From the editor .................................................................2
Introducing the HP Vice President .................................4
We are the HP Committee ............................................... 6
Preparing for HP study groups ........................................8
Highlights from Madrid ................................................10
The HP abstract award winners .....................................11
Experiences from the teach-the-teacher course ..............13
Educational visit report to UK .......................................14
The HP member campaign survey .................................16
The HP scientific program plans for Paris 2014 ..........19
A week ago I visited a furniture store, trying to find a couple of new armchairs. When discussing about the delivery, the shop assistant mentioned membership benefits. I thought she was referring to benefits related to the furniture franchise’s loyal customer programme. It took a moment to realize she meant benefits as a member of the Finnish Rheumatism Association. From my job email address she saw I work at the Association. Suddenly I transformed from a Sunday shopper into a rheumatology professional, and I found myself discussing membership benefits, rehabilitation for people with RMDs, and development of arthritis care.

We all have several intertwined roles in our lives. Some of the roles we have taken or chosen, some of them are thrust upon us. Some of them we wish to cherish, others perhaps we could live without. Irrespective of progress in treatment, many of us live with a musculoskeletal disorder which at least occasionally affects the course of daily life and calls for consulting a doctor and other professionals. When stepping into a doctor’s or health professional’s office, a person becomes a patient. Other roles are superseded, and the life is examined through the magnifying glass of a diagnosis. One person suffering from fibromyalgia once said that after the diagnosis the blame for every ailment has been put on fibromyalgia – even the common flu and an unhappy love affair.

A health professional must naturally see things from the perspective of an illness and minimizing its effects, so that a person could live the best possible life. But are people seen only as “patients”? Are they e.g. RA patients or people with RA? With my colleagues in public health organisations I have had many discussions lately about the correct and incorrect – and especially unnecessary – use of the word patient. I have even declared a tongue-in-cheek “war” against misuse of the word patient.

One area where patient is often pointlessly applied is various articles, patient guides and guidelines. For example, in a text dealing with lupus, the writer referred to a “lupus mother”, when a better choice of words would have been a mother or a person with lupus. An article discussing the importance of regular physical exercise used a somewhat comical term “running patient,” even though patient in the context was quite superfluous.

When talking with colleagues, we have come up with a rule of thumb that a person is a patient when visiting a doctor or other health care provider or at a hospital, otherwise use of the word is unnecessarily suggestive. When taking a bag of flour out of a kitchen cupboard we are not patients, even if we get points in the HAQ test for having problems in the task. It requires professional skill to discuss matters from a diagnostic perspective but even greater skill to perceive when it is relevant. An illness or disorder is only one of thousands of aspects characterizing a person and his/her life. Whether we are professionals or people suffering from RMD’s – or both, first and foremost we are human beings.

When a health care professional and a person suffering from an RMD meet, the suggestive and perhaps condescending connotations arising from the word patient might possibly be alleviated with an insight that both of them represent expertise – one of them professional and the other an experience-based expertise that complement each other. The essence of interaction, be it at a furniture store or a health care service facility, is to encounter the other person as a human being.

Season’s greetings

Jaana Hirvonen
Editor

PS. Hot topic in RMD prevention in Finland is “Sitting endangers your health” and even “Sitting will kill you”, because prolonged daily sitting may lead to a great number of health problems. Thus it is important to take breaks from sitting and be physically active when working. Accordingly, I should regard with great respect the armchairs that arrived yesterday and use them with due moderation.
This issue of the EULAR HP News offers reflective insights to the EULAR HP work and research.

First of all, we introduce to you the new HP Vice President Christina H. Opava who tells about her background and personal career in rheumatology. The delegate members of the HP Committee are presented in this newsletter – now you can see who is who.

HP Chair Sue Oliver writes about the plans on how to develop the structure of the HP study groups that are organised during EULAR Congresses. Carina Boström covers the scientific highlights of the Madrid Congress; among others the works of the EULAR HP abstract award winners are summarised. Make sure that your abstract is ready in time for Paris. More information on the abstract procedure is available in this issue.

We are especially happy to tell about Roopa Rawat Singhvi’s educational visit from India to UK. We hope that Roopa’s story will act as inspiration to all HPs, because also next year, EULAR will offer 10 grants for educational visits; further information about the application procedure can be found in this newsletter.

In her contribution, Doris Oetiker-Streit explores the HP teach-the-teacher course in Leiden and the thoughts the HP participants shared with each other. We also cover the latest updates on the EULAR HP member campaign that received many thanks in the Madrid congress.

Likewise, we inform you about the preliminary HP scientific program for Paris 2014.

“Some years ago I decided I was more of an RMD-friendly sport … how about flamenco instead.”

Pleasant reading moments with EULAR HP news
Airline stewardess dreams changed into a career as HP professor

Living with rheumatology

Professor Christina H. Opava was nominated as the EULAR Vice President for health professionals in 2013 at Madrid. Opava is the fifth HP Vice president to hold this office after the prominent terms of Kåre Birger Hagen, Peter Oesch, Jana Korondova, and Jill Lloyd. By profession she is a physiotherapist and works at Karolinska Institutet, in Stockholm, Sweden. Christina Opava has been a member of EULAR HP scientific sub-committee since it was established, she belongs to PARE’s World Arthritis Day (WAD) work group and has been a part of the EULAR core as a researcher for a long time, but still feels honoured to have been voted in EULAR’s General Assembly to this challenging and exciting task.

