

- [3] Alcohol consumption should be avoided, as it increases the likelihood of adverse effects from the treatment.
- [4] Common side effects include nausea or gastrointestinal distress, loss of appetite, headache and fatigue after taking each weekly dose of the drug. If this happens, you can take the daily dose in two doses, avoid taking large amounts and drink plenty of water on the day of administration. If in spite of everything, they do not disappear, you should consult the Rheumatology Unit.
- [5] It is recommended to use sun protection.
- [6] Pregnancy and breastfeeding should be avoided while taking MTX. In case of pregnancy desire, you should consult the Rheumatology service in order to schedule a withdrawal of the treatment. In case of unplanned pregnancy, stop treatment and contact the Rheumatology Unit immediately.
- [7] The annual flu vaccine is recommended. Consultation with the Rheumatology Unit is recommended for additional vaccines.
- [8] The benefits of MTX take several weeks to appear, so you should not modify or interrupt the treatment on your own.
- [9] Throughout the treatment, regular tests will be performed to monitor the safety and effectiveness of the drug.
- [10] In case of doubts, and in case of infection, surgical intervention, oncological pathology or pregnancy, contact the Rheumatology Unit.

Conclusion: This leaflet is intended to resolve common doubts of patients receiving treatment with MTX, and thus contribute to improve the therapeutic adherence and avoid errors in the drug taking.

Disclosure of Interests: None declared

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FRI0615-HPR CAN DEDICATED COMMUNITY HEALTH HUBS IMPROVE PHYSICAL ACTIVITY IN A MULTI-ETHNIC RHEUMATOLOGY PRACTICE?

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Background: Self care is an important management strategy for people with inflammatory arthritis (IA). Focused education should enable people to manage their life with IA and optimise their health and well-being. Several studies have shown positive effects of dedicated health programs on a range of patient reported outcomes such as self-efficacy, pain, fatigue, quality of life and overall well-being. However these benefits are only achievable and long lasting if people are provided with professional support to stay motivated and make appropriate adjustments to obtain better health.

Objectives: The objective of our intervention was to assess the outcomes of a dedicated health education program delivered in a diverse community setting represented by minorities with poor educational and socio-economic background.

Methods: We partnered with our local authority to establish a dedicated rheumatology community health hub for our patients with long term rheumatic conditions. Both clinical and paramedical staff in rheumatology clinics advertised the service and those who consented were referred. They were offered a 1:1 assessment with a health and well-being practitioner who would refer onwards based on the needs of the patient. In this pilot study we analysed the outcomes achieved at one year.

Results: 187 patients were referred to the service. 158 had IA and 29 had osteoporosis. 57 (30%) were White, 86 (46%) Asian, 26 (14%) Afro-Caribbean and 18 (10%) of other ethnicity. Mean age was 64 years (range 36-95). Interventions included weight management (10%), general health check (4%), dedicated exercise program (30%), physical activities (46%) and talking therapies (8%) and smoking cessation (2%). 100% responded to the contact and signed up for the intervention. 80% completed a minimum of 12 week intervention. 89% continued to attend physical activity at least once a week long term. Only five service users dropped out for varying reasons.

Conclusion: Physical activity programs can be successful in a diverse community setting with patients from low socio-economic and educational classes. There is a need to engage these patients and offer professional support which can produce carry-over effects on physical outcomes and enhance patients' long-term adherence to such programmes. Our study demonstrates that patient activation for self management and improved physical activity can be attained irrespective of patients' backgrounds.

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FRI0616-HPR SOCIAL SUPPORT WORKS BETTER IN RHEUMATOID ARTHRITIS THAN FIBROMYALGIA

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Background: Social support is defined as a helpful resource that can meet an individual's urgent needs and is provided by a network of others, such as family members, friends, colleagues and other communities. Perceived social support (PSS) is the subjective support that individuals may experience, emphasizing the individual's self-understanding, experience and feelings of social support from different sources. Social support directly exerts beneficial effects on the health-related quality of life in rheumatoid arthritis and fibromyalgia patients.

Objectives: The aim of this study is to compare the effect of perceived social support on quality of life of rheumatoid arthritis and fibromyalgia patients. The effect of social support from family, friends and significant others are examined separately.

Methods: Fifty-eight patients with rheumatoid arthritis, fifty patients with fibromyalgia and fifty healthy controls were enrolled in the study. Short form 36 (SF-36) was used to determine the quality of life and Multidimensional Perceived Social Support Scale (MSPSS) was used to determine the perceived social support. The effect of three factors in MSPSS (family, friends, significant others) on quality of life of rheumatoid arthritis and fibromyalgia patients were examined separately.

