posterior and medio – lateral plane. Joint position sense and postural stability were assessed three times: during rest, following the fatigue protocol, and following the taping. The subjects were received a clinically-used fatigue protocol on a cycle ergometer. The Modified Borg's Rate of Perceived Exertion Scale has been used for fatigue determination.
Results: Joint position sense and postural stability were significantly decreased following fatigue compared to the condition during rest ($p<0.05$). However, no significant difference was found in terms of joint position sense and postural stability after taping compared to the condition following fatigue ($p>0.05$).
Conclusions: The hypothesis of this study, that KT could partially compensate for the proprioceptive and balance-related deficits induced by muscle fatigue, was not supported. According to the results of our study, we concluded that the subjects do not benefit from the use of KT for compensating joint position sense and postural stability in condition following fatigue.
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AB1206-HPR ADAPTATION INTO SPANISH OF THE SCLERODERMA HEALTH ASSESMENT QUESTIONNAIRE (S-HAQ)

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Background: The *Health Assessment Questionnaire* (HAQ) is an instrument administered to patients to self-report functional status originally in rheumatoid arthritis (RA). In Argentina, it has been translated and validated for RA in 2004. For diffuse SSc, HAQ has been associated to morbidity and mortality.
Objectives: To adapt S-HAQ into Spanish and to assess its validity in SSc patients in Argentina.
Methods: S-HAQ was translated following a forward-backward translation procedure of the original English version, and transcultural adaptation was performed by a comprehension test reaching the final Spanish version. SSc patients that fulfilled ACR 80 criteria and early Systemic Sclerosis according to Le Roy and Medsger criteria were included. Patients with overlap were excluded. Cronbach's alpha and item-item item-total correlations were used to assess internal consistency. Construction validity was analyzed through factor analysis with Varimax rotation. Continuous variables were compared by t-test, Mann-Whitney or Kruskal-Wallis test, and categorical variables by chi-square or Fisher's test. A value of $p<0.05$ was considered significant.
Results: l9An adapted Argentine-Spanish version of S-HAQ was developed. One hundred patients were surveyed; 84% were female, mean age 54±12.8 years and disease duration 8.8±9.1 years. Limited SSc was more frequent (63%), followed by diffuse SSc (36%). Serologically, 89% were ANA positive, 27% had anti Scl 70 and 41% had anti centromere antibodies. Median Rodnan score (mRSS) was 9.8 (0–40.5) and median activity measured by EUSTAR was 1.25 (0–6). Median S-HAQ was 0.62 (0–2.5), Cronbach's alpha 0.89, and when removing questions one by one the coefficient decreased. Median VAS (visual analogue scale) was 0.57 (0–2.8). Factor analysis identified two factors for the S-HAQ: factor 1: dressing (0.61), arising (0.68), reach (0.63), and personal hygiene (0.70); factor 2: eating (0.68), grip (0.72), walking (0.49), usual activities (0.62). For questions, three factors were identified through VAS: factor 1: overall disease severity (0.63) and gastro-intestinal symptoms (0.57); factor 2: Raynaud's (0.66), digital ulcers (0.56); factor 3: respiratory symptoms (0.43). There was a statistically significant association between higher values of S-HAQ and higher values of mRSS (1.1±0.74 vs. 0.64±0.5 p=0.002) and also with seropositivity for anti-Scl 70 (p=0.003). Higher values of total VAS were associated to female gender (0.75±0.5 vs. 0.49±0.71, p=0.01). There was a significant association between S-HAQ and MEDSGER (p=0.04) and EUSTAR (p=0.03) scores; likewise, between VAS and MEDSGER (p=0.00) and EUSTAR (p=0.00) scores.
Conclusions: A Spanish version of S-HAQ was developed, showing an acceptable reliability and validity.
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AB1207-HPR PATIENT SATISFACTION IN A RHEUMATOID ARTHRITIS SPECIALIZED CENTER

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Background: According to the Beryl Institute's, patient experience (PX) is "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care"; nowadays patient satisfaction is considered as one of the quality for performance in health systems (1). In order to provide a multidisciplinary quality care to patients with RA in centers of excellence (CoEs) under the coordination of a rheumatologist, provide comprehensive management of patients with this pathology, ensuring approachability to medical appointments and treatment, in order to get better clinical outcomes and improve patient safety and satisfaction of the health services provided.
Objectives: To measure levels of satisfaction of RA patients treated at a specialized center and to evaluate patient service.
Methods: In a RA specialized center during a 24 month period we performed a satisfaction survey in order to evaluate the health services provided. We evaluated the timing on attention, appointment assignment, information provided, the treatment received by the healthcare team, facilities among others. Patients evaluated the services provided in a scale from 1 to 4, were 1 was very bad, 2 regular, 3 good and 4 excellent. Descriptive epidemiology was performed for each variable presented.
Results: We collected 1125 surveys during 2015 and 2016, 45% considered to have a timely care, the mean of waiting time for an appointment was 9 min ± 8; regarding the appointment assignment 96% of the patients evaluated it as good or excellent (mean 3.5±0.7), 80% considered that the information provided was clear and useful, 90% reported to receive a kind and friendly treatment and to considered the facilities as good or excellent. When we evaluated the satisfaction regarding the health care team 50% of patients evaluated the rheumatologist, nurse, nutritionist, physical therapist, psychologist and physiatrist as good and 40% as excellent.
Conclusions: Although we found that our patients are highly satisfied, there is a large opportunity to improve our services. Also, this evidence can support further research projects in order to increase the patient's satisfaction.
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HPR epidemiology and public health (including prevention)

AB1208-HPR PSORIASIS INDUCED BY TNF ANTAGONIST THERAPY. ANALYSIS OF 13 CASES

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Background: Tumor necrosis factor (TNF) antagonist drugs have been shown to be effective in different inflammatory arthropathies and autoimmune pathologies, including psoriasis. However, an unexpected side effect has been observed: the new occurrence or worsening of psoriatic lesions.
Objectives: The aim of this study is to describe the cases of induction or worsening of psoriasis in patients treated with TNF antagonist therapy in our center.
Methods: Retrospective observational study, review of cases of new or worsening psoriasis in patients with TNF antagonist at the University Hospital Dr. Peset from October 2008 to November 2016. A total of 13 cases were obtained.
Results: Thirteen patients, 8 females and 5 males with mean age 46 years (± 16). 38% of patients received treatment for Crohn's disease, 31% for rheumatoid arthritis (RA), 31% for psoriatic arthropathy (APs), 8% for ankylosing spondylitis (AE) and another 8% for psoriasis. Two patients were diagnosed of more than one pathology: Crohn's disease associated with APs and Crohn's disease associated with RA. Sixty one percent had no known personal history of psoriasis, in one of them the family history of psoriasis was recorded. Infliximab was used in 38.5% of cases, followed by adalimumab and golimumab in 23% each and etanercept in 15.4%. The mean latency time since drug introduction was 9.3 months (2–26). There were 12 cases of psoriasis and 1 case of pityriasis lichenoides (histologically confirmed). Lesion morphology included pustular psoriasis in 91%, scalp psoriasis in 25%, guttate lesions in 25%, plaque psoriasis in 8%, and inverse psoriasis in 8%; 58% experienced lesions of more than one type. There were no cases of nail, mucosal or erythrodermic psoriasis. The psoriasiform lesions resolved without interruption of TNF antagonist therapy in 53.85%. Of the 6 patients who required discontinuation, 3 patients were switched to another anti-TNF drug (adalimumab,