



# Revaluing life, values and teamwork

**COVID-19 has changed our world with a speed almost beyond comprehension. As well as the impact the pandemic has had on their personal lives, health professionals have found their working practices turned on their heads. Ricardo Ferreira, Rheumatology Department Centro Hospitalar e Universitário de Coimbra, Portugal and Chair of EULAR's Health Professionals in Rheumatology, gives an overview of how COVID-19 has changed things forever, and presents the experiences of three other HPRs**

Every person has to deal with life-changing events throughout their journey in this world. Most of these events are somewhat expected, such as being adolescent, finding a first job, becoming a parent, being retired, dealing with illness or, ultimately, suffering and recovering from the death of a loved one.

The profession we choose to work in – and how much we love it – is strikingly significant. Healthcare professionals play an essential role in societies, although some countries recognise and support them differently. Global crises, such as the one we currently live with, are an important opportunity to rethink the way we organise our society(ies) and how we value every human life, whether young, adult or elder, and every profession. Access to quality or adequate health services is undoubtedly something that everyone highly prioritises, but that only less than half of the population benefits from.

Since COVID-19 entered our lives, health professionals in rheumatology (HPRs) throughout the world have shown a strong ethical commitment to colleagues from other departments and specialties, as well constant



Face-to-face consultations have had to be replaced during the pandemic

service to their co-citizens. Many have moved from infirmaries, outpatient consultations and primary care into the urgent or intensive care units to join their “fellows” in doing battle against a dangerous “invisible” enemy. This has required a reorganisation of original workplaces, namely in specialties like rheumatology, which care mostly for people with chronic diseases – many of whom have co-morbidities and take immunosuppressive drugs.

Many HPRs have faced the dilemma of moving into a different home, apart from their family – in some cases lasting several months – to minimise their risk. Volunteering to support the frailest (for example, in nursing homes) has also been a huge signal of hope. Many have dealt with death like never before in their lives. Last, but not least, health professionals themselves have faced the infection with its different physical, psychological and social harms and, very unfortunately, the virus has taken the lives of some colleagues.

We have also learned a lot for the future. Namely, the need to pay more attention to, and put more effort into, protecting people with chronic diseases, the importance of school and how we care our elders. Finally, everyone has revalued the importance of real teamwork among healthcare professionals within and between departments and institutions.

On the next two pages, I am delighted to share some experiences from HPRs across Europe. Each example shows how colleagues have adjusted to the new normal, supported co-workers and been there for people with rheumatic and musculoskeletal diseases (RMDs).

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**Erika Mosor, a Researcher from the Medical University of Vienna Centre for Medical Statistics, Informatics and Intelligent Systems, shares her experience of assessing clinical practice guidelines and recommendations for health professionals in the context of COVID-19**

Since the novel coronavirus disease 2019 (COVID-19) rapidly spread worldwide, a large number of clinical practice guidelines and recommendations related to the coronavirus have been published. They could support our work to best inform patients on an evidence base, as well as in shared decision making, and providing the best possible interventions during times of the pandemic. However, due to the huge amount of publications, selecting the right guidelines to utilise has been challenging.

Together with health professionals from all over the world – including some involved with EULAR – we conducted a rapid systematic review to explore the methodological quality of guidelines related to



COVID-19 published between February and April 2020. We found that most of the guidelines were not developed according to basic methodological standards (Stamm et al., 2020; submitted for publication).

When developing guidelines and recommendations and/or selecting them for use in our clinical practice, we should ensure that they are of high methodological quality. They should be comprehensive, based on evidence and built on up-to-date information. This is especially

important as the state of knowledge regarding COVID-19 is changing rapidly. In addition, the involvement of all stakeholders, including patients, in the development of guidelines is of great importance.

One publication, classified as the highest methodological level in our work, aims to guide clinical practice of physiotherapy management for COVID-19 in the acute hospital setting<sup>1</sup>. It is intended for use by physiotherapists and other relevant stakeholders in the acute care setting caring for adult patients with confirmed or suspected COVID-19.

With their work, the authors have shown that guidelines of high methodological quality could support the work of health professionals by informing how to care for patients during times of a pandemic, how to plan and prepare our work and to select the right treatments and personal protective equipment.

<sup>1</sup>Thomas, P., Baldwin, C., Bissett, B., Boden, I., Gosselink, R., Granger, C. L., Moses, R. (2020). Physiotherapy management for COVID-19 in the acute hospital setting: clinical practice recommendations. [\*Journal of physiotherapy\*](#).

**Georgina Pimentel, Registered Nurse in the Rheumatology Department, Centro Hospitalar e Universitário de Coimbra, Portugal discusses how fear has not taken away hope in the COVID-19 pandemic**

Six months after the pandemic was declared, where I am?

In March 2020, national TV programmes only broadcasted news relating to SARS-CoV2. We were informed we were receiving virus-infected patients. As an internal medicine service, we would be the first COVID inpatient ward at Centro



Hospitalar e Universitário de Coimbra. Therefore, we defined strategies with the help of the Hospital Infection Commission, organising circuits and optimising resources. We showed a willingness to cope with the situation since we understood it had to be a joint strategy.

We worked as a team: doctors, nurses and operational assistants, relying on our training, friendship and forming a cohesive unit. We agreed one of our priorities should be our safety. However, on my first contact with a patient, this conviction disappeared. The patient looked at me wearing my uniform, trying to “hide” from the virus and, out of fear and disorientation, he hit me. I just wanted to show him that a nurse was there to take care of him!

Communication with patients and the team was a real challenge due to the protective equipment. Contact with family was made by telephone and video calls to share words of comfort and hope.

These were days of few smiles and constant insecurity, because we had little information about the disease – isolation was the only way to control it.

Late July, the number of hospitalised patients decreased and there was an opportunity to



resume assistance activities. Due to the pandemic, unfinished projects which had been left behind waiting in a drawer were renewed at this time. I postponed many family commitments and socialising with my friends... “just” once more!

Following the first crisis, I was given the opportunity to move into the rheumatology outpatient service, which I happily accepted. I was already contacting patients with RMDs one day per week, but now I am doing it full time, with the same conviction of serving the community. With this experience, I am better able to provide quality care for patients in safety, while avoiding risky situations.

## Milena Gobbo, Psychologist Specialist in Pain and RMDs, and Co-ordinator of Psychology Pain work group of the Official College of Psychologist of Madrid, considers the impact of COVID-19 on her patients

The best part of my job is seeing its impact on a patient's life.

ML has scleroderma, back injuries causing intense pain and many other ailments. She had been my patient for a few months when the pandemic started, and we moved online due to the lockdown. ML confessed that going through COVID19 without the learnings she had gathered during therapy would have been terrible. Now she knows how to better manage her fear and catastrophic ideas. She knows how to allow herself small pleasures and distractions, how to manage her pain, and stay on the move even at home... *"I only watch TV for half an hour, as you recommended, and I focus on information about*



*guidelines and norms, but don't pay attention to new cases or number of deaths, (because this information doesn't help), or opinions (there are so many without evidence). I focus on me. How I actually feel, what I want and can do right at this moment. On things close to me, my partner, my family, my friends... and everything flows better".*

IB has lupus. He was diagnosed the same week we started therapy. When he arrived for his first session, he was on the edge of desperation

because the first episode was terrible, causing intense pain, weakness and fear. In addition he felt strongly that "nobody understands me". The very next day, he was hospitalised due to a severe cardiac pathology. It was right at the start of the COVID outbreak, which he would get infected by too. Despite all that, our first session was crucial because he felt understood, supported. The window of hope made him stay in contact even during his stay at the hospital. Thankfully, he responded to the treatment and the lupus now gives him a break. He was released soon after.

We remain under lockdown, but we keep working remotely. Every technique I recommend he puts into practice right away. By the summer, I end treatment for this person with lupus, but IB has learned that the disease is not a divine punishment, or something that cannot change or a disease that will always get worse. It is only a disease – like this new virus or like many others. IB has learned that, in order to keep living, we need to start by acknowledging that it is there and, from that acknowledgement, use everything at our disposal to adapt and keep living our life in the best way possible.

## Ricardo Ferreira reflects on the impact of the COVID "bomb" and its fallout on RMD care

The coronavirus disease (COVID-19) "bomb" exploded without warning and touched our lives as a global society. We all needed to cope with it – firstly as individuals and members of a family, and then adjusting our role(s) in society.

People with rheumatic and musculoskeletal diseases (RMDs) felt particularly vulnerable due to the chronic dysregulation of the immune system or to the immunosuppressive medications needed by so many. These people require regular healthcare monitoring to assess the efficacy of their treatments and to prevent and screen possible side effects and associated comorbidities – such as a higher risk of contracting infections.

