

with 15 patients with RA who had taken part of the tele-health follow-up. The selection of participants was purposive and participants with different sex, age, disease duration and severity were included. Age ranged from 28 – 77 years and disease duration from 4 – 41 years. The analysis of the interview transcripts was inductive with a constant comparative approach. First, we identified the main themes that could describe the participants' experiences. Subsequently, we constructed patient types that could explain different perspectives on the tele-health follow-up.

**Results:** Five themes covered the participants' experiences with PRO based tele-health follow-up: "A flexible solution", "Responsibility", "Knowledge of RA", "Communication and involvement" and "Continuity". Two different types of personalities: "the keen patient" and "the reluctant patient", represented opposite perspectives and preferences regarding the core value of and approach to the tele-health follow-up compared to usual out-patient care.

**Conclusions:** In general, the participants had positive perceptions towards the PRO based tele-health follow-up and saw this as a flexible, time and resource saving solution. Disadvantages were mainly related to the missing face-to-face contact with health professionals. The two types of personalities, 'the keen patient' and 'the reluctant patient', contribute to the understanding of patients' different needs, wishes and abilities to take part in tele-health follow-up. Thus, our findings call for more insight of how tele-health follow-up could be integrated in routine clinical practice with a special attention on how to support "the reluctant" patient types.

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#### SAT0739-HPR PATIENTS' PREFERENCES TOWARD CHARACTERISTICS OF TREATMENT WITH BIOLOGICAL AGENTS DIFFER ACCORDING TO EXPERIENCE WITH THEIR RHEUMATIC DISEASE AND TREATMENT RECEIVED OR PRESCRIBED: RESULTS FROM THE CARA STUDY

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**Background:** The development of biologic therapies has created a more complex decision-making process to select the treatment option for patients. In order to optimize the appropriateness of the decisions, it is necessary to be informed and aware of the preferences of the interested parties and the influence of their experiences on their preferences for the different treatments.

**Objectives:** To estimate preferences of relevant treatment characteristics valued by the different subjects involved in the management of patients with rheumatic diseases. This abstract focuses on patients' preferences.

**Methods:** We involved patients with rheumatoid arthritis (RA), ankylosing spondylitis (AS) or psoriatic arthritis (PsA), who according to clinical practice, at the time of data collection had for the first time a prescription of (naïve), or received treatment with (experienced) biological drugs for at least 3 months in the last 12 months. Through a Discrete-Choice-Experiment, the participants valued 16 possible scenarios in which pairs of similarly effective treatments were described with 6 characteristics including 2–4 possible levels each: (1) frequency of administration; (2) mode and place of administration; (3) hospitality, service, efficiency and courtesy of health personnel; (4) frequency of reactions at the site of drug administration; (5) generalized undesired reactions or allergic reactions involving the whole body; (6) additional contribution added as healthcare taxes to be paid by all the citizens to make available the treatment to target patients.

**Results:** 513 patients from 30 centres through Italy participated, balanced for diagnosis and treatment experience (around 20% of each subgroup). Characteristics 4, 3 and 6 were the first, second and third most important ones for every subgroup, the fourth most important characteristic was 1 (experienced RA), 5 (naïve AS), and 2 for the other subgroups. Across all the subgroups, patients

generally preferred very satisfactory levels of (3), infrequent (4), mild (5), and no (6). Instead, for characteristics (1) and (2) the patients generally preferred the frequency, mode and place of administration that were closer to those actually experienced or prescribed.

**Conclusions:** Taking into account the different opinions of patients on at least some treatment characteristics could guide the conduction of good choices aimed to optimize benefits and to allocate efficiently resources.

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#### SAT0740-HPR SIGNIFICANT OTHERS AS BOTH BARRIERS AND FACILITATORS FOR PARTICIPATION IN DAILY ACTIVITIES IN PERSONS WITH EARLY RHEUMATOID ARTHRITIS – AN INTERVIEW STUDY WITHIN THE SWEDISH TIRA PROJECT

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**Background:** Restrictions in participation in persons with rheumatoid arthritis (RA) have been reported to be closely connected with more pain, fatigue and difficulties in performing daily activities. In addition, support and positive interactions with others have been considered important. We therefore need to understand how significant others of persons with RA can be facilitators or barriers, in participation in daily activities. This becomes of even greater importance in the sensitive and adapting phase of early RA.

**Objectives:** To describe the meaning of significant others in relation to participation in daily activities in persons with early RA.

**Methods:** This interview study is part of the multicenter project TIRA. Fifty-nine persons (58% women) participated. Inclusion criteria were a diagnosis of RA during three years and being in working age, <64 years of age. Semi-structured interviews were conducted using Critical Incidence Technique (CIT) [1] and the material was analyzed using content analysis [2]. The study was approved by the Regional Ethics Committee.

**Results:** Four categories were revealed: (1) *Feelings and thoughts related to significant others*, where participants would feel like being someone's burden, taking out aggression on others, and express anxiety about how relationships and activities would function in the future. (2) *The importance of physical contact*, referring to both the problematic and manageable impact RA could have on intimate life, as well as body contact in the form of hugging. (3) *Getting the support you want*, where participants distinguished getting help they had not asked for, from helping each other out. The first being experienced as degrading, and the latter as feeling more involved in the activity. (4) *Adaption of daily activities*, referring to how the person and significant others consciously modified their activities and activity choices when needed.

**Conclusions:** Significant others can be either a barrier or facilitator for participation in daily activities, for persons with early RA. From a clinical point of view it is important to further involve significant others in the rehabilitation process, in order to enhance participation in daily activities for persons with RA.

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#### SAT0741-HPR PHYSICAL PERFORMANCE AND GAIT SPEED OF FALLER AND NON-FALLER ELDERLY PEOPLE WITH KNEE OSTEOARTHRITIS LIVING IN THE COMMUNITY

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**Background:** Osteoarthritis (OA) is the most prevalent chronic degenerative joint disease in the elderly population. The main signs and clinical symptoms of this disease are pain, edema, stiffness, and articular instability. OA is considered to be an intrinsic risk factor for the occurrence of falls. Falls constitute as one of the major public health concerns. They frequently have a negative impact on the daily life of elderly people and could lead an increase of dependence, fear of new falls, fractures, immobility and death.

**Objectives:** The purpose of this study was to compare physical performance and gait speed among older people with knee osteoarthritis with and without a history of falls.