Results: Fibromyalgia patients had lower scores than the rheumatoid arthritis patients and healthy controls regarding the physical function, pain, social functioning and mental health subscales of SF-36 ($p < 0.05$). Regarding the all MSPSS scores, there was no significant difference between the three groups ($p > 0.05$). In rheumatoid arthritis patients, MSPSS-friend and MSPSS-significant others scores were positively correlated with all subscales of SF-36. MSPSS-family score was only correlated with pain, social functioning and mental health subscales of SF-36. But in fibromyalgia patients none of the three MSPSS scores had significant correlation with SF-36 subscales (Table-1).

Conclusion: Perceived social support especially from friends and significant others, has an important positive effect on the quality of life of rheumatoid arthritis patients. For fibromyalgia patients the effect of perceived social support on quality of life is lower than that is seen in rheumatoid arthritis.

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Table 1. The effect of perceived social support on quality of life in fibromyalgia and rheumatoid arthritis patients (FMS: Fibromyalgia, RA: Rheumatoid arthritis, * $p < 0.05$ ** $p < 0.01$)

		SF-36 Physical functioning	SF-36 Pain	SF-36 General health	SF-36 Social functioning	SF-36 Mental health
FMS-MSPSS	r	-0.034	0.015	-0.187	-0.121	-0.115
Family	p	0.816	0.915	0.194	0.401	0.428
FMS-MSPSS	r	0.154	0.192	0.221	0.182	0.089
Friend	p	0.285	0.181	0.123	0.206	0.539
FMS-MSPSS	r	0.163	0.248	0.119	0.175	-0.004
Significant others	p	0.258	0.082	0.412	0.225	0.976
RA-MSPSS	r	0.181	0.290	0.225	0.448	0.340
Family	p	0.173	0.027*	0.089	0.001**	0.009**
RA-MSPSS	r	0.357	0.352	0.333	0.376	0.389
Friend	p	0.006*	0.007**	0.011*	0.004**	0.003**
RA-MSPSS	r	0.310	0.310	0.329	0.315	0.463
Significant others	p	0.018*	0.018**	0.012*	0.016*	0.001*
RA-MSPSS	r	0.334	0.366	0.350	0.432	0.487
Total	p	0.010*	0.005**	0.007**	0.001**	0.001**
FMS-MSPSS	r	0.144	0.251	0.093	0.153	0.024
Total	p	0.320	0.279	0.519	0.290	0.867

Disclosure of Interests: None declared

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FRI0617-HPR GRADED MOTOR IMAGERY IN POSTTRAUMATIC STIFFNESS OF THE ELBOW: A PILOT STUDY

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Background: Elbow fracture is treated either conservatively or surgically followed by a period of immobilization with casting or splinting. A splint used to immobilize

upper limbs for many weeks results in changes in both the peripheral musculature and the central nervous system. It is well known that common complaints after upper limb fractures include weakness, pain, and stiffness; therefore, pain management is important in the early stages of the rehabilitation of upper limb fractures.

Objectives: This pilot study aimed to investigate the efficacy of graded motor imagery (GMI) on pain, range of motion (ROM), and function in patients with posttraumatic stiff elbow.

Methods: Fourteen patients with posttraumatic stiff elbow (6 women, mean age: 45.42 ± 11.26 years, mean body mass index: 24.29 ± 3.38 kg/m² and mean duration of immobilization: 4.75 ± 1.03 weeks) were randomly allocated to either GMI or control groups. The GMI group received GMI treatment in addition to a structured exercise program, and the control group received a structured exercise program (two days per week for six weeks) (Figure 1). The assessments included pain at rest and during activity using the visual analog scale (VAS), elbow active ROM with a digital goniometer (Baseline Evaluation Instrument, Fabrication Enterprises, Inc., White Plains, NY), and upper extremity functional status using the Disability of the Arm, Shoulder and Hand Questionnaire (DASH). The assessments were performed at baseline and after the 6-week intervention.



Figure 1. Graded motor imagery performed with mirror box

Results: After the 6-week intervention, there was a significant increase in elbow flexion-extension ROM and supination-pronation ROM, and improvement in DASH score in both groups ($p < 0.05$). However, improvement in VAS-rest and VAS-activity was significantly higher in the GMI group than the control group ($p = 0.03$ and $p = 0.01$, respectively).

Conclusion: A conservative treatment program consisting of GMI treatment in addition to a structured exercise program applied twice a week for 6 weeks, has been found more effective in decreasing pain in the posttraumatic stiff elbow. It could be concluded that GMI is an effective treatment method for elbow fracture in patients with predominant elbow pain.

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FRI0618-HPR

EFFECTS OF MUSIC THERAPY ON PAIN, ANXIETY, AND VITAL SIGNS IN CHRONIC INFLAMMATORY RHEUMATIC DISEASES PATIENTS DURING BIOLOGICAL DRUGS INFUSION

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Background: Music therapy is based on ancient cross-cultural beliefs that music can have a "healing" effect on mind and body. Research determined that listening to music can increase comfort and relaxation, relieve pain, lower distress, reduce anxiety, improve positive emotions and mood, and decrease psychological symptoms. Music therapy has been used greatly in various medical procedures to reduce associated anxiety and pain. Patients have a high level of anxiety when they are in the hospital, this is the case of patients with rheumatic diseases who consult regularly to have intravenous infusion of biological therapies.