The contingency measures and lockdowns imposed during the peak of the pandemic obliged many health professionals to move from outpatient consultation to their homes. This disruptive change led to the cancellation of many outpatient appointments. Patient's fears and doubts, conveyed in great extent by the "chaos" broadcasted by social media, were not always possible to resolve.

While these patients were trying to self-manage their symptoms the best way they could, health professionals were also trying their best to keep

the (minimum) quality standards of their services. Despite the fact we are living in a digital era, many hospitals and health institutions were not properly prepared to provide distance care. Many places still don't have proper telephone services, hardware and Wi-Fi provision, among other needed structures and (re)organisation.



The most striking uncertainties expressed by RMD patients were: "Should I stop my immunosuppressive medications?" and "Can I safely go into healthcare clinics?". At the beginning these were not easy questions to answer but, soon, we helped to clarify them and disseminated information through different organisations. Many patients, however, did stop their medications and their symptoms flared. Access to drugs was also a problem for many due to lack of supply (for example, hydroxychloroquine).

Even the people who correctly continued to take

or receive their medications suffered important changes in their health and well-being because they were not able to continue their usual exercise regimes or their usual non-pharmacological measures, or were not able to have contact with their relatives. It is important to remember that the self-managing process is a continuous learning process, benefitting from HPR support. It is us who can provide expert tailored counselling to help people with RMDs deal with the psychological or psychological "flares" of the disease.

In response to these challenges, an unprecedented boost to research has been observed to clarify the risk factors and the pathogenesis of the COVID-19 disease, its treatments and its vaccines development. Qualitative research, using interviews with people with RMDs, have also been necessary to focus on the very personal concerns, experiences and opinions of individuals. These study approaches can provide both essential inputs for the current and future management of such pandemics, while promoting an interactive and comprehensive/meaningful process, which is valued by the participants.

Further research is also required on innovative models of care delivery and a EULAR task force is being formed to define recommendations on telehealth, wishing to remove any "fallout" remaining in a near future as a result of this coronavirus "bombing".

# From the Chair

By Ricardo Ferreira, Chair of the EULAR Standing Committee of HPRs

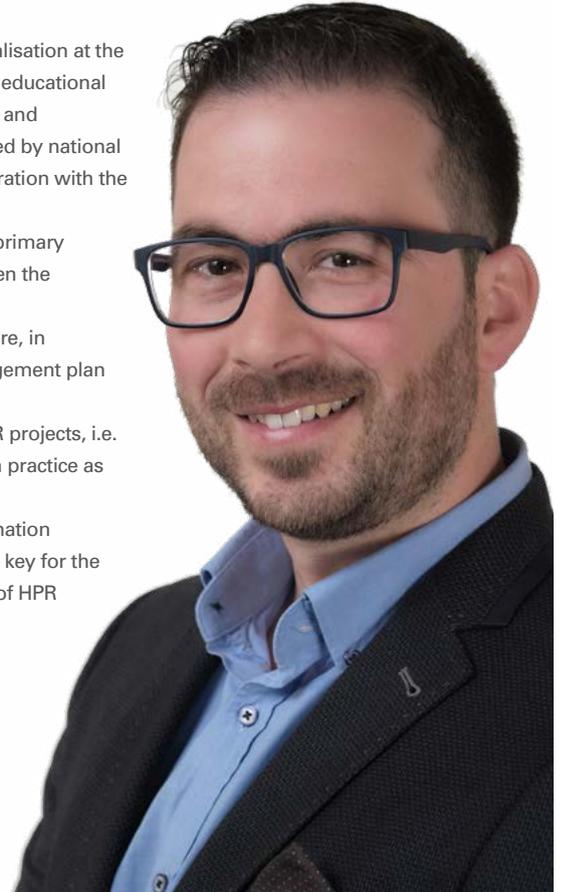
Time has flown since I took on the Chair-elect role of the EULAR Standing Committee of Health Professionals in Rheumatology (HPR) in June 2019. And, after becoming Chair in June 2020, my predecessor, Rikke Helene Moe has taken me on an amazing learning experience, carefully guiding me in the details and policy of EULAR and the ongoing HPR process.

Together with Thea Vliet Vlieland, HPR Vice-President, we have been working hard to continuously raise the HPR profile across Europe and to incorporate our network into the changing structure and organisation of EULAR. We are doing our best to honour the achievements of previous brilliant leaders with whom I have been lucky to work during my term on the Scientific Sub-Committee: namely Susan Oliver, Tony Redmond, Annette de Thurah, Christina Opava and Tanja Stamm.

My main aspirations for my time in office are:

- i) fostering rheumatology education/specialisation at the national level, including organising local educational events with local “language” facilitators, and fostering post-graduate courses organised by national organisations and universities in collaboration with the EULAR School of Rheumatology
- ii) promoting wider co-operation between primary and differentiated care, as well as between the paediatric and adult settings
- iii) incorporating the patient perspective more, in research but also in the daily care management plan (establishing individualised goals)
- iv) promoting the implementation of EULAR projects, i.e. making our recommendations happen in practice as soon as possible
- v) fostering co-operation and shared information between our HPR national associations – key for the sustained and continuous development of HPR competencies and recognition.

COVID-19 and the changing structure and organisation of EULAR might influence our plans for the next two years, but we have learnt that every “crisis” is a chance to improve. The greater the challenge, the greater the gratification of surpassing it.



## Do you have good news for the newsletter?

The HPR newsletter provides the main information channel to health professionals in rheumatology within Europe.

The newsletter is published twice a year, featuring the work of health professionals and all aspects of multidisciplinary collaboration. Please share tips about health professionals theses, projects and new research themes in the musculoskeletal field.

Prescribe the newsletter free of charge to colleagues at [www.eular.org/health\\_professionals.cfm](http://www.eular.org/health_professionals.cfm).

Please contact Kate Betteridge at [kate@katebetteridge.me.uk](mailto:kate@katebetteridge.me.uk) if you have ideas for future articles.

## Apply now: EULAR HPR research grant

Every year EULAR funds one health professional research project in the field of rheumatic and musculoskeletal diseases (RMDs) that is in line with the mission, objectives and goals of EULAR. Projects will be funded up to a maximum of EUR 30,000. Application is now open!

### Projects should:

- be in the field of rheumatic and musculoskeletal diseases (RMDs)
- involve at least 3 countries.

More information can be found on the EULAR website at: [www.eular.org/health\\_professionals\\_research\\_grant.cfm](http://www.eular.org/health_professionals_research_grant.cfm)

The application deadline for the 2021 HPR Research Grant is 15 December.





# The importance of being together

By Thea Vliet Vlieland, EULAR Vice President representing Health Professionals in Rheumatology

"Being apart teaches us how to be together". When I saw that quote, I thought how very applicable it is to the work of health professionals in rheumatology (HPRs) during the COVID-19 pandemic. Due to the necessary restrictions we must now abide by, the delivery of care has changed markedly for many HPRs. Whereas some HPRs have needed to deliver care where the healthcare system needed them most, others have had to change their rheumatology practice completely. Delivery of remote care, including video consultations, telephone or e-mail contacts, has become routine rather than an exception. And, despite possible technical setbacks, it has been found to work relatively well for most.

In fact, this is not surprising. The availability of excellent communication skills is among the recently-defined core competences EULAR has defined for health professionals in rheumatology. Effective communication in COVID-19 times not only encompasses the appropriate use of technology to deliver routine care, but also includes the support of patients coping with the specific challenges of this situation.

## "Patients with RMDs need expert advice"

Many patients with rheumatic and musculoskeletal diseases (RMDs) are in need of expert advice, for example on the administration of medication, routine lab controls or the worsening or occurrence of symptoms. HPRs also play an important role in the provision of advice on handling mental stress or ways of remaining physically active when exercise therapy sessions or classes are cancelled.

HPRs are not only active in clinical practice however, but also working as scientists in the field of care research.

An example is Annette de Thurah, former Chair of the EULAR Standing Committee of HPR and associated professor at Aarhus University, Denmark. She and other HPR scientists are, by



Annette de Thurah

their conduct of research in the field of remote care delivery, working hard on the underpinning of the effectiveness and safety in the provision of innovative models of care delivery in rheumatology.

## "The EULAR Congress has been an important platform to exchange new research insights"

The EULAR Annual European Congress of Rheumatology has been an important platform for HPRs to exchange such new research insights between HPR scientists and other researchers. This year, the congress was delivered in a virtual way.

The planned HPR programme was transformed into a digital format in a very short time span, and comprised a set of very interesting and high quality sessions. However, the number of HPRs attending the congress was limited.

With "Being apart teaches us how to be together" being the motto of this column, it is

obvious that lessons were learned. Regardless of whether next year's congress will be fully or partly delivered virtually, it is important that the engagement of HPRs in the congress grows.



