

are related to poor perception of health but not to pain sensitivity or cerebral processing of pain. *Arthritis & Rheumatology Journal* 62(11).

- [2] Ugar M, Sarp U, Karaaslan O, Tanik N, Arik HO (2015) Health anxiety and depression in patients with fibromyalgia syndrome. *Journal of International Medical Research* 45(3):679–685.

Acknowledgements: NIL.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.1445

SAT0730-HPR DIFFERENCES IN PERCEPTION OF THE DISEASE CONSTRAINTS BETWEEN THE CHILD AND PARENTS IN JIA

E. Ünal¹, P. Kısacık¹, G. Arin¹, N.B. Karaca¹, E.D. Batu², Z.S. Arıcı², E. Sönmez², Y. Bilginer², S. Özen². ¹Department of Physiotherapy and Rehabilitation, Hacettepe University Faculty of Health Science; ²Pediatric Rheumatology, Hacettepe University Faculty of Medicine, Ankara, Turkey

Background: Studies suggest that the perception of the child and family differ in juvenile idiopathic arthritis. This may pose a problem for the clinician's assessment (1,2).

Objectives: The aim of this study was to evaluate the differences in perception of the disease constraints between child and parent in JIA.

Methods: 129 children with JIA were included in the study. The main complaint about the illness was requested to be expressed in writing by both the child and the family. Individuals' expressions and demographic data were recorded. The main complaints were considered nominal. The correlation between the parent's and child's expressions were examined. The types of complaints were classified as none, functional, symptomatic, and both functional and symptomatic.

Results: The age range of children ranged from 6 to 21 (mean±SD; 12,86±3,68). When the complaints of the 129 children and the parents were compared, 45,7% were different, 20,2% were partially similar and 34,1% were perfectly similar complaints. When the answers of the 59 children and parents who differ in their complaints were examined; 67,8% of the children expressed a milder disease than their parents (Table 1). While the family mostly concentrated on the symptoms, the children were worried on functional complaints (Table 1).

Table 1. Results of the evaluations

	Child + Parent (n=129)	Differing perception of problems in the child and parent (n=59)
Group of complaint - Child		
None n (%)	49 (38)	16 (27,1)
Function n (%)	43 (33,3)	23 (39)
Symptom n (%)	20 (15,5)	9 (15,3)
Function + Symptom n (%)	17 (13,2)	11 (18,6)
Group of complaint - Parent		
None n (%)	50 (38,8)	16 (27,1)
Function n (%)	10 (7,8)	4 (6,8)
Symptom n (%)	57 (44,2)	36 (61)
Function + Symptom n (%)	12 (9,3)	3 (5,1)

Conclusions: As a result of this study, there was a difference between parent's and child's perception of the disease. While children report functional complaints, parents focus on symptomatic complaints. Exercise approaches should focus on the child's functional complaints and identify common goals with the family. Families should be educated about the importance of the complaints that the child expresses.

References:

- [1] Manczak, M. Rutkowska-Sak, L. Raciborski, F. Health-related quality of life in children with juvenile idiopathic arthritis – child's and parent's point of view. *Reumatologia* 2016; 54(5):243–250.
- [2] Consolaro, A. Negro, G. Lanni, S. et al. Toward a treat-to-target approach in the management of juvenile idiopathic arthritis. *Clin Exp Rheumatol* 2012; 30(4 Suppl 73): 157–162.

Acknowledgements: The author declare that they have no conflict of interest.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5749

SAT0731-HPR SYMPTOMS OF PAIN, FATIGUE AND SELF-EFFICACY IN YOUNG PATIENTS WITH SPONDYLOARTHRITIS – A COMPARISON BETWEEN WOMEN AND MEN

A. Torell¹, A. Bremander^{2,3,4}, S. Bergman^{3,4,5}, E. Haglund^{2,4}. ¹Department of physiotherapy, Ängelholms sjukhus, Ängelholm; ²School of Business, Engineering and Science, Halmstad Univeristy, Halmstad; ³Department of clinical Sciences, Lund, Section of rheumatology, Lund University, Lund; ⁴Spenshult R&D center, Sweden, Halmstad; ⁵Primary Health Care Unit, Department of Public Health and Community Medicine, Institute of Medicine, The Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

Background: Spondyloarthritis (SpA) often has an early disease onset with inflammatory back pain debuting already in young adulthood. Studies have shown gender differences in disease specific areas but few studies have focused only on the younger subjects. Extended knowledge based on self-reported information

can help to better understand the characteristics of these younger women and men with SpA.

Objectives: To study the differences between young women and men with SpA with regard to self-reported pain measures, disease activity, fatigue, self-efficacy and health status.

