

**AB1355-HPR | A SYSTEMATIC LITERATURE REVIEW (SLR) ON NURSING SENSITIVE OUTCOMES IN SYSTEMIC SCLEROSIS (SSC)**

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**Background:** SSC affects significantly patients functionality and Quality of Life (QoL). Specific Nursing Sensitive Outcomes (NSOs) still need to be established in SSC.

**Objectives:** This SLR was aimed at identifying NSOs in SSC patients and the related screening tools.

**Methods:** Medline, CINHAL, EMBASE and PsycINFO were searched to identify relevant studies. Experimental and observational studies that reported nursing interventions and NSOs were included. All potentially eligible studies were read in full text and examined against the selection criteria previously listed. Quality assessment was carried out through *Critical Appraisal Skills Programme* tools; and, the *OMERACT (Outcome Measures in Rheumatology)* comprehensive conceptual framework for health was used to contextualise and summarize findings.

**Results:** 7015 records were screened for title and abstract, 39 full-text were identified and assessed. Eleven studies were included in this SLR. For the core area "pathophysiological manifestations" 4 domains (health status, digital ulcers, clinical efficacy and fatigue), and, for the core area "impact on life"- 5 domains were found (functionality, patient knowledge, patient satisfaction, psychological status and quality of life). Thus, NSOs identified were physical function and parameters, health events, upper limb functionality, patients knowledge of disease complications, degree of self-management, need for nursing instructions, self-efficacy, health efficacy, psychological state, depressive mood and QoL.

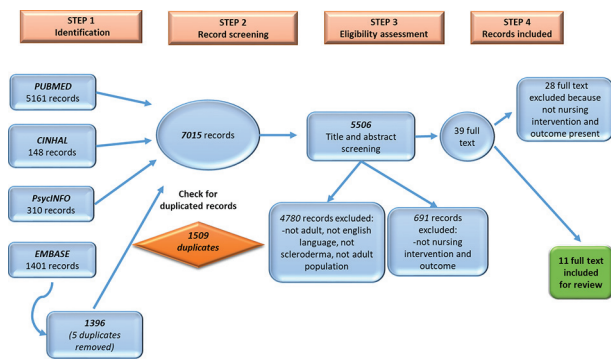


Figure 1

**Conclusion:** The results identify outcomes that may allow the structuring of a preliminary behavioural flow chart for nursing SSC case management. Further researches are warranted to examine the multidimensional and complex role of nursing in SSC management. Flow chart of the SLR:

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**AB1356-HPR | PHYSICAL ACTIVITY BEFORE, DURING AND AFTER PREGNANCY IN WOMEN WITH SPONDYLOARTHRITIS – DATA FROM REVNATUS**

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**Background:** There are no known studies on physical activity (PA) in pregnancy for women with spondyloarthritis (SpA).

PA is an essential and well-documented part of treatment for SpA [1]. The Norwegian Mother and Child Cohort Study (MoBa) found that established regular exercise routines pre-pregnancy was the strongest correlate of regular exercise during pregnancy [2].

A Swedish study of patients with SpA has shown that only 7 out of 10 patients with SpA meet the World Health Organization (WHO) recommendations of PA [3]. In MoBa 46.4% were regular exercisers (≥ 3 times a week) before pregnancy, while 25% were non-exercisers (≤ 3 times a month). At pregnancy week 17, 28% were regular exercisers, and 41% were non-exercisers. By pregnancy week 30, only 20% were still regular exercisers and 53% were non-exercisers [2].

**Objectives:** To describe the level of PA before, during and after pregnancy for Norwegian women with SpA.

**Methods:** Women with SpA (ICD-10 M45, M46.1, M46.8 and M46.9) enrolled in the Norwegian nationwide quality register RevNatus that have self-report their level of PA, are included. Data from seven time points are presented.

**Results:** BASDAI - Bath Ankylosing Spondylitis Disease Activity Index, BMI body mass index, VAS visual analogue scale

**Conclusion:** During pregnancy, the percentage of women with SpA in the non-exercising group are increasing. The percentage of regular exercisers is lower 12 months after delivery than pre-pregnancy. Throughout the seven time points, 68 91% of the women with SpA do not fulfil the WHO recommendations for PA.

PA should be an integral part of standard care throughout the course of disease for people with SpA and healthcare providers should take responsibility for promoting it and make necessary referrals to ensure that people with SPA receive appropriate PA-interventions [1].

**REFERENCES**

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Abstract AB1356HPR Table 1. Level of exercise, BASDAI, VAS pain, VAS fatigue and BMI presented with mean scores and standard deviation (SD)

	Before pregnancy N = 59	1 <sup>st</sup> trimester N = 58	2 <sup>nd</sup> trimester N = 79	3 <sup>rd</sup> trimester N = 59	6 weeks postpartum N = 63	6 months postpartum N = 49	12 months postpartum N = 44
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
<b>Regular exercisers ≥ 3 times a week</b>	32,2%	19%	20,3%	8,5%	9,5%	24,5%	13,6%
BASDAI	3,0 (2,6)	3,0 (2,5)	2,9 (2,2)	5,5 (1,8)	2,9 (2,5)	3,4 (2,9)	3,2 (2,3)
VAS pain	26,2 (20,5)	56,8 (31,8)	33,4 (26,8)	45,4 (29,2)	28,5 (18,3)	29,9 (29,2)	24,8 (16,8)
VAS fatigue	38,3 (3,8)	36,7 (32,9)	50,8 (24,5)	57,0 (36,4)	42,5 (32,6)	33,3 (37,4)	29,2 (27,1)
BMI	25,3 (4,6)	24,5 (2,2)	26,1 (2,9)	26,0 (2,9)	25,0 (2,5)	25,8 (5,9)	27,7 (7,2)
<b>Irregular exercisers ≤ 2 times a week</b>	40,7%	46,6%	38%	35,6%	25,4%	36,7%	34,1%
BASDAI	2,9 (2,4)	3,4 (2,2)	3,2 (2,6)	3,2 (2,3)	2,5 (1,9)	2,3 (2,1)	3,3 (2,6)
VAS pain	28,1 (25,7)	35,4 (26,2)	38,8 (29,6)	29,4 (27,3)	27,4 (21,0)	24,7 (26,0)	31,8 (25,6)
VAS fatigue	40,4 (33,5)	59,6 (31,3)	53,0 (33,5)	52,3 (33,8)	35,3 (30,3)	27,2 (33,5)	41,4 (32,5)
BMI	26,5 (7,5)	25,5 (4,2)	26,9 (4,8)	28,2 (4,8)	25,2 (3,7)	24,7 (3,6)	25,1 (3,9)
<b>Non-exercisers ≤ 3 times a month</b>	27,1%	34,4%	41,8%	55,9%	65%	38,7%	52,3%
BASDAI	4,0 (2,2)	3,6 (1,9)	2,8 (2,1)	3,9 (2,6)	3,4 (2,7)	4,0 (3,1)	3,8 (2,6)
VAS pain	42,3 (26,7)	34,5 (27,4)	31,4 (24,5)	42,1 (29,8)	36,1 (31,0)	37,7 (25,3)	34,3 (28,3)
VAS fatigue	48,7 (29,0)	55,6 (36,9)	46,2 (30,6)	54,1 (29,3)	43,9 (33,4)	52,3 (30,4)	48,5 (35,7)
BMI	26,5 (5,1)	27,6 (5,8)	27,4 (3,9)	30,8 (6,1)	26,4 (5,2)	26,1 (4,9)	24,7 (5,7)