Thea Vliet Vlieland

## "Costs and time are barriers to participating in a physical congress"

A virtual congress means that there are no costs involved for travel or accommodation and, for registered attendees, the sessions remain accessible for three months. In particular, as HPRs across Europe have indicated that costs and time are important barriers to participating in a physical congress, a virtual congress would be much more accessible.

It is, therefore, a top priority of the HPR leadership to ensure that the coming year's congress is well promoted and accessible to more health professionals in rheumatology.



It is important to remain physically active

# Helping to reduce the burden

Early in the COVID-19 pandemic, EULAR recognised that a number of measures needed to be immediately addressed and modified to reduce the enormous burden that it would place on already overstretched healthcare systems. Former EULAR President, Prof. Johannes Bijlsma from Utrecht in the Netherlands, explains how EULAR reacted

## What immediate challenges did COVID-19 pose to the rheumatology community?

Within a few weeks COVID-19 changed the whole world – the speed of the changes surprised all of us. The first concerns in our field of rheumatology were: What about our patients? Will they get the disease earlier because of immune-suppression and co-morbidities? And, in case they got the disease, would they be worse off? Should they continue their drugs?

Another concern was, of course, our EULAR European Congress of Rheumatology, the annual coming together of our three pillars to exchange new science, new plans, new projects. We were less than three months away from our congress and had to decide to cancel the face-to-face meeting and to go ahead with a completely digital congress at short notice.

## How did EULAR respond to these challenges and how did the three pillars come together?

The EULAR Secretariat Office and the EULAR Steering Group had to make quick decisions with regards to operational matters – especially relating to our congress and all the meetings that are associated with the congress, such as of the General Assembly, Executive Committee, Scientific Committee, Standing Committees and Study Groups. In order to be able to attend to the concerns of our patients, our health professionals in rheumatology (HPR) and physicians, we established a COVID-19 Task Force, to which all pillars participated actively.

## What was the purpose of the EULAR COVID-19 Task Force? What has it achieved?

The purpose of this EULAR COVID-19 Task Force was to make sure that all necessary actions were taken and to co-ordinate those actions. We looked to address many matters. To mention some important ones: communication on the most pressing questions regarding treatment of



Prof. Bijlsma speaking at a EULAR conference in 2019

rheumatic diseases in COVID time; how to prevent getting infected; and how to deal with possible infections. In order to address these questions, the task force formulated provisional guidelines on COVID-19 and rheumatic diseases. These were presented at the EULAR Virtual Congress in the first week of June and a lay version was put on our website the same day. Other important activities involved establishing a [EULAR COVID-19 Database](#), delivering teaching sessions for our three separate pillars at the congress and providing a specific COVID abstract session to report on the first experiences, especially from Italy. Additionally, we developed a clear communication plan.



## The EULAR COVID-19 Database was quickly established. What is the purpose? What has the data revealed? How have you been able to use that data?

EULAR worked together with international organisations to found a global registry; but it became clear straight away that, due to legal rules, a separate European database was necessary. We worked with many committed rheumatologists and epidemiologists in different European countries to establish the EULAR database, which is presently the biggest one. Data of over 3,000 patients has been collected and it is slowly becoming time to start “harvesting” scientific data. It is not possible to conclude from a database whether there is a higher chance of getting COVID-19 as a patient with rheumatic and musculoskeletal disease (RMD) or not; but, from the database, it can be tentatively concluded that COVID-19 doesn't get worse in RMD patients than



in other patients, which is reassuring. With regard to statements on drugs used by RMD patients, it is still a bit early to draw conclusions.

There seems to be a suggestion that the use of biologicals is not harmful – perhaps it is even a bit beneficial – however, using glucocorticoids may have a negative effect. This is a remarkable finding, especially since we now know from clinical studies that starting glucocorticoids in COVID patients that need (mechanical) ventilation is very effective in reducing the percentage of people needing ICU and people dying. It could well be that being user of glucocorticoids before obtaining the COVID-19 infection is a marker of severe disease; that those patients with the worst form of RMDs are the ones using most glucocorticoids.

**Has EULAR collaborated with any other organisations in its attempts to ensure rheumatology services and the treatments of people with RMDs are as COVID safe as possible?**

EULAR always co-operates with other organisations, such as the American College of Rheumatology, with people from Asian-Pacific region and many others. In the case of COVID-19 this came together in the Global Registry Alliance (GRA).

**What do you think the long term effects of COVID will be on rheumatology services – and can you see any positives?**

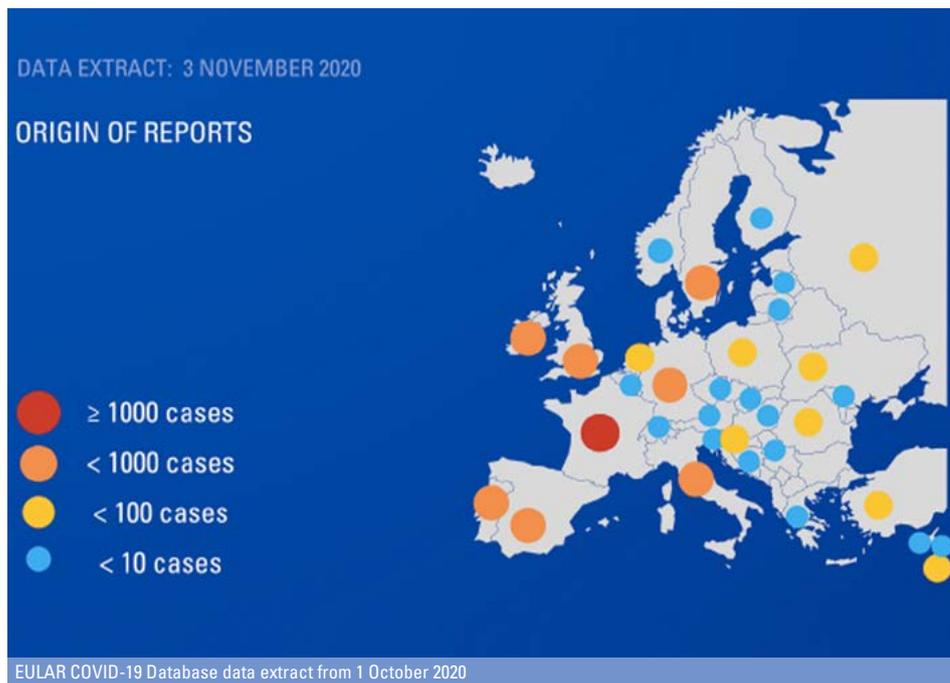
In the end there might indeed be positive effects of COVID-19 on rheumatology services. We were forced to apply remote service to our patients, and we will surely continue to use digital applications where possible. Face-to-face contact will continue to be needed, but the frequency might become lower when some encounters are replaced by e-health contact. This will apply to contact between patients and physicians as well as other healthcare providers. At the EULAR Congress in Paris next June, we will have one or more sessions on this item.

**Multi-disciplinary teams seem more essential than ever now. Do you think that HPRs will play a more central role in the treatment of people with RMDs in the ‘post COVID world’?**

We already have many years’ experience of working within multi-disciplinary teams within rheumatology. However, COVID-19 has changed the work of all healthcare providers, including HPRs, enormously. HPRs, for example, play an important role in organising alternatives to face-to-face contact regarding the continuation of medical treatment – such as practical issues regarding the administration of drugs and the monitoring of their safety – in close collaboration with rheumatologists. HPRs often serve as a first point of contact for patients when regular consultations at the outpatient clinic are cancelled or postponed. They are also pivotal in delivering exercise and physical activity programmes.

People with RMDs constitute a particularly vulnerable group due to their rheumatic condition and its treatment, so another important role of HPRs during the COVID pandemic has been to support patients to cope emotionally with the stress and uncertainty they face in these times.

All of this virtual care – video and telephone consultations and other means of communications – has been implemented successfully in a very short time period. Although these will never be a full substitute for face-to-face contacts, using the new opportunities for care delivery will most likely enhance the impact of the role of HPR in the post-COVID world.