Rheumatic diseases have a special chapter in her career and life.
– I have a personal and professional relationship with RA being diagnosed with RA in my early 20’s. Knowing what kind of obstacles the disease can cause for physical activity, I wanted to change the practices of physiotherapy used at the time, Opava says.

She has excellent contacts in the EULAR family and beyond.
– I have well-developed networks with health professionals, people with rheumatic diseases and rheumatologists in Europe and in the US, she adds.

Broad perspectives
In Karolinska Institutet, she has been in charge of a research group of 12 to 15 professionals for the past fifteen years. The main research interests focus on physical activity and health. The group has been productive.
– The research in our group explores e.g., the implementation of evidence-based knowledge through education and evaluation of HP’s ability to systematically support maintained physical activity among people with rheumatic disease. Our work is translational and multiprofessional including physiotherapists, rheumatologists, psychologists, exercise physiologist, and pain physiologist, and researchers from technical and humanistic faculties. We have come up with more than 50 international peer reviewed publications of which I am most often the first or senior author, she tells.

Her days comprise of teaching at basic, advanced, and doctoral education levels and supervising local and exchange students for their PhD or Master’s degree. She also serves in many interdisciplinary boards and steering groups.
– I love to support people in their development and growth. I see myself more as a researcher and an advisor in physiotherapy and HP research rather than hands-on physiotherapist although I still have a post as a physiotherapist at Department of Rheumatology, Karolinska University Hospital, she points out.

Another life in patient and professional associations
For decades, she has been engaged in the work of the Swedish Rheumatism Association (SRA), as a board member for eight years, and involved in projects like the Osteoarthritis communicator project, Patient research partner project, and the Sri Lanka project.

Professor Opava has been nominated to many professional organisations, among them the Swedish HP association, SveReFo. She is also a member of the ARHP USA since 1992, has served on its task forces, and has good relations with their current leadership.

Likewise, she has collaborated with several universities e.g., the Leiden University, University of Milan, University of Missouri, Harvard Medical School in Boston and University of Limerick in Ireland to name a few.
On languages and India

In her teens, she wished to become an airline stewardess, so that she could use her language skills, travel, and meet people.

— As a researcher, I have accomplished all an airline stewardess can imagine and more, she smiles.

Languages and cultural exchange mean a lot to her.

— I obviously speak English. I communicate in almost all Scandinavian languages, Ich spreche Deutsch, Je parle un peu de française, comprendo español and een beetje hollands. I do not speak or understand the languages of Eastern Europe, but have travelled in Russia, Ukraine, Estonia, Hungary, and Slovenia and think I have some understanding of the living and working conditions there, Opava tells.

However, it is India that has a great place in her heart.

— First and foremost, I have two beautiful sons adopted from there. I am the chair of a Swedish organisation supporting an orphanage and educational activities of underprivileged tribal children in southern India, led on site by my eldest son. Actually, I am off to India for participation in a teacher exchange program with a rural university in Maharashtra state in the end of the year.

Positive HP future ahead in EULAR

— At first, I have to admit that I was reluctant to accept the nomination as the HP Vice President, but gradually I warmed up to the idea. It is the right time in life for me, I have the time and energy, she says.

In her speech at EULAR general assembly, she listed the goals of her Vice Presidency term. She wants for instance to evolve the role of the HP member associations in EULAR and carry out the strategic objectives according to the EULAR vision until 2017.

In the past years, EULAR HPs have developed tremendously due to good leadership and support from the other members of the EULAR family.

— I will be happy to take an active part in its future development to strengthen the implementation of evidence-based health care recommendations in Europe by supporting good research and good clinical practice through educational activities.

— I would love to be the third female Vice President of the EULAR health professionals and co-operate with the HP chairperson, past chair of the whole HP standing committee.

Christina H. Opava in brief

Christina H. Opava was born in southern Sweden in 1954. She graduated as a physiotherapist in Lund in 1978 and worked clinically as a physiotherapist for fifteen years before she defended her thesis on therapeutic exercise in rheumatoid arthritis at Karolinska Institutet (KI) in 1993.

She was then appointed as a research assistant at the Department of Physiotherapy, KI and thus had the possibility to continue her research.

In 1996, Christina H. Opava was approved as a specialist in physiotherapy in rheumatology and in 1999, KI accepted her as a docent/associate professor in physiotherapy in rheumatology. The same year she started her own research group focusing physical activity and health in rheumatic disease. During the fall of 2001, she was a visiting professor at the University of Missouri in Columbia, USA.

In 2002, Christina H. Opava won the Distinguished Scholar Award by the Association of Rheumatology Health Professionals in the USA and in 2004 she was awarded the Nanna Svartz prize in clinical rheumatology research.

Christina H. Opava was named professor in physiotherapy at Karolinska Institutet in 2006.
The EULAR HPs

We are the national HP delegates of the EULAR HP Committee

At the moment, seventeen EULAR HP member organisations are represented by their presidents or other nominated officials at the EULAR Standing Committee of Health Professionals in Rheumatology (the HP Committee).

