(M12) was observed yet significant improvement in disease activity was found in both groups.Hence,results from the 2 groups were combined to ascertain if achieving sustained DAS remission can prevent AS progression.The disease activity improved significantly [DAS: 4.8 (4.2,5.6) at baseline (BL) vs 2.38 (1.6,3.0) at M12, $p<0.001$]. 57% patients achieved DAS remission at M12 and 36% patients achieved DAS remission over 3 consecutive visits (sustained remission). No significant differences were found in disease activity, cardiovascular risk factors (CRF) and baPWV at BL between groups who can (CA) or cannot achieve (NA) sustained remission. At M12, no significant differences in CRF and baPWV were found between groups.However, the change in baPWV was significantly different between CA and NA group [-65.5 (-147.25, 44.0) cm/s vs 39 (-65.25, 124.75) cm/s, $p=0.005$]. The differences remained significant in the %change of baPWV [-4.4 (-9.67–2.84)% vs 2.51 (-4.34–10.28)%, $p=0.006$].In univariate analysis,assocation of change in baPWV and potential predictors included BL baPWV, blood pressure (systolic & diastolic) and sustained DAS remission was found.By multivariate analysis,achieving sustained DAS remission was an independent predictor for baPWV reduction.

Table 1 – Changes in baPWV over a period of 12 months in patients who can or cannot achieve sustained DAS remission in 3 consecutive visits

	Sustained DAS remission in 3 consecutive visits			
	No (n=64)	Yes (n=36)	p	p*
Baseline characteristics				
Female (n ,%)	47 (73.4%)	30 (83.3%)	0.259	
Age (year)	51.6 ± 12.8	54.9 ± 13.2	0.232	
DAS 28	5.01 ± 1.04	4.81 ± 0.92	0.327	
SDAI	27.4 (20.02, 41.08)	26.55 (18.95, 33.5)	0.343	
Diabetes (n ,%)	5 (7.8%)	3 (8.3%)	0.927	
Mean baPWV (cm/s)				
Baseline	1422.5 (1207.5,1581)	1478.5 (1286.3,1624)	0.166	
Month 12	1436 (1264, 1636.3)	1394.3 (1244.5, 1567.3)	0.698	
Changes in PWV (cm/s)	39(-65.25, 124.75)	-65.5 (-147.25, 44)	0.005	0.02
Percentage change in PWV, %	2.51 (-4.34, 10.28)	-4.4(-9.67, 2.84)	0.006	0.012

* Adjusted for baseline blood pressure and baPWV

Conclusions: Effective suppression of inflammation by achieving sustained DAS remission may prevent progression of AS in ERA patients.
Disclosure of Interest: None declared

SAT0748-HPR | **WORKING WITH A MUSCULOSKELETAL DISORDER – A QUALITATIVE STUDY OF WORKERS' EXPERIENCES**

A. Cochrane[1], C.J. Rothwell[1], O. FitzGerald[2], P. Gallagher[3], J. Ashton[4], R. Breen[5], A. Brennan[6], O. Corcoran[7], D. Desmond[1]. [1]Department of Psychology, Maynooth University, Maynooth; [2]School of Medicine and Medical Sciences, University College Dublin; [3]School of Nursing and Human Sciences, Dublin City University; [4]Physiotherapy Services, Beaumont Hospital; [5]Royal College of Physicians in Ireland; [6]Physiotherapy Services, AMNCH, Dublin; [7]Rheumatology Services, Waterford University Hospital, Waterford, Ireland

Background: Musculoskeletal disorders (MSDs) are the leading cause of temporary and permanent work related disability across Europe, yet many people are able to remain at work.
Objectives: To explore perceived facilitators and barriers to staying at work amongst people experiencing MSD.
Methods: Semi-structured interviews conducted with 19 individuals who had attended musculoskeletal assessment clinics in three Irish hospitals within the preceding year with a confirmed diagnosis of non-inflammatory musculoskeletal disorder. Participants were only included if they had been in paid employment continuously for at least six of the previous 12 months. The interviews were audio-recorded and transcribed. Data were analysed using thematic analysis.
Results: Participants ranged in age from 21 to 50 years, most were female (n=16). Fifteen participants were continuing to work, while experiencing pain and some functional limitations. Job control emerged as a key factor in continued work participation, specifically, being able to organise workload and make modifications to work practices enabled participants to maintain an acceptable level of work performance. The value of work, both personal and financial, motivated people to continue to work. While some co-workers and supervisors were considered to be helpful, interviewees were concerned that they could lose their job if they asked for assistance or took time off work. Fatigue had a considerable impact on life outside of work, with interviewees reporting effects on family life and reduced participation in social activities.
Conclusions: While continuing to work was beneficial, negative spillover effects on life outside of work were commonly reported. Workers with MSD may benefit from interventions that focus on coping with pain and fatigue management, as well as those that raise awareness amongst employers.
Acknowledgements: This research is funded by the Health Research Board [RCQPS-2014–2].
Disclosure of Interest: None declared