# Meeting educational needs

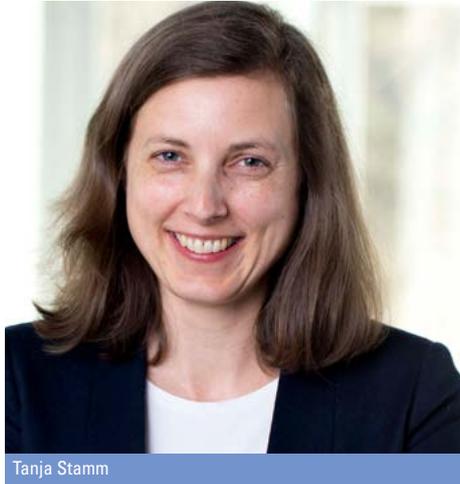
**Prof. Tanja Stamm, from the Medical University of Vienna and former EULAR Vice President representing HPRs, shines a spotlight on the interactive COVID-19 session on the EULAR HPR congress programme, with contributions from a selection of the presenters**

With the Covid-19 pandemic changing our lives and working practices, and dominating healthcare, the EULAR Health Professionals in Rheumatology (HPRs) strove to meet the educational needs of its network to ensure all specialties were up to date with the latest research and evidence. With the 2020 EULAR Annual European Congress of Rheumatology suddenly turning virtual, there was an opportunity to share essential learning at a key time.

Including a COVID-19 session in the 2020 congress programme was quickly identified as being essential because EULAR wanted to make the content of the congress the timeliest, most useful and attractive for health professionals in rheumatology. There is a lot of need for evidence-based information as health professionals all aim to deliver care in a safe and effective manner despite the crisis. Furthermore, there are a lot of personal concerns – something which was evident in the topics we covered in our innovative and interactive session. Education of health professionals was equally effected, as the session also had a practical component.

## Latest research news and findings

We put this Covid-19 session together on a very short timeline – just before the congress



Tanja Stamm

programme was finalised. We included topics and research that people were conducting at that time. In my opinion, this is really how a congress session should be – presenting the latest research news and findings.

The interactive element worked very well and we should have had more live sessions as part the congress. I think live sessions have a very nice format and the audience can interact. We should definitely think of including more interactive elements in the future. Also, I think we have learned a lot from the crisis and our digital skills have substantially increased. Having the option

of attending without the need to travel might also make congresses more accessible for people who cannot travel easily for many, often personal, reasons. Maybe a hybrid format will be the optimal way for the future.

## Hot discussion points

The crisis has substantially changed the way we deliver healthcare. A shift towards more remote elements in healthcare might even have benefits for patients. What's important is that we consider the perspective of all stakeholders, including patients, to really provide optimal solutions for everyone. The personal perspective of the different speakers from all over the world who talked in this interactive session were really most exciting.

We need to learn from the crisis and continue with the positive achievements we have effected. Healthcare is very much under pressure, but the economy is also. We need to consider the different perspective and also use evidence-based information in healthcare to make valuable decisions which put patients at the centre. The care that health professionals deliver is essential for the health and well-being of our society. This needs to continue during the crisis in a safe and effective manner.



The EULAR Congress COVID-19 session was advertised through social media

**Erika Mosor, Researcher from the Medical University of Vienna, Austria, presented on “The lockdown and its consequences – perspectives and needs of people at increased risk of severe illness from COVID-19”**

We knew little about the experiences of people at high risk of contracting severe Covid-19, the problems they faced in their daily lives over the first months of the pandemic and the impact of the measures taken by the government.

The aim of our qualitative longitudinal study was, therefore, to explore the personal views and attitudes of older adults and people who, due to their state of health, belong to the “at risk” group during different phases of the crisis.

People aged 65 years or older and persons with pre-existing conditions participated in telephone interviews at two different points in time. We found that the people, generally, had a positive attitude towards various COVID-19



interventions. However, their implementation was often perceived as a challenge due to illness or disability. In addition, people reported a deterioration in their health status due to limited healthcare and negative effects of social distancing.

As HPRs, we should urgently develop targeted strategies and interventions to quickly identify at risk groups in the event of a crisis and provide comprehensive support where necessary. The perspectives and needs of people at increased risk of severe illness from COVID-19 should be taken into account in order to ensure their quality of life even during longer periods of crisis.

**Margaret R. Andrews, MPH from the Medical University of Vienna, Austria, presented on “Clinical practice guidelines and recommendations in the context of the COVID-19 pandemic: systematic review and critical appraisal”**

At the start of the pandemic it was suddenly necessary for healthcare professionals (HCPs) to change their usual practices, but there was little information on how best to do this. This gap was a common concern raised among colleagues – including us – and an international research task force quickly formed.



The aim of our study was to systematically review and critically appraise clinical practice guidelines and recommendations related to SARS-CoV-2 infections and the delivery of healthcare at the start of the COVID-19 pandemic (February to April 2020) from a methodological perspective. Our task force included HCPs and researchers from all six WHO regions, in collaboration with Cochrane Austria.

We conducted the review and analysis from April to May, eventually including and extracting data from more than 180 publications (Stamm et al., 2020; submitted for publication). We found that few guidelines met basic methodological standards; see Erika Mosor’s article on page 2 for details. Since then, thousands more have been published, showing the importance of this issue. Although we all need guidance on how best to adapt our work, poorly developed guidelines could lead to uncertainty or even harm for both patients and HCPs.

This collaborative effort was a rewarding research experience for me, a PhD student working with Prof. Tanja Stamm, and a great example of international researchers uniting to respond to COVID-19.

**Kim Dupree Jones, Dean and Professor from Linfield University, Portland, USA, presented on “How Nurse Educators Continued their work during the COVID-19 Outbreak”**



Educating the next generation of nurses and nurse practitioners is challenging in the best of times. However, in the US during the spring and summer of 2020, COVID-19 required that we radically change our delivery systems. Health systems needed nurses to work on the front lines, yet our access to hospitals, clinics and personal protective equipment was woefully inadequate to mitigate the risks caused by the largest global pandemic in a century.

How did nursing academics pivot to meet the dual needs of continuing the pipeline of nurses and nurse practitioners, while providing reasonable protection against an infectious disease with no known treatments? The following bullets highlight several of the accommodations that were enacted after co-

ordination with our major accrediting bodies and our public health agencies.

- Moved didactic lecture from face-to-face to online or hybrid delivery.
- Increased simulated clinical to at least 49% of clinical competencies or hours in bachelor’s and nurse practitioner programmes.
- Screened all faculty, staff and students daily for fever and COVID symptoms.
- Closed campus to all visitors and limited students to 16 per 4-hour learning block. Most faculty and staff worked from home and students found study spaces off campus.

Throughout the process we sought to maintain connection and positivity among students, faculty and staff. The following were enacted to bolster resilience and success in our students:

- provided virtual and telehealth mental health support
- started a weekly yoga class and student-led public health initiatives
- met virtually monthly to highlight success stories and brainstorm barriers.

Our moto became “Positivity and good work spread faster than any contagion”. While we look forward to a post-COVID future, we now have an experience that will forever link us with the classes of 2020 and 2021.

# Making the congress more accessible

**Rikke Helene Moe, Past Chair of the Standing Committee of Health Professionals in Rheumatology, explains how EULAR is working to make the EULAR Congress more accessible to HPRs**

The breadth of activity in EULAR is enormous. One of the key tasks is arranging the EULAR Annual European Congress of Rheumatology. As health professionals in rheumatology (HPR), we offer a fine selection of full sessions, abstract and poster sessions, poster viewings, informal networking at the HPR booth and study group meetings which are open to all participants depending on special interests and needs.

To make participation easy for the three pillars on which EULAR rests, each has its own dedicated part of the congress programme. The health professionals' programme captures content especially relevant to health professionals working within the field of rheumatic and musculoskeletal diseases (RMDs). Did you know that the HPR sessions are developed from proposals made by you?

As a participant you may pick and choose from the congress programme in a way you feel is most interesting to you. For people who are new to EULAR, I would certainly recommend starting with the HPR Welcome Session to get a helpful overview of what's hot and who's there. Then I would suggest attending full sessions, and perhaps joining a study group meeting where you can engage with colleagues who have similar interests.



*"Participating in the EULAR Congress represents an opportunity to share challenges and ideas."*

Participating in the EULAR Congress not only helps bridge research and clinical care, it represents an opportunity to share challenges and ideas, and to support and learn from each other. We know that there are many barriers to HPRs participating in the congress. Therefore, the HPR Standing Committee is working towards making the congress more accessible. As opposed to medical doctors (MDs), HPRs are rarely sponsored; this is one of the reasons why the participation

fee is lower. We are in discussions about lowering the fee even further in the future – for example by subtracting the complementary ARD subscription that comes with the congress, as suggested by several of you. We can also offer [30 full travel bursaries](#) which HPRs may apply for if they submit an abstract to the congress.