The HP delegates contribute to shaping health professionals activities within EULAR. The Committee, headed by Chair Sue Oliver, discusses the on-going projects and new proposals to the EULAR Executive Committee, initiates for the health professionals’ program at the next congress, and reviews HP membership applications. Each year, the Committee holds its annual meetings on the EULAR congress. The Committee can also include other invited experts.
The EULAR Standing Committee of Health Professionals in Rheumatology (ESCHPR) has set up three Sub-Committees called the Scientific Sub-committee, Educational Sub-committee, and Communication Sub-committee to carry out its tasks and duties.

**At the HP committee**
- We endorse inter-/multidisciplinary collaboration in the treatment of RMD.
- Our HP Committee is a European platform for cooperation and shared information among the different health professionals working with rheumatology.
- We encourage health professional research in rheumatic and musculoskeletal diseases and work also to improve the patient’s role as the key expert of his/her own treatment.
- We wish to mainstream the best guidelines of care that help HPs in their work.
- We organise the HP scientific programme for EULAR congresses. Let us know about your HP project or research that could be useful for all HPs.
- We welcome you to the HP congress sessions, study groups, and poster tours.
- We also invite you to contribute to our newsletter on your national HP themes.

The HP Scientific Sub-committee met during the congress in Madrid to plan the next congress in Paris. All Sub-committees have separate meetings but also participate in the HP Standing Committee’s yearly meeting during the EULAR congress.

The HP presidents were invited to a presidential dinner evening where networking could continue in a more casual and relaxed atmosphere.
EULAR Congress is a very busy time and we all look forward to the sessions, poster tours, and, importantly, the networking.

The number of informal meetings held during EULAR has grown significantly (across all groups: Scientific, HP, and PARE) and as a result, there is a growing number of requests to hold meetings – which is truly exciting because it means we have the interest to network with all our colleagues. Although a very good and healthy sign – especially for Health Professionals for EULAR there were some challenges. The secretariat and the Executive Committee highlighted the need to manage this growth, firstly because EULAR has to find and fund rooms for meetings but also because there are requirements such as Health & Safety issues when hosting these meetings. So a paper was prepared by the Clinical Affairs Group which highlights the two types of groups that EULAR are able to support and the criteria for these groups.

So what happened to us as HPs? Well, we circulated this information and discussed the new criteria with the current informal groups and we are delighted to say that we now have a great number of study groups that are recognised by EULAR and have a nominated contact lead and membership. We also have one or two possible new groups being developed.

Important for everyone to remember – the study groups are open to anyone who wishes to attend them, and people with RMD are warmly welcome too. Spread the word and encourage new attendees to pop into the meetings if they wish to.

Study Groups – a great opportunity - Making the best of HP expertise

Annette Ladefoged de Thurah is looking forward to the next HP study groups in Paris.

The HP stand was situated as a meeting point in the EULAR village area of the Madrid Congress hall. This year the role of the HP Committee, the HP member campaign and the idea of interdisciplinary approach were presented on whole-wall-size posters. The EULAR HP member associations were introduced on a nonstop power point show.

The podiatrists had their first HP networking meeting at HP stand under the led of Anthony Redmond. Next year the podiatrists plan to have a study group.
There are advantages to this new approach for HPs.

- The formal nature of these groups means that the work undertaken by each group is reported to the Executive Committee Meetings – raising the profile of HPs and the work we are undertaking in different ways.
- Ensures that we can request a meeting room at each Congress and be able to plan for this within the programme.
- Enables other groups to network with each other.
- Provides an introduction to new attendees of EULAR who may have an interest in the Study Group to be able to attend and possibly join the group.
- Enables the lead of the Study Group to hold a register of members and have an improved network of contacts.
- Offers the HP Scientific Sub-Committee another route for gaining expert advice from the Study Groups.
- Provides an opportunity for Study Group members to engage more with the work of EULAR.

What is required to set up a Study Group?

- Firstly, clear aims and objectives of why a Study Group should be formed.
- A nominated Lead who has to prepare a short report each year to be submitted to the EULAR Executive Committee Meeting (submitted in January each year).
- At least 10 members to start the group.

What groups are there at the moment and how do I contact them?

- Occupational Therapy - (Yeliz Prior, y.prior@salford.ac.uk)
- Physical Therapists - (Rikke Helene Moe, rikmoe@gmail.com)
- Nurse Clinical - (Jenny de la Torre, delatorej@gva.es)
- Nurse Research and Strategy - (Yvonne van Eijk-Hustings, yvonne.eijk-hustings@mumc.nl)
- Psychology - (Erik Taal, etaal@utwente.nl)

Call out for social workers and those interested in foot and ankle problems

At the moment, the social workers are looking for more social workers or those who have an interest in the work of social workers and who are interested in joining a group so they can formally submit for a Study Group – please contact Margaretha Lundin (margaretha.lundin@vgregion.se) if you are a social worker and interested in joining.

We also have a pending request to go to the Executive Committee in March for a Foot and Ankle Study Group – led by Anthony Redmond (email A.Redmond@leeds.ac.uk). We hope this group will be ratified and will let you all know in due course.

