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IVth International Symposium for Health Professionals in Rheumatology

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The symposium was organised at the request of the Standing Committee for Health Professionals of the European League Against Rheumatism. The Organising Committee had the support of the University of Leeds and the British Health Professionals in Rheumatology.

Plenary session I: *Surgery of the upper limb in arthritis*

I.1. Arthritis surgery of the shoulder and elbow.

R.J. Newman. Academic Unit of Orthopaedic Surgery, St James's University Hospital, Leeds, LS9 7TF, UK.

Until approximately 25 years ago surgery was regarded as having little to offer in the management of rheumatoid arthritis of the shoulder and elbow. However, the advent of more refined clinical and radiological methods for diagnosis together with development of suitable prostheses has changed the whole scene and shoulder and elbow surgery should now be regarded as a routine part of the rheumatological surgeon's armamentarium for dealing with patients with the ravages of arthritis.

With regard to the shoulder the cornerstone of management should be the precise pre-operative assessment of the degree of pathological involvement of the individual subunits of the shoulder girle and the extent of surgery should be "tailored" to the individual patient. The results of reconstructive surgery using various types of shoulder arthroplasty will be discussed as will be the role of accurately placed steroid injection therapy based upon sensory testing with local anaesthetic.

Surgery can also be offered for the patient with either early or late involvement of the elbow joint with arthritis and the role of arthroplasty will be discussed.

Results of even the most sophisticated and expertly performed upper limb joint surgery in the arthritic patient can always be improved by an intensive and meticulous rehabilitation programme (both pre-operatively and post-operatively), the prescription of appropriate aids and appliances and the optimisation of medical therapy.

I.2. Surgery of the wrist and hand in arthritis.

M.Flowers. Leeds General Infirmary Gt George Street, Leeds, LS1 3EX, UK.

Appropriately planned surgery in the arthritic hand and wrist can make a profound difference to the patient, but careful preoperative assessment is essential.

1. Why do patients want surgery?

Evaluation involves good clinic atmosphere, where the patient's needs can be listened to. The Occupational Therapist has a key role. Precise and realistic objectives need to be set by surgeons and the patient together.

2. Can surgery be avoided, or deferred?
3. Why do deformities develop?

A clear understanding of the mechanisms operating in each patient is important if reconstructive surgery is to be successful.

4. Which operation is "best buy"?

Experience dictates likely outcome, and risk taking is unwise. Some examples of recommended procedures, prophylactic, currative, reconstructive and salvage.

Parallel session II.A: *Occupational therapy*

II.A.1. Activities of daily living (ADL) and rheumatic disablement: the challenge to occupational therapy.

A. Tennant*, E. Badley**. *Rheumatology & Rehabilitation Research Unit, University of Leeds; **University of Toronto.

Occupational therapy (OT) is aimed at improving, or at least maintaining independence of clients. What sort of demand for OT, arising from the rheumatic diseases, is likely to exist in the community? In 1986, 597 respondents aged 16 years and over with rheumatic disability were given a face-to-face interview as part of a large scale community survey. This paper examines the prevalence of difficulty across a wide range of ADL, and considers the likely implication for OT intervention. 79.1 per 1000 adults were found to be disabled in association with the rheumatic diseases (95% CI: +/− 2.6). The most common reported difficulty (70%) was with shopping, giving a prevalence of 55/1000 adults. Cutting toenails was reported as difficult by over three-fifths, giving a prevalence of 40/1000. Half of the respondents found picking items up off the floor difficult, giving a prevalence of 40/1000.

Some activities relate closely to overall level of dependence. For example, only 2 in 5 of those disabled but independent reported difficulty with picking things up off the floor, compared to almost all (95%) of those needing continuous help or supervision. Other activities, for example carrying shopping, are found difficult by many, even those maintaining independence. About one-quarter of respondents found personal activities like washing all over, or dressing, difficult, but these activities were associated with dependency, and only one in ten of those independent reported such difficulty.

Factor analysis of ADLs suggest that light housework, including food preparation, is a major grouping of ADLs; that heavy housework is another group, and that dexterity and within-the-home mobility are others. The implications of these groups for the role of the OT, particularly in support of home care services, will be examined.

III.C.6 Outcome based audit project for the rehabilitation services.
M. Kirkwood, Harrogate district hospital, Harrogate, England.