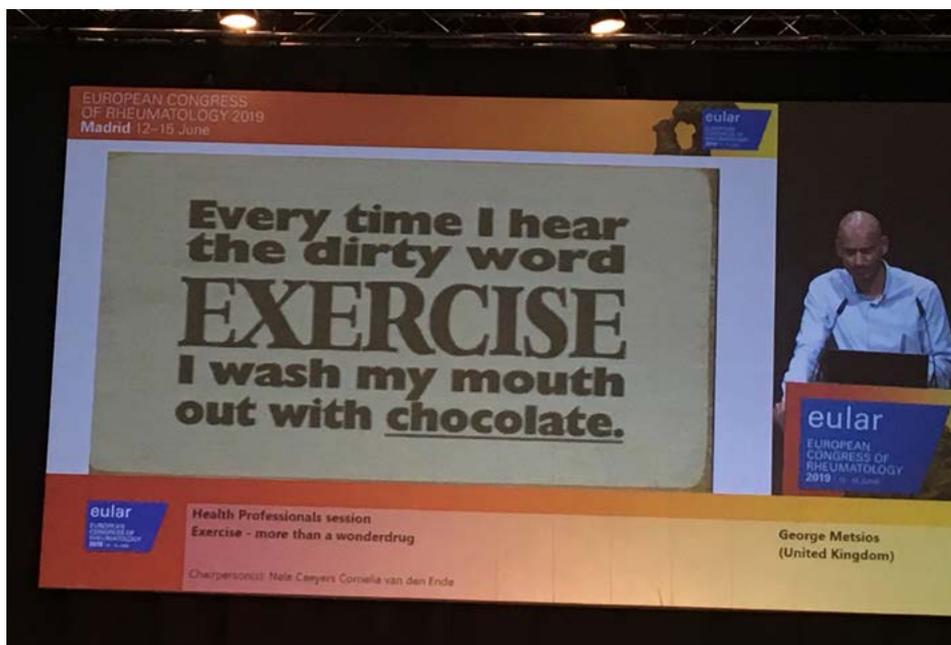
We had been really hopeful of an increased HPR attendance when the EULAR Congress went virtual in 2020. However, it seems that it was even more difficult for HPRs to get time off to join the digital congress, partly due to the pandemic and its resultant heavy workload and new tasks.

We really want to make congress attendance easier for you. Results from surveys, discussions with many of you and information from the national association presidents show that there are language barriers to overcome, and that people may find it easier talking to each other physically than attending digital talks. So, we are trying to simplify our written language and messages on social media, and we have planned an HPR postgraduate course in other languages that will be tried out after the pandemic.

*"The congress is a great platform for networking"*

The congress is a great platform for networking and meeting people from different centres which you can visit and learn from. We want to encourage more HPRs to apply for grants to support EULAR educational visits, so we have now set two deadlines each year – September and March – to make it easier for people to apply.

Together, we need to raise our HPR voice through the congress and its networking opportunities as we are such an important part of RMD care, research and team care. To me, it is crucial that we step up as health professionals in rheumatology and share what we are brilliant at! This includes knowing each other's specific strengths when meeting challenges in complex areas like adherence, prevention, lifestyle changes, integrated care and rehabilitation. Coming together to share learning and knowledge is a strength of our HPR network.





# Addressing the COVID-19 impact on people with RMDs

By Elsa Mateus, Chair, EULAR Standing Committee of PARE and Souzi Makri, Chair-elect, EULAR Standing Committee of PARE



Elsa Mateus

People with rheumatic and musculoskeletal diseases (RMDs) have faced many challenges since the beginning of the COVID-19 pandemic. This has been due to two main factors. Firstly, the infectious nature of the disease causing concerns about the use of immunosuppressants and the role of co-morbidities in a worse disease outcome. Secondly, recommended shielding policies preventing routine medical appointments and physical exercise activities, and resultant concerns about shielding's psychological impact on people with RMDs.

In fact, the situation has caused considerable anxiety and insecurity in the community – from worries over taking medication to fears about using public transport to commute to work. On the other hand, some people have reported that the pandemic has brought some benefits to their work situation, such as flexible hours and more tolerance of working from home.

## Supporting national members

Throughout this period, EULAR PARE has sought to continue supporting its member organisations as well as people with RMDs in general. In the absence of in-person meetings, several online events were organised including: a live session on COVID-19 at the 2020 EULAR Congress; a PARE Board meeting; a PARE Standing Committee meeting; and a number of related webinars – all with great attendance numbers. Topics addressed at PARE webinars have ranged from updated information on COVID-19 and the psychological impacts of the pandemic, to latest developments in self-management, namely the use of technology in supporting self-management.

PARE has also developed a survey on how its member organisations are continuing their work and supporting their national members; and another survey on the impact of the pandemic on the work situation of people with RMDs. This is currently being analysed for future study and campaign use.

Following the PARE Standing Committee and the PARE Board meetings held in June, a PARE COVID-19 working group was created to address the needs of the RMD community in the current times. Led by Souzi Makri, the Chair-elect of PARE, this working group contributes to targeting members' unmet needs, and to developing and disseminating relevant communication materials. It also collaborates with the EULAR COVID-19 Taskforce.

With support from EULAR Communications, the working group has contributed to a number of resources for people with RMDs. This includes adding a voice-over to the EULAR video guidance on COVID-19 for visually impaired people and promoting relevant activities from PARE members, such as a German article on rights in the workplace. Resources are hosted on the [COVID-19 repository for patients](#) on the EULAR website, along with being promoted and shared among the community by email and social media.

Other activities currently being prepared include: a webinar on vaccination; video guidance on going back to medical appointments from the patient perspective; videos of physical exercise activities

at home; and the creation of a PARE podcast series addressing topics related to COVID-19 and beyond.

## Collaboration with HPRs

Health professionals in rheumatology (HPRs) have collaborated with PARE in the development of several of these activities – for example, the videos of physical exercise activities at home. HPRs will be able to further support people with RMDs by using and disseminating the resources already available on the COVID-19 repository for patients, and by getting involved with EULAR, PARE or national organisations to address the needs of the community.



Souzi Makri

PARE and patient organisations are also available to collaborate with HPRs whenever they target a relevant issue in their practices where addressing it jointly can bring better results. We hope that our scope of topics and activities can be of added value for HPRs, and can help to increase the outreach and network of support available for people with RMDs during the current challenging times.





# Influencing frameworks for change

By Gerd Burmester, EULAR Public Affairs Liaison, and Neil Betteridge, Strategic Adviser, Public Affairs



Gerd Burmester

The role of policy has never been more important than in recent times during the COVID-19 pandemic. Within the space of a matter of days, the political agenda of every government and governing body throughout the world changed overnight from strategic priorities years in the planning to dealing with COVID-19 and its consequences.

EULAR responded to this crisis immediately, introducing a dedicated COVID-19 task force to develop recommendations, create a dedicated database to report cases, and discuss topics relevant for the new-look, digital alternative to the annual Brussels Conference, the EULAR Brussels Forum.

The EULAR Brussels Forum was a digital debate held on World Arthritis Day, 12 October 2020, designed to help place the challenges that people with rheumatic and musculoskeletal diseases (RMDs) face when trying to gain access to, retain and / or return to work on the political agenda against the backdrop of the COVID-19 recession.

Moderated by Brussels-based journalist Cathy Smith, the forum was an online discussion with a range of panelists, each representing a very different perspective on the topic of *“Employment risks and impacts for Europeans with RMDs during the COVID-19 pandemic”*.

## Integrating people with RMDs into the workforce

Alongside EULAR President, Prof. Iain McInnes (pictured right), Peter Boyd, EULAR PARE member, highlighted the importance of integrating people with RMDs into the workforce. Additional stakeholders from EU institutions were represented, including from



Neil Betteridge

the EU Agency OSHA (Occupational Safety and Health), a MEP, a member of the European Commission, and a spokesperson with a health economic perspective background.

Health professionals in rheumatology (HPR) were engaged to provide filmed testimonials which were used to support the forum. Thea Vliet Vlieland, EULAR Vice President representing Health Professionals, and Rikke Helene Moe, HPR Past Chair, gave responses to two key questions:

1. Have any of your patients expressed concern about COVID-19 in the workplace. If yes, could you describe the most common concern?
2. What are the challenges and issues faced by health professionals during COVID-19 regarding RMDs and the pandemic?

The testimonials will be used as part of EULAR’s social media efforts to promote the Brussels Forum to all audiences, including policy audiences within the so-called “Brussels bubble”. A narrative was put together based on a literature review, from which key messages were developed for the live debate as well as being used to support post-

event communication. Each key message is supported by a proof point, which references its source. Each source of information follows a scientific methodology, ensuring that the debate was true to fact – a key consideration when addressing policy audiences.

## The forum is part of a bigger picture

The forum was designed to get the topic of people with RMDs in the workplace onto the EU agenda. The COVID-19 pandemic was used as a hook as it is relevant to current affairs and, in policy terms, the COVID Recovery Plan. This means that the forum is one part of a bigger picture. The debate should allow EULAR to influence legislation moving through the EU agenda – such as the pharmaceutical and disability strategies – to the benefit of people with RMDs regarding work.