New co-ordinator for the Study Groups

The other very exciting piece of news is that we now have Annette Ladefoged de Thurah (annethur@rm.dk) as our Member of the HP Scientific Sub-Committee. Annette is a nurse by training and has a Master’s Degree in Public health (MPH) and a Ph.D. from the University of Aarhus, Denmark. She has been working within rheumatology for almost twenty years. In recent years, she has been affiliated the Department of Rheumatology, Aarhus University Hospital as a senior researcher. During the last three years, Annette has been deputy chairman in Danish Interdisciplinary Rheumatology Forum (DIRF), the EULAR HP member association group in Denmark. One of her roles is co-ordinate and support the Study Groups and we are delighted to have her expertise on the committee.

Sue Oliver
Chair EULAR Health Professionals Standing Committee
The 16 top HP congress presentations in short – the essence of the HP sessions

Senior university lecturer, PhD, physiotherapist Carina Boström, Karolinska Institutet, Sweden had this year the privilege to choose which health professional sessions were the most interesting in her view. Here is a summary of her highlight session with short tastings of the 16 HP presentations she ranked to be among the best. Her three key take-home messages based on these HP studies were that health professionals can nowadays significantly support people with rheumatic diseases by physical exercise and activity, psychological approaches such as cognitive behaviour therapy, as well as by education and self-management strategies through for example web-based technologies and smart-phones.

She divided the studies into two main categories: studies on “findings on people with rheumatic diseases” and “health professional interventions and non-pharmacological treatment”.

Findings on people with rheumatic diseases

Clinical and subjective health improvements in RA
One of the abstract grant winner studies, the study by Oude Voshaar & co, was also among the favourite presentations of Carina Boström. Voshaar found in the study that the majority of newly diagnosed RA patients, that have a good response on the DAS28 Disease Activity Score after one year of tight control treatment, also considered their health to have improved, despite a substantial minority did not consider their health to have improved. However, a substantial minority did not consider their health to have improved, despite significant clinical improvements in disease activity. These results suggest that clinical improvements do not necessarily equate to improved subjective health.

Low sick leave rates in RA
Björk & co evaluated sick leaves of early-diagnosed RA patients and compared them to the situation 10 years ago. A number of 120 patients from a cohort from 1996-98 and 275 from a cohort from 2005-2008 were included in their study. The authors found that the significantly lower sick leave rate seen today after a diagnosis of RA, compared to the situation 10 years ago, cannot be explained by differences in sick leave during the year before the diagnosis. Although sick leaves are lower today, the sick leave rate in the cohort from 2005-2008 is still high compared to the general population, which underlines the need to develop efficient multiprofessional intervention strategies in addition to modern pharmacotherapy which could affect the sick leave rates.

Falls and fear of falling
Another abstract grant winner, Stanmore & co introduced a study focusing on the incidence of falls, prevalence of fear of falling and fall risk factors in 535 patients with RA. Based on the results of their study, the authors conclude that adults with RA are at high risk of falls and fall-related injuries. A simple way to identify high-risk-falls patients is to ask whether they have fallen in the past year. Management of swollen and tender lower limb joints, fatigue and consideration of psychotropic medicines may be the most effective strategy to reduce falls in this group of patients. Fear of falling, pain, lower limb strength and poor balance are other useful clinical indicators that may be modified to prevent falls.

Sedentary behaviour in RA
To investigate the prevalence of self-reported sedentary behaviour and its association to pain, fatigue, poor sleep, and physical disability. The author concluded that further research is needed on how to reduce sedentary behaviour in RA patients.

Systemic sclerosis and rehabilitation
To compare the prevalence in symptoms and the use of physiotherapy and/or occupational therapy reported by patients with systemic sclerosis across five European countries, Willems & co invited patients to complete an online survey. In all, 569 patients participated in the survey. The five most frequently reported symptoms were fatigue, Raynaud’s phenomenon, joint and muscle pain, and shortness of breath. The use of physiotherapy and/or occupational therapy ranged from 21 to 48 percent. The authors found that there is a substantial variation in the use of physiotherapy and occupational therapy across the European countries and the results suggest that the rehabilitation provided is not yet optimally tuned to the needs of the patients in all countries.
Examples of HP intervention studies and non-pharmacological treatment

**Sustainability in the management of the co-morbidities**

Soubrier & co evaluated the impact of a nurse-led program on the management of the co-morbidities: cardiovascular diseases, infection, cancer, and osteoporosis, in RA. This is a randomized, controlled, six-month trial with 488 patients in the intervention group and 482 in the control group. As an example, actions taken into account for cardiovascular diseases were: introduction of lipid-lowering therapy or anti-platelet therapy, smoking cessation, taking of blood pressure, purchase of a sphygmomanometer, and weight loss. During the six-month follow-up period, the number of actions per patient was statistically higher in the intervention group. The authors concluded that long-term follow-up of patients is required to better evaluate the sustainability of this benefit.

**The effects of a Swiss ball exercising in AS**

In order to evaluate the effectiveness of a progressive muscle-strengthening program using a Swiss ball with 60 patients suffering from ankylosing spondylitis, a randomized control study was carried out by Souza & co. Souza was also nominated as one of the abstract grant winners. In the study, the intervention group exercised two times per week for sixteen weeks and the control group continued drug therapy without any exercise. The results showed that training using a Swiss ball is effective in improving muscle strength and also improved walking performance without deleterious effects on disease activity.

