

2001). However, there has been little research in this area to date. The findings from a prospective cohort study of 559 adults with RA, using a longitudinal design will be presented. Patients were recruited from outpatient departments in four hospitals in the Northwest of England. Patients were followed up for 1 year after the initial measurements, using self-reported falls calendars, fall event forms and follow up telephone calls. The baseline assessments included measures of medication, eye-sight, other diseases, painful feet, previous fractures, surgery or joint replacement(s), swollen/joint assessment to measure current RA disease activity and previous use of steroids, strength and balance. They also completed a questionnaire that included information on their functional ability, history of falling, fear of falling, pain, fatigue and falls risk. The findings from this study will assist in understanding the extent of the problems of falls in people with RA and also the particular risk factors. Efforts can then be focused on minimising the risk factors through proven interventions and reducing falls and fall related injuries.

0371 FALLS AND THEIR EFFECTS ON PEOPLE WITH RHEUMATOID ARTHRITIS

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Falls in adults and older people are a major public health concern in terms of mortality, morbidity and costs to health and social services. Rheumatoid arthritis (RA) is linked to an increased risk of falls resulting in osteoporotic fractures, due to lower limb joint involvement resulting in impaired mobility, balance and postural stability (Armstrong et al., 2005; Huusko et al.,