The subject of the debate itself has been of interest to many different audiences, helping to create awareness and “noise” within society at large on the one hand. On the other hand, it delivers a set of messages into Brussels-based audiences in a way policy makers can identify with. Ultimately, the debate sits on “public side of the curtain” while, behind the curtain, other activities will take place to try to place the topic in the media which would, if successful, build key awareness amongst policy audiences.

If you want to follow the debate at the Brussels Forum, you can watch it on YouTube at [https://www.eular.org/eular\\_brussels\\_forum.cfm](https://www.eular.org/eular_brussels_forum.cfm). You can also catch up on the social media chat on Twitter by following #eular2020forum.



# Creating a more sustainable future

**By Rikke Helene Moe and Ricardo Ferreira, on behalf of the EULAR Standing Committee of Health Professionals in Rheumatology**

EULAR's Standing Committee of Health Professionals in Rheumatology (HPR) consists of an educational and a scientific sub-committee, formed by leading European clinicians, educators and researchers. We work in line with our own HPR strategy plans, linked to the overarching EULAR strategy.

Usually meeting physically twice a year, we discuss in detail our projects, educational activities and overall strategy aimed at fostering awareness of rheumatic and musculoskeletal diseases (RMDs) and promoting the best standards of care. Our last physical meeting was our winter meeting in December 2019 and, due to the COVID-19 pandemic, we met virtually in June 2020.

*“The consequences of the pandemic are enormous for people ”*

The consequences of the pandemic are enormous for people with RMDs as an especially vulnerable risk group due to both external and internal factors. These are the self-perceived risk of contracting the disease and having a bad outcome, their bio-psycho and social limitations, their overall health status (for example, having chronic disease/s) or the way their government and healthcare systems reacted to the pandemic. In every case, they were in need of creative HPRs to manage their unique situation and to clarify doubts and calm fears. The situation is continuously evolving between lockdown, reopening and re-lockdown. The accessibility of care has changed and, in different ways, we all were – and still are – called into action.

Our last committee meeting discussed how the pandemic affected our EULAR HPR work, plans and strategy, and the real and potential impact on other areas such as our physical courses, meetings and projects which have



Rikke Helene Moe



Ricardo Ferreira

been postponed, and activities that can move to a digital platform. Many HPRs – and especially the ones involved in the HPR committees and groups – have taken on new tasks during the pandemic and are not as available to follow the timelines of EULAR projects. On the other hand, new arenas are opening up – like remote care.

After taking an active role in driving digital health forward in the last couple of years, this competence is now clearly of great importance. We hope that this can help people manage RMDs during the pandemic, but also ease follow-ups and increase equity of care in the future. We are happy to inform you that EULAR is putting together a task force on points to consider for remote care, with a shared lead between HPR and medical doctors (MDs).

Despite the difficulties everyone has faced, one important project under the umbrella of HPR is in publication phase: “EULAR points to consider/recommendations for the detection, assessment and management of non-adherence in people with RMDs”. This is a

topic of high relevance for all and we are very much looking forward for its release.

The committee has also discussed the uptake of [HPR grants, bursaries](#), awards and congress attendance, how to include workshops and more interactive sessions in our congress programme, and how HPR activities can become more visible within EULAR communications. Regarding the annual congress, we are now finalising the programme for Paris 2021 and we would like to invite you to propose innovative sessions for the 2022 congress. Please contact [ferreira.rjo@gmail.com](mailto:ferreira.rjo@gmail.com) with your ideas before March 2021.

Central to the Standing Committee's work is reducing the disparities of care across countries. EULAR currently has 25 HPR national member organisations, with Estonia being admitted last June. The presidents of these associations usually meet during the annual EULAR congress, but it was agreed that this is not enough. New digital platforms will be used to make contact more regularly. You can find more information about [national member organisations on the EULAR website](#)

Everything is changing right now and we do not know how everything will look on the other side of the pandemic. However, we do know that we have a strong team of HPRs in Europe, and we will support each other to help create a better and more sustainable future for RMD care.



The 2019 Winter Meeting was in Lisbon. It will be virtual this year

# Learning from each other

Health professionals in rheumatology (HPRs) are awarded 10 EULAR educational visit bursaries each year to visit colleagues in other countries. The goal is to improve the standard of research and care, and to foster collaboration across clinical units in Europe. In this issue of *HPR News*, we revisit two previous HPR beneficiaries to find out what long-term difference their educational visits made to their work

**Dr. Seán McKenna, a Clinical Specialist Physiotherapist, Lecturer, from University of Limerick, Ireland, looks back on his educational visit to Denmark**

Where does time go? It has been three years since receiving my EULAR HPR educational visit grant to Rigshospitalet in Copenhagen, Denmark. Having this opportunity to look back on my experience has been fascinating.

Rigshospitalet has been researching the area of sleep for many years and also has the benefit of having their rheumatology research centre co-located in the same building. Through attending and presenting at various EULAR congresses I had been able to connect with Prof. Bente Appel Esbensen, who is Clinical Professor of Rheumatology at the Department of Rheumatology and Spine Diseases, Rigshospitalet. Out of this networking, an educational visit was arranged with the gracious support of a EULAR HPR educational grant.

At the time of my visit, 14–17 March 2017, my objectives were multifaceted. The educational grant provided me with the opportunity to finalise an exercise trial for the last part of my PhD, which was a pilot RCT of an exercise programme versus exercise advice for people with rheumatoid arthritis (RA). The visit facilitated discussion and collaboration regarding the methodology, in particular the outcomes to be used, proposed data analysis and writing up of the intervention study



protocol. This protocol was later published in *Rheumatology International* and the results of the pilot RCT are presently under review with a further paper looking at the experiences of those participants who completed the intervention nearing completion.

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*“Sleep is a major concern for people with RA”*

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Poor sleep has been identified as a major concern for people with RA, with disturbed sleep and fatigue known to affect up to 70% in this population. Surprisingly, the overwhelming majority of those who completed the trial were surprised that exercise could help them sleep better. With sleep being an important aspect of maintaining the body’s circadian rhythm, it is,

therefore, an essential factor which influences mood, physical and cognitive performance, and daytime sleepiness.

The educational visit allowed me to build on and further develop a research partnership between the Vice President of Research, Prof. Norelee Kennedy at the University of Limerick, Ireland, and the research group at Rigshospitalet. The visit has allowed me to keep abreast of the translation of research projects into clinical practice and the practical issues surrounding this knowledge translation.

Over the intervening years, health professionals in rheumatology (HPRs) have benefitted from my visit as I have learnt about the evidence emerging from the Danish group on the effectiveness of exercise in sleep in people with RA. This has helped to influence the choice of outcome measures in both research and clinical practice, ensuring reliable and valid measurements are used in improving sleep quality in people with RA.

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*“Information has been delivered to HPRs”*

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The visit has allowed me to transfer new knowledge around the research being conducted in Denmark into clinical practice in Ireland. Information has been delivered to HPRs via presentations to the Irish Society of Chartered Physiotherapists



Seán has shared his learnings at a number of events

Clinical Interest Group in Rheumatology (CPR), the Irish Health Professionals in Rheumatology (IRHPS) and at rheumatology and gerontology conferences, among others. This will ensure that any new information is provided directly to health professionals specialising in the management of people with rheumatic and musculoskeletal diseases (RMDs).

While the educational visit did not provide an initial direct benefit to people with RMDs, it is hoped that the valuable data collected from people with RA from my PhD research regarding the impact of exercise in people with RA from a sleep perspective will continue to be utilised in the coming years. Patient participation is essential as it ensures better representation of their needs and uncertainties, helps prevent any mismatch between their preferences and the scientific focus of any research.

### *“Patient participation is essential”*

Taking the time to look back makes me realise what a wonderful opportunity it was to be awarded the educational visit grant and I would



Seán with Prof. Bente Appel Esbensen during his 2017 educational visit to Rigshospitalet in Copenhagen, Denmark

again like to place on record my sincere thanks and appreciation to EULAR for the grant. In addition, thanks to Bente and all the staff at the Department of Rheumatology and Spine Diseases, Rigshospitalet, for their time and patience during my visit.

If you are thinking of applying I would strongly recommend it as my experience has only been positive and is still reaping rewards.

You can read [Seán original report](#) in the Autumn 2017 issue of *HPR News*.

### **Anne-Kathrin Rausch, a physiotherapist from the Institute of Physiotherapy at Zurich University of Applied Sciences, Switzerland, reflects on her valuable educational visit to the Netherlands**

In autumn 2014, I had the pleasure of receiving a EULAR educational visit grant to learn more about self-management concepts and goal management. I visited Dr. Christina Bode, Associate Professor at the Faculty of Behavioural Management and Social Sciences at Twente University, Enschede, in the Netherlands.