**National care and rehabilitation program in hip or knee osteoarthritis**

Thorstensson & co talked about a Swedish national program to standardize and improve care of patients with hip or knee osteoarthritis. The supported self-management program includes information about pathology, available treatments, and coping strategies. Physiotherapists are educated over two days to master the program. Patient-reported outcome measures, such as EQ5D, co-morbidity, pain, physical activity, self-efficacy, work capacity and satisfaction are assessed at a baseline, three, and twelve months. Compliance to intervention is reported by the physiotherapists. These outcomes are registered in a national data base register. Several notable results from this register were presented. Nearly 17,000 patients from 230 clinics are included. About 1,300 physiotherapists over Sweden have been educated to deliver and evaluate these interventions according to the program.

**Joint stabilisation training in knee osteoarthritis**

In a randomized controlled trial by Knopp & co involving 159 knee osteoarthritis patients, two groups were participating in a supervised exercise program for 12 weeks and the intervention group also received knee stabilisation training. Both exercise groups demonstrated large improvements in activity limitation, pain and knee instability, which were sustained six months post treatment. In conclusion, addition of specific knee joint stabilisation training does not seem to be necessary for patients with knee osteoarthritis suffering from knee instability.

**Rehabilitation and cognitive behavioural approach**

Lindqvist & co explored the outcome of rehabilitation care in different rheumatologic diagnosis. This is a multicentre study in four north European countries including patients admitted for in- or outpatient multidisciplinary rehabilitation. In all, 1,329 patients were evaluated. In all diagnosis groups, patients improved between baseline

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Here are the winners of the best EULAR HP Abstract awards

Each year, the best abstracts submitted to EULAR Congress will be awarded. In 2013, the HP abstract winners were the following first auteurs:

- **Emma K Stanmore, United Kingdom**
  FALLS, FEAR OF FALLING AND RISK FACTORS IN ADULTS WITH RHEUMATOID ARTHRITIS: A PROSPECTIVE STUDY

- **Martijn Oude Voshaar, Netherlands**
  PREDICTORS OF NO IMPROVEMENT IN SUBJECTIVE HEALTH PERCEPTION IN NEWLY DIAGNOSED RA PATIENTS WITH A GOOD DAS28 RESPONSE AT 12 MONTHS IN THE DREAM TIGHT CONTROL COHORT

- **Marcelo Souza, Brazil**
  BENEFITS OF PROGRESSIVE MUSCLE STRENGTHENING USING A SWISS BALL IN PATIENTS WITH ANKYLOSING SPONDYLITIS: A RANDOMIZED CONTROLLED TRIAL

The Standing Committee and its Scientific Subcommittee unanimously agreed that the highest scoring of these three abstracts justified for the awards.

See the procedure for abstract submission for 2014 on page 18.
and discharge with respect to pain, fatigue, Health Assessment Questionnaire and EQ-5 D scores.

Hewlett & co described how health professionals might use a cognitive behavioural approach when supporting patients with fatigue. A systemic review of trials suggests some evidence for exercise interventions and for psychosocial interventions including cognitive behavioural therapy.

Telephone-delivered cognitive behaviour therapy in widespread pain
A good example of evaluation of cognitive behavioural therapy was also given by Macfarlane & co, who wanted to determine the long-term effects of telephone-delivered cognitive behaviour therapy, exercise, and combined treatments compared with treatment as usual among 442 patients with chronic widespread pain. Participants receiving cognitive behaviour therapy had eight telephone sessions provided weekly with a therapist involving techniques to manage pain and had follow-up calls within three and six months. Patients in the exercise group followed a six-month exercise program to improve cardiovascular fitness individually designed with monthly reviews. They found that this program of telephone-delivered cognitive behaviour therapy had similar effects to those using exercise alone or exercise with medication, with long-term improvements in the patient’s global assessment of health.

Brief skills training of psychological approaches in HPs
Dures & co talked about barriers and facilitators using psychological and motivational approaches to facilitate self-management for patients. Qualitative research conducted with physicians, nurses, physiotherapists, and occupational therapists within rheumatology who have undertaken brief skills training, identified the following barriers: lack of time, the difficulties of changing the existing pattern and focus on interaction; and concerns about exploring social and emotional aspects of living with arthritis. Facilitators were: training which balanced theory with time to practice skills and receive feedback; access to clinical supervision to gain confidence and develop more advanced techniques; and the perception that patients gained a greater sense of control and were better able to take responsibility for their treatment, as a consequence of a more collaborative consultation.

Web portal on medical records in RA
An evaluation of a hospital-based web portal, which provides rheumatology patients with information and access to their electronic medical records, was presented by Van Der Vaart & co. A pre-post-test study on 360 patients with RA was conducted. Age, amount of Internet use, and self-perceived Internet skills predicted the web portal use. Of the respondents who had logged in, 44 percent reported to feel more involved in their treatment and 37 percent felt they had more knowledge about their treatment. The authors conclude that the current portal succeeded to offer patients access to their electronic medical records in a usable and understandable way. While its impact is difficult to grasp, an evident part of patients feels more empowered due to the web portal.