Methods: A cross-sectional population based cohort of 201 patients age 18–36 years with SpA identified through a health care register by searching for ICD-10 codes for SpA between the years 2003–2007. They all responded to a questionnaire survey in 2009. 29% were diagnosed with ankylosing spondylitis, 39% with psoriatic arthritis, and 32% with undifferentiated spondyloarthritis. The survey included questions concerning pain (NRS 0–10 and a pain mannequin), fatigue (NRS 0–10), self-efficacy (ASES 10–100, low-high). The pain mannequin was used to categorize patients into groups; no chronic pain (NCP), chronic regional pain (CRP) or chronic widespread pain (CWP). Self-reported disease activity (BASDAI 0–10) and health status (EQ5D, 0–1) were used to describe the group. Characteristic symptoms are reported as mean, standard deviation (SD) and frequencies. T-test and Chi2 test were used to study gender differences.

Results: The mean age (SD) was, 30 (5) years, 60% were women. The group reported disease activity scores (BASDAI) of 3.8 (2.3), health status 0.75 (0.16), and a disease duration of 7 (5) years. One third were smokers or former smokers, and 69% reached WHO's recommended level of health enhancing physical activity. 21% reported CRP, 41% CWP and the remaining 38% reported NCP. More women reported CWP pain than men, (48% vs. 30%, p=0.026). Women also reported worse pain compared to men, (3.9 (2.4) vs. 2.9 (2.1), p=0.001), worse fatigue (5.0 (2.6) vs. 3.9 (2.7), p=0.003), less self-efficacy for pain (53 (20) vs. 59 (21), p=0.040) and also for symptoms (59 (19) vs. 65 (20), p=0.038).

Conclusions: A significant proportion of both women and men reported symptoms consistent with chronic widespread pain already at young age. Women reported in general worse health compared to men, including pain distribution, pain intensity and pain management. This information could be valuable for clinicians in the care of young patients with SpA.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4624

SAT0732-HPR RESILIENCE AND POSITIVE AFFECT ARE RELATED TO THE EXPERIENCE OF FATIGUE IN PATIENTS WITH A RHEUMATIC DISEASE

E. Taal¹, K. Schreurs¹, L. Guddorf¹, C. Bode¹, M. van de Laar². ¹Psychology, Health & Technology, University Twente; ²Rheumatology, Medisch Spectrum Twente, Enschede, Netherlands

Background: Fatigue is a common symptom in patients with a rheumatic disease. Resilience, the ability to bounce back or recover from stress, has been found to be related to lower fatigue in patients with cancer, traumatic brain injury, cardiac disease and fibromyalgia (see e.g. [1])

Objectives: To study the relationships of resilience and the resilience related factors positive affect, acceptance and engaged living with fatigue in patients with rheumatic diseases.

Methods: 57 patients with a rheumatic disease (rheumatoid arthritis, 70%; osteoarthritis, 11%; others, 9%) completed an online questionnaire. Fatigue was assessed with SF-36 vitality scale; pain with a VAS; Resilience with BRS and resilience related factors with PANAS (positive affect), AAQ-II (Acceptance) and ELS (engaged living). Data were analysed with hierarchical multiple regression analyses.

Results: Resilience, positive affect, acceptance and engaged living were multivariate significantly related to fatigue ($R^2 = 0.54$; $P \leq 0.001$). Resilience ($\beta = 0.29$; $P \leq 0.05$) and positive affect ($\beta = 0.39$; $P \leq 0.01$) were significant individual predictors of lower fatigue in multiple regression analysis. Acceptance and engaged living were not significantly related with fatigue in the multivariate model. The relationship between resilience and fatigue was partially mediated by positive affect. When pain was included in the model the relations of resilience ($\beta = 0.27$; $P \leq 0.05$) and positive affect ($\beta = 0.34$; $P \leq 0.05$) with fatigue remained significant.

Conclusions: Resilience and positive affect may be predictors of decreased fatigue in rheumatic patients. Further longitudinal studies are needed to examine the causality of these relationships.

References:

- [1] Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: Assessing the ability to bounce back. *Int J Behav Med* 2008;15(3):194–200.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6378

SAT0733-HPR A QUALITATIVE STUDY ON OBSTACLES AND MOTIVATIONS TO VACCINATIONS IN RHEUMATOID ARTHRITIS

E. Fayet, C. Savel, M. Rodere, M. Soubrier, S. Mathieu. *Rheumatology department, CHU Clermont-Ferrand, Clermont-Ferrand, France*

Background: Rheumatoid arthritis (RA) is characterized by an increased risk of infection, which is further enhanced by the associated treatments like corticosteroid therapy or biologicals. To diminish this risk, influenza and