Objectives: The purpose of this study was to examine the effectiveness of music therapy on pain, anxiety, and vital signs among patients with chronic inflammatory rheumatic diseases during intravenous infusion of biological drugs.

Methods: Fifty patients were divided into two groups: The experimental group G1 ($n = 25$) received drug infusion while listening to soft music (30 minutes); and the control group G2 ($n = 25$) received only drug infusion. Measures include pain, anxiety, vital signs (blood pressure, heart rate and respiratory rate). The pain was measured using visual analogic scale (VAS). The state-trait anxiety inventory (STAI) was used for measuring anxiety, low anxiety ranges from 20 to 39, the moderate anxiety ranges from 40 to 59, and high anxiety ranges from 60 to 80. Vital signs (systolic blood pressure [SBP], diastolic blood pressure [DBP], heart rate [HR], and respiratory rate [RR]) were measured before, during and immediately after the infusion. Statistical package for social sciences (SPSS) was used for analysis.

Results: The mean age in G1 was 44.45 years (26-72) with a sex ratio (M/F) of 0.8. Including the 25 patients, 12 had rheumatoid arthritis, 10 had ankylosing spondylitis and 3 had psoriatic arthritis. The mean disease duration was 8 years. In G2, the mean age was 46 years (25-70) with a sex ratio (M/F) of 0.75, 12 had rheumatoid arthritis, 11 had ankylosing spondylitis and 2 had psoriatic arthritis. The mean disease duration was 7.5 years. The biological drugs used were: Infliximab in 30 cases, Tocilizumab in 12 cases and Rituximab in 8 cases.

Before the infusion, the patients of experimental group had a mean VAS of 5.10 ± 3 , a mean STAI of 50.62 ± 6.01 , a mean SBP of 13.6 cmHg ± 1.4 , a mean DBP of 8.6 cmHg ± 1 , a mean HR of 85 ± 10 and a mean RR of 18 ± 3 . While in control group the mean VAS was 5.5 ± 2 , the mean STAI was 50.89 ± 5.5 , the mean SBP was 13.4 ± 1.2 , the mean DBP was 8.8 ± 1.1 , the mean HR was 82 ± 8 and the mean RR was 19 ± 2 . During the infusion and after music intervention in G1, the mean STAI became 38.35 ± 5 in G1 versus 46.7 ± 5.2 in G2 (p value = 0.022), the mean SBP became 12.1 ± 0.5 in G1 versus 13 ± 1 in G2 ($p = 0.035$), the mean DBP became 8.1 ± 0.8 in G1 versus 8.4 ± 0.9 in G2 ($p = 0.4$), the mean HR became 76 ± 9 in G1 versus 78 ± 7 in G2 ($p = 0.04$) and the mean RR became 17.3 ± 2.1 in G1 versus 18.2 ± 1.7 in G2 ($p = 0.39$). This study found a statistically significant decrease in anxiety, systolic blood pressure and heart rate in patients receiving music interventions during biological therapies infusion, but no significant difference were identified in diastolic blood pressure and respiratory rate.

Conclusion: The findings provide further evidence to support the use of music therapy to reduce anxiety, and lower systolic blood pressure and heart rate in patients with rheumatic disease during biological therapies infusion.

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FRI0619-HPR

INVESTIGATION OF THE RELATIONSHIP BETWEEN BIOPSYCHOSOCIAL STATUS AND QUALITY OF LIFE, EMOTION - STATUS AND FUNCTIONALITY IN INDIVIDUALS WITH PSORIATIC ARTHRITIS.

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Background: Due to the chronic processes of rheumatological diseases, patients' biopsychosocial effects are revealed.

Objectives: The aim of this study is to evaluate the biopsychosocial status of individuals diagnosed with psoriatic arthritis; to examine the relationship between quality of life, emotion - status and functionality.

Methods: 105 individuals were included in the study. To evaluate the biopsychosocial situation, BETY-BQ (Bilişsel Egzersiz Terapi Yaklaşımı – Biopsychosocial Questionnaire)(1); Psoriatic Arthritis Quality of Life (PsAQoL) Scale to assess quality of life; For the emotion-status assessment; Hospital Anxiety and Depression Scale (HADS-A, HADS-D); Health Assessment Questionnaire (HAQ) was used for functionality. Pearson Correlation Analysis was used in statistical analysis.

Results: Descriptive data of the individuals participating in the study were recorded (Table 1). While BETY-BQ was highly correlated with PsAQoL Scale ($r = 0.826$,