Chat room as fora for health enhancing physical activity interventions in RA
Revenås & co wanted to explore experiences on crucial aspects for adoptions and maintenance of health enhancing physical activity in patients with RA. Another aim of the study was to identify participants’ innovations regarding the future internet-based health enhancing intervention. Six focus group interviews were carried out with 26 individuals with RA. Personal incentives and mastering, peer support and professional coaching were examples of what was crucial for adoption and maintenance of physical activity. The chat groups, fora for social interaction, and customised options, were examples of identified important functionalities of a future internet-based health enhancing intervention.

Recommendations for the role of the nurse in rheumatic diseases
Van Eijk-Hustings & co described a study with the aim to disseminate the EULAR recommendations for the role of the nurse in rheumatic diseases; and assess the agreement and application of the recommendations among nurses, rheumatologists and patients; and identify potential barriers for implementation. A web-based survey was distributed throughout Europe and the USA. The survey was answered by 967 nurses, 2,034 patients, and 548 rheumatologists from 23 countries. The results showed that overall agreement with these recommendations is high, but application is low. Furthermore, agreement and application differ across regions. The survey yielded valuable information that can support strategies for further implementation of the recommendations.

Health professional co-operation can include:
• rheumatologist
• nurse
• occupational therapist
• physiotherapist
• psychologist
• social worker
• nutritionist
• podiatrist
• and other health professionals

EULAR Health Professionals News
The latest teach-the-teacher course by EULAR HP Committee was organized two years ago in Leiden University Medical Center in the Netherlands. The course started at Saturday noon after a warm welcome by Dr. Thea Vliet Vlieland to the group. The participants had arrived to Leiden from all over Europe – Sweden, Portugal, Hungary, United Kingdom, Ireland, Switzerland, France, and the Netherlands. Our colleague from India had the longest journey. Majority of the participants were nurses, followed by physiotherapists. One participant was an occupational therapist.

Similar questions and needs
The main topics were the EULAR guidelines regarding osteoarthritis and rheumatoid arthritis, diagnostics and state-of-the-art medical treatment of inflammatory diseases, how to search for evidence and implement it in the daily business, and how to teach colleagues and patients.

The participants formulated their goals and needs, which helped to get in contact with each other. It was interesting to notice, how similar everybody’s issues and questions were – despite the nationality or the differences in health care systems!

Although I am familiar with using databases, I benefited a great deal from the tips given by a librarian who offered us a class on search engines for literature. She was able to customize her knowledge to the questions and needs of health professionals attending the course.

Learning new skills
The next three days were spent on the examination of the patients, monitoring of the symptoms, communication, bio-psychosocial impacts of the chronic rheumatic diseases and more. What was especially impressive for me was the talk by Maarten de Wit, who himself is affected by rheumatoid arthritis and who emphasized the active role of patients in handling their situation with the disease, and in research.

We were obliged to, not only follow the content of the tutorials, but also to monitor the way of the information transfer and to learn new skills regarding our own teaching activities. Particularly in the beginning of the course, the reflections in the evenings helped to structure the gathered knowledge. And the last half-day of the course concentrated on the question on how to “teach the teacher”. Jacqueline Busstraan, MSc, senior researcher and educational specialist, created an environment of confidence ideal for information transfer. Hence, some of the participants were brave enough to give their prepared speeches.

For the first evening, Prof. John Verhoef had chosen a nice restaurant in the old part of Leiden for the get-together-party. So we enjoyed the first guided tour – and another round of getting to know each other. The course also ended with a mutual supper and some of the participants already planned the next activities …

Stay in contact
Some of us met at the EULAR Congress 2013 in Madrid and continued to swap ideas, know-how and experiences. And we decided to create a Facebook group and to stay in contact via LinkedIn. Great to share ideas also on social media!

Due to the fact that we run a project regarding education for patients with rheumatoid arthritis in our clinic at University Hospital Bern, Switzerland, I’m able to implement some of the content of the course directly. But another important factor was also the personal contacts. I learned how the care for patients in countries not so far away is organised differently than in Switzerland. So it was new for me to hear for instance about the nurse led clinics – unthinkable here today, but it could be part of our ways of care in the future too.

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Thoughts and ideas from the teach-the-teacher course
I sincerely thank the EULAR HP Committee and appreciate its support in helping health professionals to get Rheumatology exposure through their educational visit travel bursaries. I also extend my gratitude to Ms. Sarah Ryan for permitting and organising this educational clinical visit.

**Reasons for the visit and Rheumatology nursing in India**

The role of the nurse in caring for people with chronic diseases is well established and acknowledged in the European and developed countries. Unfortunately, this contribution of nurses is overlooked in the developing countries like India, ironically where it is mainly needed. I have been working in the field of Rheumatology for the last 8 years and want to make this a recognised speciality among nurses and the medical fraternity in India and other developing countries. Professor, Dr. A.N. Malaviya, head of the Department, introduced me to Rheumatology and taught me the finer aspect of Rheumatology. This led to the development of my interest in the speciality and I have decided to dedicate my professional life to working with people with a rheumatological disorders.