This visit was my “comeback” after maternity leave and “warm-up” for my upcoming PhD track. The visit was scheduled for three days. The programme was diverse and very interesting, consisting of theoretical inputs and discussions with Christina and other researchers related to their specific research areas. I remember being very grateful for the helpful input and amazed by the academic flair, knowhow and the impressive professionalism.



### *“I remember being very grateful for the helpful input”*

Today, I have gained an extra six years (minus two more short maternity leaves) of experience as researcher in the field of physical activity promotion. I am very grateful to have Karin Niedermann, Professor for Physical Therapy Research at Zurich University of Applied

Sciences, and Thea Vliet Vlieland, Professor of Rehabilitation Processes and Physical Therapy at Leiden University, as co-supervisors of my thesis about the implementation of the EULAR physical activity recommendations in axSpA exercise groups.

As behaviour change interventions and self-management towards physical activity are very important aspects of the thesis, Christina is a member of my supervision committee. When we meet, we have interesting discussions about the progress of our research projects.

Reflecting the great impact of the educational visit on my personal career, I would like to encourage all early career researchers to apply for it and take the fantastic opportunity to learn from experienced colleagues in the community.

You can [read Anne-Kathrin's original report](#) in the Spring 2015 issue of *HPR News*.

[Visit the EULAR website](#) to find out how to apply for an educational grant. The deadline for applications is 31 March 2021.

# Reaching out

**Becoming part of the EULAR health professional in rheumatology (HPR) network offers a wealth of opportunities to national health professional associations and their members. Membership offers opportunities for improving research and education for supporting clinical practice to ensure high quality care for people with rheumatic and musculoskeletal diseases (RMDs).**

Probably the greatest benefit is that of being able to work closely with other country presidents, exchange knowledge and expertise whilst also helping to form the future direction of HPR developments within Europe.

The personal and professional development of becoming actively involved in the work of EULAR also translates at a country level, informing and enabling you to be formally recognised for the wider contribution your organisation is making within Europe.

EULAR defines an HPR as someone who is:

- a professional involved in the care of people with musculoskeletal diseases and related conditions
- not a registered medical practitioner
- eligible to be a member of the organisation through which a country has become a EULAR HP member.

EULAR supports national HPR organisations to apply for HPR membership. If you would like to explore options, please contact Ricardo Ferreira, Chair of the HPR Standing Committee, at [ferreira.rjo@gmail.com](mailto:ferreira.rjo@gmail.com) for further information. The application deadline is 31 January each year. If your country doesn't have a national HPR association, and you are interested in establishing one, EULAR can assist you.



## National HPR member organisations of EULAR:

**Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, Sweden, Switzerland, UK**



HPRs value the chance to network with others - whether its face to face or remotely

**Visit the EULAR Health Professionals' website to find out how your country could apply for membership**

[eular.org/health\\_professionals\\_membership.cfm](https://eular.org/health_professionals_membership.cfm)

# Estonian Society of Rheumatology Health Professionals

## Silvia Pütsep, President of the Estonian association, introduces the newest EULAR HPR member

The Estonian Society of Rheumatology Health Professionals was created in May 2019 after the national RheumaForum – the annual Estonian rheumatology conference. Today we have 16 members. The need for such a society is great because there is a need to involve specialists other than doctors to prevent, cure and monitor rheumatic and musculoskeletal diseases (RMDs).

Our purpose is to bring together health specialists in the field of rheumatology, with the main aim of increasing professionalism and protecting the interests of the specialists in the field of RMDs, as well as promoting and implementing science-based medicine.

### Representatives of various disciplines

Our members are representatives of various disciplines who are involved with RMDs, such as rheumatology nurses, psychologists, physiotherapists, occupational therapists and nutritionists. Ingrid Põldemaa from the Estonian Rheumatism Association (patient group) and Eve Sooba from the Estonian Rheumatology Society (scientific society) are also members of our society. The Estonian Society of Rheumatology Health Professionals' chairman of the board is Silvia Pütsep – a psychologist, an



Silvia Pütsep: psychologist, experienced counsellor and RMD patient

experienced counsellor and a RMD patient. The deputy chairman is Katti Kõrve, a rheumatology nurse.

In our first year we held an event with the Estonian Rheumatology Society where we had an opportunity to establish co-operative relations between the two societies. The biggest achievement in 2020 was that we were accepted as a member of the European League Against Rheumatism (EULAR). It is very important for Estonia to co-operate and gain knowledge about what has been done in the field of rheumatism in other countries.

In 2020, two of our members participated in training in Cyprus, exchanging experiences between the rheumatic associations of Estonia and Cyprus in order to develop a patient self-management programme. The training

continues and we want to share everything we learn with Estonian specialists. In the future, we also want to create a continuous training programme for Estonian health professionals.

We are currently preparing to participate in the RheumaForum of Estonia. Silvia Pütsep will deliver a lecture on the topic of "Psychological causes of back pain". Our website has been created and we are improving it currently.

### Thinking about the future

There are other plans, but the COVID-19 pandemic has been an obstacle. However, we are thinking about the future of our society. We will have representatives at the RheumaForum to introduce the Estonian Society of Rheumatology Health Professionals and attract more members. We hope that more physiotherapists, occupational therapists, pharmacists and social workers will join us as members, and companies involved in RMDs will join as partners. We have begun negotiations with supporting members in the hope that partners will help us to establish an annual development seminar.

We find the co-operation with EULAR very important in helping us to gain new knowledge and to participate in the EULAR Congress – also, to develop our society through training. We sincerely hope that we will meet in the congress in Paris in 2021!



Members of the Estonian Society of Rheumatology Health Professionals

# EULAR HPR Study Groups

EULAR Study Groups are established networks in their respective fields and play an active part in the research and treatment of rheumatic and musculoskeletal diseases (RMDs). They are stimulating, educational and a fantastic means of growing your networks. Their excellent work helps raise the profile of health professionals in rheumatology (HPRs).

The annual face-to-face EULAR HPR Study Groups meetings had to move with the virtual times in 2020. Here, study group leaders provide feedback on their work.



## EULAR Foot and Ankle Study Group

By Dr. Lindsey Cherry Study Group Lead

The multi-professional Foot and Ankle Study Group continues to welcome new colleagues from across Europe. Chaired by Dr. Lindsey Cherry, the group includes 50 members from 11 countries, representing health professionals, researchers and people with an interest in all things foot health.

The group aims to bring together all health professionals, researchers and patients with a common interest in foot health for the purpose of shared learning, improving clinical practice and informing an international research agenda. The group celebrated its network at the 2020 EULAR Congress, holding a virtual meeting and sharing its study group poster with the wider community.

The group meets quarterly online to provide an informal networking opportunity and work on group projects. In the past year, the group has celebrated the successful publication of its work detailing the current status of foot and ankle services across Europe. During the year, the group members have individually and collectively been involved in various other educational, clinical or research & improvement projects focused upon foot health.

## EULAR Work Rehabilitation in People with RMDs Study Group

By Yeliz Prior, Study Group lead

The Work Rehabilitation in People with RMDs Study Group had a virtual meeting at the 2020 Annual Meeting. Nine study group members from five countries (UK, Germany, Austria, Czech Republic, Denmark) attended this meeting to discuss the impact of Covid-19 on the provision of work services and research, progress of the ongoing and planned projects, and potential for international collaborations.

An earlier proposal to conduct a EULAR HPR association survey to examine the support and rehabilitation services available for working people with RMDs in the EULAR countries was also discussed. During the national lockdowns, many HPRs have been redeployed to support healthcare provision stretched due to Covid-19. Rheumatology services have been working at a reduced capacity and this has had an inevitable impact on teaching, learning and research activities. Many projects have had to be paused during this time and/or adapted alternative methodologies to move forward. Although consequences of the Covid-19 pandemic have delayed the start of new projects, the study group is keen to move forward with the planned research activities and is currently exploring funding opportunities to take the EULAR HPR association survey forward.