SAT0749-HPR | **THE RELATIONSHIP BETWEEN SPINAL MOBILITY AND STATIC AND DYNAMIC BALANCE IN PATIENTS WITH ANKYLOSING SPONDYLITIS**

B. Unver, H. Yilmaz, F. Unver. *Dokuz Eylul University, School of Physical Therapy and Rehabilitation, Department of Orthopaedic Physiotherapy, Izmir, Turkey*

Background: Ankylosing spondylitis (AS) is a major chronic rheumatic disease that predominantly affects axial joints, determining a rigid spine from the occiput to the sacrum. The disease can lead to permanent spinal deformity and postural disorder during the later stages. Changes in axial mobility may lead to impaired postural control, with altered postural control being associated with increased fall risk and lower quality of life. The population with AS has been rarely studied regarding postural control, both dynamic and static.
Objectives: The aim was to investigate the relationship between spinal mobility and static and dynamic balance of patients with mild to moderate AS.
Methods: The study included 137 (74 male and 63 female) patients with a mean age of 51.19±10.72 (20–78) years who were diagnosed with AS according to the modified New York criteria. Patients were divided into two groups as tragus to the wall distance (TWD) <15 cm (Group I = mild AS, n=51) and TWD ≥15 (Group II = moderate AS, n=84). The mean duration of disease in Group I was 17.83±11.3 (1 - 50) years and the mean duration of disease in Group II was 20.78±9.67 (2 - 43) years. Spinal mobility measurements [TWD, cervical rotation (CR), modified Schober test (MST), lumbar lateral flexion (LLF), intermalleolar distance (IMM), thoracic expansion (TE) tests] were compared with static and dynamic balance tests in the groups. Static balance was assessed with one-foot standing with eyes open and closed. Dynamic balance was assessed with timed up and go test and Berg balance scale.
Results: A statistically significant difference was found between spinal mobility measurements and Berg balance scale scores between the groups. Spinal mobility values of Group II were worse than Group I (p<0.05). Berg balance scale scores were better in Group I than Group II (p=0.028). No statistically significant difference was found between the two groups in terms of static balance and timed up and go test (p>0.05). There was a weak and significant correlation between spinal mobility measurements [CR, MST, LLF, IMM, and TE] and static and dynamic balance in the positive direction (r=0.177–0.284, p<0.05). There was no significant correlation between TWD and static and dynamic balance (p>0.05).
Conclusions: In patients with AS, as the severity of the disease progresses, spinal mobility and dynamic balance worsen; however, the static balance does not change. These changes in the posture and balance can negatively affect patients' participation levels in daily life and increase their risk of falling. For this reason, we think that detailed evaluation of balance, balance training and fall preventing approaches should be included in the rehabilitation programs for the patients with AS.
References:
[1] Demontis A, et al. Rheumatol Int. 2016;36(3):333–9.
[2] Çınar E, et al. Eur J Rheumatol. 2016;3(1):5–9.
Disclosure of Interest: None declared

SAT0750-HPR | **"IS THIS REALLY THE WAY WE SHOULD GO?" – PATIENT PERSPECTIVES ON RHEUMATOID ARTHRITIS MANAGEMENT**

C.A. Lemay[1], K. Mazor[2], J. Kremer[3], W.B. Nowell[4], C. Bingham III[5], J. Curtis[6], E. Ruderman[7], L. Harrold[8]. [1]Orthopedics, University of Massachusetts Medical School; [2]Meyers Primary Care Institute, Worcester; [3]Albany Medical College, Albany; [4]Global Healthy Living Foundation, Upper Nyack; [5]Johns Hopkins University, Baltimore; [6]The University of Alabama at Birmingham, Birmingham; [7]Northwestern University Feinberg School of Medicine, Chicago; [8]University of Massachusetts Medical School, Worcester, United States

Background: Current rheumatoid arthritis (RA) treatment guidelines suggest aggressive management in order to minimize disease activity. To achieve this goal, clinicians will need to engage patients in shared decision making. Currently little is known regarding patient's preferences and goals for treatment.
Objectives: To understand patient perspectives on their goals with regard to RA disease and flare management and the barriers to, and facilitators of achieving those goals.
Methods: Participants were interviewed utilizing open-ended questions focused on understanding their goals of managing their disease (both disease flares and longstanding disease) as well as the barriers and facilitators of achieving those goals. We explored the following: disease impact; disease beliefs and behaviors; medication use; provider relationship and communication; availability of insurance coverage; and community resources. Interviews were recorded and transcribed. Data were categorized using content analysis techniques. Convenience sample of persons living with rheumatologist-diagnosed RA was recruited from rheumatology practices in 4 states to participate in telephone interviews.
Results: Twenty-seven participants completed an interview from March-August 2015. Mean age was 63 years; 82% were female and 82% Non-Hispanic White. Participants reported living with RA for an average of 12 years and 44% reported