It was Professor Malaviya who taught me the needs of patients with chronic diseases. The lack of a rheumatology nursing qualification, exposure to nurse-led clinics and interaction with specialist rheumatology nurses was a major hurdle to developing my practice as a rheumatology nurse. I am grateful to the American College of Rheumatology, Keele University (UK), and EULAR who have helped me to overcome my inadequacy and provided me with the opportunity to learn more about rheumatology nursing.

**Trip to UK and the approach to nursing**

I planned my educational trip to visit the rheumatology department at Stoke-on-Trent, UK. This provided me with the opportunity to see how rheumatology nurses work and the chance to interact with them in a clinical setting. The rheumatology unit in Stoke on Trent is a centre of excellence for caring for people with a range of rheumatological conditions. The services included telephone counselling, community nurses assessing and treating patients in their own homes, nurse-led clinics for drug monitoring and education, and an inpatient facility for patients with more acute needs.

I was able to attend an Anti-TNF clinic, drug monitoring clinic, drug counselling clinic, and osteoporosis clinic, all run by rheumatology nurses. The back pain clinics conducted by spinal physiotherapist was remarkable and helped me to learn how to undertake a physical assessment of the back pain.

Roopa Rawat Singhvi enjoyed her stay…

“I’m pleased to recommend educational visits to all Health professionals, says Rheumatology Nurse Roopa Rawat Singhvi.”
EULAR awards up to 10 bursaries for educational visits to health professionals other than physicians working in the field of rheumatology. The objective is to improve the standard of research and care in health professions and to foster collaboration across clinical units in Europe.

Bursaries will not be granted to applicants who are already abroad in a visiting programme. The amount of each bursary is between EUR 750 and 1.500 (the annual total amount granted is EUR 7.500). Applications should be submitted by e-mail to the EULAR Secretariat at gabriela.kluge@eular.org.

Recipients are required to submit a report (maximum 1 page) to the EULAR Secretariat after the stay, focusing on the results that have been achieved.

Application deadlines for Educational visit grants are 31 March and 30 September each year.

Applications should include:
- Curriculum vitae with date of birth
- Objective of the educational visit
- Budget
- Written confirmation from the host hospital or institute that the educational visit has been accepted, indicating the tentative time frame of the training stay. Applicants also need to sign an application form and contract.

The form is available at http://www.eular.org/health_professionals_educational_visits.cfm
EULAR seeks national HP organisations to become members of EULAR and participate in the work of the EULAR HP Committee. All interdisciplinary health professional organisations specialised in the care and treatment of rheumatic and musculoskeletal diseases in European countries are welcome to join in.

Planning to become a member?
Please get acquainted with the 5-step plan on how to establish a national HP society and become involved with EULAR. Contact us for further information.

Five steps to get involved for a national HP activist:

1. If a national interdisciplinary health professional organisation already exists in your country, please find out first whether this organisation has a guest representative in the Standing Committee of HPs. If so, please contact this person regarding your involvement in EULAR.

2. In case there is no organisation representing health professionals in your country, you can establish a national organisation first. Bear in mind that this organisation’s bylaws should be in accordance with the EULAR bylaws. You can obtain the bylaws from the EULAR Executive Secretariat, contact: eular@eular.org.

3. Fill in the application form which you can also obtain from the Secretariat together with a letter stating that your organisation wants to join EULAR as a health professional organisation representing your country. Submit this application form to the EULAR Secretariat. The General Assembly meeting, held once a year before the annual EULAR Congress, will put your application and acceptance within EULAR to the vote.

4. When your organisation is a formal member, the person representing this organisation will also have a right to vote in the General Assembly.

5. The president of the national organisation will usually represent the organisation as delegate in the EULAR Standing Committee of HPs. In the process of establishing a national organisation and even before this, the Committee welcomes any health professionals interested in founding a national organisation to become a guest representative in the EULAR Standing Committee of HPs. As a guest representative you are then welcome to participate in the meetings of the Committee and in other activities within EULAR. In this case, please contact the Chairperson of the Committee, Sue Oliver: sue@susanoliver.com

More information available at: www.eular.org/st_com_health_professionals.cfm
The HP member campaign will go further

The member survey is collecting data on national HP associations

2013 has been overwhelming for the EULAR HP member campaign. We gained six new HP member associations from Austria, Belgium, Cyprus, Finland, Ireland, and Spain. Many of these associations had prepared for the membership for a long time. Now it is time to make use of the membership, profit from being a part of the EULAR family, build networks and enjoy the inspiring exchange of knowledge with HP colleagues, rheumatologists, and people with RMD.

In the coming years, the HP member campaign will carry on advising new member candidates how to join EULAR but the campaign will also concentrate on deepening the co-operation between the existing HP members and facilitating their input and presence inside EULAR. The inclusiveness of EULAR means that the HP association is involved in EULAR’s HP research and educational programs and knows how to make the association’s voice heard at the EULAR General Assembly each year, where all sections of EULAR report on their activities, where constitutional matters are decided and elections to Executive Committee positions are being held.

An online HP member directory on its way

In 2011, the first member survey was carried out with 11 members. At the moment, the campaign is conducting a new member e-survey to retrieve the latest information about our new seventeen HP member associations.

Based on the survey results, we will provide an online directory representing EULAR’s HP member association’s facts about the number of members, presentation of each profession, interdisciplinary co-operation, local activities, networks, and contact information. The directory is the key to easy interaction between the associations and the HP Committee.

