions. In addition, by evaluating the process investigation, we could change practice and further unify the diagnostic process. The result of the questionnaire supports the justification of the nurse competencies, by preforming a high level of information and guidance as well as the need for recognition of the patient's symptoms. Therefore, the working group chose to meet again and evaluate. We decided that the nurse and rheumatologist consultation should be performed on the same day. Such consultation made it possible for the nurse to ensure continuity in the process, as the same nurse could follow the patient throughout the day. This optimized the opportunity for the nurse to guide the patient in the symptomatic treatment of eye and mouth dryness. Also, the nurse had the opportunity to guide in oral hygiene, fatigue, and lifestyle factors.
The next step in our development project is to evaluate our revised nurse-led diagnostic process. In addition, the working group is currently working on material for a course in SS, where 4-6 patients and relatives can have the opportunity to participate.

REFERENCES:

[1] A.Voss et al. Reumatologi. FADL's Forlag 2018. 238-251
[2] Troldborg, A et al. National behandlingsvejledning, Sjögrens syndrom. 2020.
[3] Troldborg, A et al. Sjögrens Syndrom, Dansk Reumatologisk Selskab 2010.

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AB1561-HPR PHYSIOTHERAPY FOR RHEUMATOID ARTHRITIS (RA) – PAST, PRESENT AND A POSSIBLE FUTURE?

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Background: Physiotherapy has a long tradition providing services to patients with RA. The main aim of physiotherapy is to improve patients' abilities to perform movements and physical activities through exercises and educating patients in self-management skills. For physiotherapy to proceed into future, it seems relevant to examine what shifts occurred in physiotherapy over time and why did they happen.
Objectives: Is to unpack the shifts in physiotherapy for patients with RA from 1980 until today.
Methods: Norwegian physiotherapy in rheumatology is used as case. The shifts are identified with help of literature about history of medicine and physiotherapy in rheumatology and empirical physiotherapy research since the 1980s. The author draw on own experiences first as a clinician and practice teacher for physiotherapy students in rheumatology, and later as a scientist and advisor for a multidisciplinary team in rheumatology.
Results: Physiotherapy focuses on movement and function, which over time have consistently been understood in relationship to disease-induced alterations and biomechanics. Shifts in physiotherapists' remedial exercises have occurred over time as better disease control occurred and evidence showed that physical activities and exercise programmes had disease modifying effects and improved patients' functional capacity. In the 1980s, a move from earlier passive, joint protective movements with little weight load to cautious weight-bearing movements occurred, mostly as a response to improved disease-modifying drugs and joint surgery. In the 1990s, physiotherapy shifted from cautious weight-bearing movements to safely performed physical activity as a response to scientific findings showing beneficial effects on radiological, immunological, and physical function measures. In the 21. century, RA is identified earlier and increasing number of patients reach disease remission before irreversible occurs in the musculoskeletal system. Presently, a new shift in Norwegian physiotherapy is on the way. Adherence to EULAR guidelines 2018 on physical activity[1] is moving physiotherapy from promoting exercises through engagement in self-determined physical activities into educating patients in performing structured intensive physical fitness training programmes for preventing future comorbidities.
Conclusion: At the moment, it is a dilemma that the raising rate of patients successfully treated to disease remission is not accompanied with more patients remaining in volitional work in Norway[2]. Thus, there is a need in physiotherapy to critically scrutinize the meaning and significance of movements and functioning for the individual patient's own life purpose and the society's wish that people stay in paid work.

REFERENCES:

[1] Rausch Osthoff A-K., Niedermann K., Braun J., et al. 2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis. Ann Rheum Dis 2018; 77:1251-60.
[2] Brkic A., Diamantopoulos A.P., Haavardsholm E.A., et al. Exploring drug cost and disease outcome in rheumatoid arthritis patients treated with biologic and targeted synthetic DMARDs in Norway in 2010-2019 – a country with a national tender system for prescription of costly drugs. BMC Health Serv Res 2022; 22: 48.

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AB1562-HPR COMPARING THE PROVISION OF SUBCUTANEOUS METHOTREXATE BETWEEN HOMECARE AND OUTPATIENT PHARMACY; WHAT DO PATIENTS PREFER AND IS ONE ROUTE QUICKER?

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