### EULAR has endorsed the following HPR study groups

#### EULAR Non-pharmacological Treatment of Autoimmune Connective Tissue Diseases Study Group

Contact Carina Boström at [carina.bostrom@ki.se](mailto:carina.bostrom@ki.se)

#### EULAR Work Rehabilitation in People with Rheumatic and Musculoskeletal Diseases Study Group

Contact Yeliz Prior at [Y.Prior@salford.ac.uk](mailto:Y.Prior@salford.ac.uk)

#### EULAR Nurse Research and Strategy Group (REST)

Contact Yvonne van Eijk-Hustings at [yvonne.eijk.hustings@mumc.nl](mailto:yvonne.eijk.hustings@mumc.nl) or Jenny de la Torre-Aboki at [delatorre\\_jen@gva.es](mailto:delatorre_jen@gva.es)

#### EULAR Physical Activity and Exercise Therapy Study Group

Contact Rikke Helene Moe at [rikmoe@gmail.com](mailto:rikmoe@gmail.com)

#### EULAR Foot and Ankle Study Group

Contact Lindsey Cherry at [l.cherry@soton.ac.uk](mailto:l.cherry@soton.ac.uk)

#### EULAR Patient Education Study Group (STOPE)

Contact Mwidimi Ndosi at [m.e.ndosi@leeds.ac.uk](mailto:m.e.ndosi@leeds.ac.uk) or Heidi Zangi at [heidi.zangi@diakonysyk.no](mailto:heidi.zangi@diakonysyk.no)

## EULAR Non-pharmacological Treatment of Autoimmune Connective Tissue Diseases Study Group

By Carina Boström, Study Group Lead

Around 25 people joined our last meeting held on 4 June 2020. Dr. Els van den Ende, the convenor for the EULAR online school for health professionals in rheumatology informed us about the online courses and the need for the inclusion of more chapters within the module on rare diseases. A new chapter about systemic sclerosis has been written by people from our study group.

It was noted that the task force for EULAR recommendations/points to consider for the non-pharmacological management of connective tissue diseases, where several members of our study group are involved, will have its first virtual meeting in November.

PhD student Agnes Kocher gave a presentation of the care model "Management of Systemic Sclerosis", expert group discussions of the model and a Delphi study that is included in her



studies. The aim of the Delphi study is to reach consensus on the description of the new model of care for people with systemic sclerosis. It will take place in November and study group members will be invited to participate.

Dr. Ricardo Ferreira provided information about the ongoing EULAR-funded project "Development and evaluation of a web-based interdisciplinary patient education programme on lifestyle behaviour with a focus on promoting physical activity and exercise in patients with systemic sclerosis", in which several of the study group members are involved. This project includes a Delphi study and the study group members will get an opportunity to be involved later this autumn.

The group will now have virtual meetings 3-4 times a year.

**Membership of a study group offers many advantages. It can be a platform for:**

- gaining new information within a specific area
- providing the opportunity to share ideas and learn from others
- starting new projects within EULAR
- writing up proposals for congress sessions
- extending your international network and getting to know people from all over Europe who share your interest in a specific topic.



Els van den Ende

## EULAR Physical Activity and Exercise Therapy Study Group

By Rikke Helene Moe, Study Group Leader, and Li Alemo Munters, Study Group Co-leader

It is striking how being part of a great team maintains our sense of belonging through thick and thin. Our group still keeps its spirit high in between global health challenges, economic crises, new tasks and changed ways of working. The value of HPR study groups is more important now than ever. We need to be flexible and find new ways of supporting and improving physical activity and exercise to benefit people with rheumatic and musculoskeletal diseases (RMDs), especially during the pandemic.

Current projects and new ideas were discussed in our virtual study group meeting on Friday June 5. We are working towards high quality assessments,



recommendations and implementation of physical activity and exercise therapy for people with RMDs. The virtual version of the meeting was a success, and we are planning for an additional meeting after Christmas.

We evaluated our high intensity exercise session at the EULAR 2020 e-Congress with pleasure, hopeful about the future potential of digital attendance. EULAR may open up

the possibilities for e-workshops during the congress – for example outcome measures, fitness assessments, and how to digitally individually tailor physical activity are themes that fit both in-person and digital solutions.

Excellent examples of study group achievements and progressive work lately are the current task forces on "Implementation of Physical Activity into routine Clinical practice in Rheumatic Musculoskeletal Disease: The IMPACT-RMD study" (leader: George Metsios) and "Non-pharmacological treatment in autoimmune connective tissue diseases" (leader: Carina Boström), and building on "Effects of exercise and physical activity promotion: meta-analysis informing the 2018 EULAR recommendations for physical activity in people with RA, SpA and hip/knee osteoarthritis" (Rausch Osthoff et al, 2018).

Take care, and do not forget the vital benefits of 30-60 minutes physical activity a day – even during the pandemic!

# Meet the national health professional delegates on EULAR's HPR Standing Committee

There are 25 formally ratified EULAR HPR organisations represented by their presidents or other nominated officials on the EULAR Standing Committee of Health Professionals in Rheumatology.

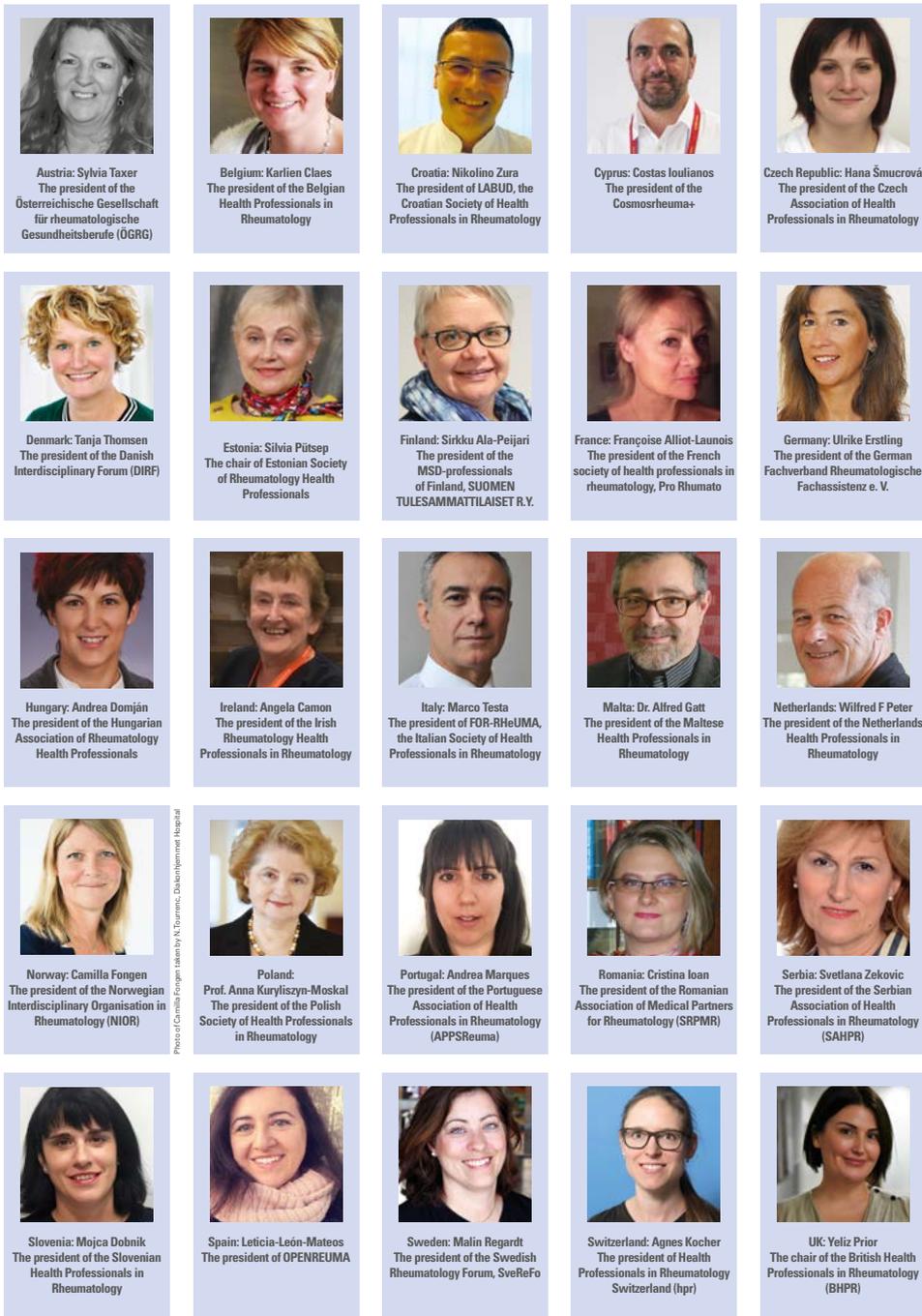
The national HPR delegates contribute to shaping health professional activities within EULAR. The Committee, headed by Chair Ricardo Ferreira, Past Chair Rikke Helene Moe and EULAR Vice President representing Health Professionals in Rheumatology Thea Vliet Vlieland, discusses ongoing projects and new proposals for the EULAR Executive Committee, initiates the health professional programme for the EULAR Annual European Congress of Rheumatology, and supports and review HPR membership applications.

Each year the Committee holds its annual meetings at the EULAR Congress. It has sub-committees and can also include other invited experts.

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For contact details of all the member organisations and nominated EULAR liaison personnel, please visit the [EULAR website to find the most up-to date-information.](http://www.eular.org/health_professionals_membership.cfm)

## Editorial office

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