The online survey will not only offer the basic information on the HP setting in Europe. We hope to create realistic understanding on the HP interests regarding EULAR congresses, involvement within EULAR, needs on research, and professional education as well as improving the standard of care at local level and to foster collaboration across Europe.

Most of the member associations have already replied to the survey, but further inquiries are still needed to get comparable information from all the current members. The previous member survey from 2011 is available on HP newsletter 2/2011 on pages 12 to 13:


The member survey is collecting data on national HP associations

Health professionals represented in HP associations:

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>nurses</td>
<td>92%</td>
</tr>
<tr>
<td>occupational therapists</td>
<td>92%</td>
</tr>
<tr>
<td>physiotherapists</td>
<td>92%</td>
</tr>
<tr>
<td>psychologists</td>
<td>46%</td>
</tr>
<tr>
<td>social workers</td>
<td>23%</td>
</tr>
<tr>
<td>podiatrists</td>
<td>15%</td>
</tr>
<tr>
<td>nutritionists</td>
<td>15%</td>
</tr>
<tr>
<td>rheumatologist representative</td>
<td>23%</td>
</tr>
<tr>
<td>patient representative</td>
<td>15%</td>
</tr>
<tr>
<td>other professionals/representatives</td>
<td>92%</td>
</tr>
</tbody>
</table>

According to the very preliminary results of the member survey, it seems likely that nurses, physiotherapists, and occupational therapists are the most typical professions among the EULAR HP associations.
Get ready for the next congress 2014:

EULAR Congress 2014 - Paris, France 11-14 June 2014

EULAR will revisit PARIS after the very successful congress in 2008.
We will be in the same congress centre, Porte Maillot.

Abstract submission

The electronic abstract submission system will be open until the 31 January 2014.

Abstracts received after the deadline will not be accepted. Health professionals (HP) can choose to submit their abstract either for practice and clinical care (HP topics A5) or for clinical research work (topics 11-34).

Please note that when submitting to topics 11-34, you work will be scored by rheumatologists, whereas the HP topics A1-A5 are scored by health professionals.

Further information will be made available from August 2013 on the EULAR website www.eular.org.

HPs had an own stand for the first time in EULAR congress in Paris 2008.

Read previous issues of EULAR HP News

Enjoy!

Do you have good news for the newsletter?

Since 2000, the HP Newsletter has functioned as the main information channel of health professionals in rheumatology within EULAR. The newsletter is published twice a year featuring the work of health professionals and all aspects of multidisciplinary collaboration.

Please give us tips about health professional thesis, projects, and new research themes in the musculoskeletal field. Contact the editor of newsletter for further information: jaana.hirvonen@reumaliitto.fi.

Prescribe the newsletter free-of-charge at: www.eular.org/st_com_health_professionals.cfm

EULAR HP News are available at http://www.eular.org/st_com_health_professionals.cfm
The EULAR Congress 2014 in Paris will be the venue of high-quality HP scientific sessions introducing health professional research and issues of interest in the HP practice. There will be HP sessions, two abstract sessions, and poster tours. In addition, there will be a highlight session and joint sessions organised together with rheumatologists and the Standing Committee of People with Arthritis/Rheumatism in Europe (PARE).

The full program is available at EULAR website in spring 2014: www.eular.org.

**HP Session topics**
- The Scleroderma Patient-centred Intervention Network (SPIN): Meeting the challenges of non-pharmacological research into a rare disease
- Targets and mechanisms of treatment in chronic pain
- eHealth literacy on rheumatic diseases – analysing the power of the Internet
- Practical implementation of annual reviews in patients with inflammatory arthritis– sharing experiences
- Promoting a healthy lifestyle among patients with arthritis – how are health professionals doing?
- Is it a flare? Focus on patient self reported disease activity measures in RA.
- Health Professionals & ultrasound. How to implement imaging into clinical practice.
- Highlights from EULAR 2014. What’s new? The key take-home message from PARE, Rheumatologists and HPs

**Abstract sessions I and II**

**Joint Sessions**
- Patients’ perspectives in rheumatologic outcomes
- Patient education for people with inflammatory rheumatic diseases
Is your national Health Professional association already a member of EULAR?

The EULAR Member Campaign for Health Professional Associations in Europe

EULAR seeks more national health professionals (HP) organisations to become member of EULAR and participate in the work of the EULAR Standing Committee of Health Professionals in Rheumatology.

All interdisciplinary HP organisations specialised in the treatment of rheumatic and musculoskeletal diseases in European countries are welcome to join us.

- We endorse inter-/multidisciplinary collaboration in the treatment of RMD.
- Our HP Committee is a European platform for cooperation and shared information among the different health professionals working with rheumatology.
- We encourage health professional research in rheumatic and musculoskeletal diseases and works also to improve the patient’s role as the key expert of his/her own treatment.

EULAR HP Members:
- Bulgaria
- Czech Republic
- Denmark
- Italy
- Netherlands
- Norway
- Romania
- Serbia
- Sweden
- Switzerland
- United Kingdom

Soon-to-be members:
- Austria
- Belgium
- Cyprus
- Finland
- Ireland
- Spain