The Occupational Therapy and Physiotherapy Departments within Harrogate Health Authority use Problem Orientated Medical Recording. Previous audit has shown a need for a more standardised method of setting objectives of treatment, and writing discharge summaries, all of which should be discussed and mutually agreed with the patient. The project aims to address this need and also develop a set of criteria which could be scored in order to evaluate intervention and influence practice. An objective of the project is for the culture of audit to permeate all grades of staff and become accepted as common practice. Getting started has been a time consuming and difficult task for a therapist not trained in audit and its methods, therefore, the project is still in its infancy.

Update Lecture IV: *Immunology*

IV.1. Immunology and the rheumatic disease.
C. Pease. The General Infirmary, Leeds, UK.

The assessment of a patient with a rheumatic disease has been considerably improved by the use of immunological investigations. Some of the tests which used to be done only in research laboratories are now routinely used in clinical practice. Certain diseases are characterised by particular autoantibodies and the titre of these antibodies can be of help in determining disease activity and thus influence therapy. How these antibody profiles differ for different diseases and the recognition of new diseases will be reviewed. Rheumatoid factor remains a useful test in rheumatoid arthritis with some prognostic significance. Yet it can be misleading unless recognised that it can appear in high titre in other diseases like that it can appear in high titre in other diseases like primary Sjögren's syndrome or in the elderly. This talk will concentrate on the clinical use of these immunological tests and how they help in patient management.

Plenary session V: *Psychosocial aspects of rheumatic disease.*

V.1. Psycho-social aspects of rheumatoid arthritis.
J.J. Rasker, E. Taal. Departments of Rheumatology and Psychology, Medisch Spectrum Twente and University of Twente, PO Box 50 000, 7500 KA Enschede, the Netherlands.

A person with rheumatoid arthritis (RA) is an ill patient with a handicap. The course of the disease is influenced by biologic, psychologic as well as social interactions. In order to improve the well-being of a patient, all these fields but also their interactions should be studied, e.g.: the fact that more than 50% of the RA patients have at least one other chronic disease, influences psycho-social aspects like depression, social factors but also functional status.
The main problems as perceived by the patients are : not being able to do the things they used to do and being dependent on others (and not the pain by itself as many doctors expect).
Many so called "quality of life" assessments make it possible to quantify how patients themselves experience how their disease interferes with their lives. After any kind of treatment they themselves will teach us about their improvement or deterioration. The way patients handle the consequences of their disease greatly influences their health status.
Patient education as part of the psycho-social support will contribute to an adequate handling of the disease, especially by including self-management activities in daily life. Whether a patient succeeds in changing life, depends on his outcome expectations and his belief in his own capabilities (self efficacy). The social circle also has an important influence which can be positive but also negative.
Education thus not only concerns the patient but also the health professionals, his family and friends and even the ideas of public and government may need some change.
Interaction of psycho-social factors and the immune system are very difficult to prove ; the findings in many studies are controversial and results may frequently be explained by chronic stress.
Recent literature in these fields as well as findings of studies in our own group will be summarized.
Rheumatoid arthritis is a complex disease. In order to find a treatment, basic research is necessary, but also care as well education have to be studied.
Due to the important overlap and interactions in these fields the only way to leap forward is close cooperation between all scientists working in the field of rheumatology.

V.2. Independence in young people with arthritis.
S. Straughair Update. Arthritis care, 250 Oxbridge Lane, Stockton on Tees, Cleveland, TS18 5AB, UK.

This study, funded by the Joseph Rowntree Foundation, examines the experience of having arthritis as a young person with regard to achieving and maintaining independence.
The project involved group discussions, a postal questionnaire and finally 40 depth interviews, half of the respondents living in the north east of England and half living in the Hampshire/ Dorset area.
The research showed that economic, physical and practical barriers to independence exist to some degree in all aspects of independent living but the overriding barriers common to all ages and degrees of disability are : Firstly, the ignorance of the general population, and some helping agencies, of the nature and effects of arthritis ; Secondly, the ability to develop strong self-esteem and the positive attitudes of those interacting with young people with arthritis have a crucial role in motivation (or lack of motivation) towards independence ; Thirdly, the difficulty of coming to terms with a medical condition with no cure, which is unpredictable, often invisible to others but which profoundly affects all aspects of an individual's life and that of their family.

Parallel session VI.A: *Patient education*

VI.A.1. Identifying the need for patient education in rheumatoid arthritis in North Staffordshire.
E.C. Hall, B. Ferguson. Staffordshire Rheumatology Centre, Haywood Hospital, Stoke-on-Trent, ST6 7AG, UK.

Patient education probably improves compliance with treatment regimes, joint protection and exercise as well as improv-