

whereupon they switched to the intervention phase (add-on programme) sequentially and in randomised order. The add-on programme comprised structured individualized goal planning, motivational interviewing, a self-help booklet and four supportive follow-up phone calls the first five months after discharge. Data were collected on admission, discharge, 6 and 12 months after discharge. Primary outcome was health related quality of life (HR-QoL) measured by the individualized Patient Generated Index (PGI). The main statistical analysis was a linear repeated measures mixed model performed on the intention to treat population (all available data).

Results: 389 patients with various rheumatic diseases (SpA, RA, OA, and SLE) were included (table 1). A significant treatment effect of the add-on intervention on HR-QoL was found on discharge (mean difference =3.32 [95% CI: 0.27, 6.37], $p=0.03$). There were no significant differences between the groups at 6 and 12 months. Treatment compliance was 94%, and response rate >80% at all time points. Both groups showed a positive effect of rehabilitation in terms of increased HR-QoL at discharge, which subsequently declined, although the values remained at higher levels after 6 and 12 months compared with baseline values (figure 1).

Table 1. Baseline characteristics of included patients (n=389)

	Control group (n=195)	Intervention group (n=194)
Age, yrs, mean (min, max)	56.9 (24, 89)	57.5 (23, 89)
Gender, ♀, n (%)	127 (65.1)	147 (75.8)
Disease duration, yrs, mean (SD)	21.0 (13.3)	19.1 (13.1)
Paid work, n (%)	69 (35.8)	76 (39.4)
Using TNF-inhibitors, n (%)	44 (22.6)	39 (20.1)

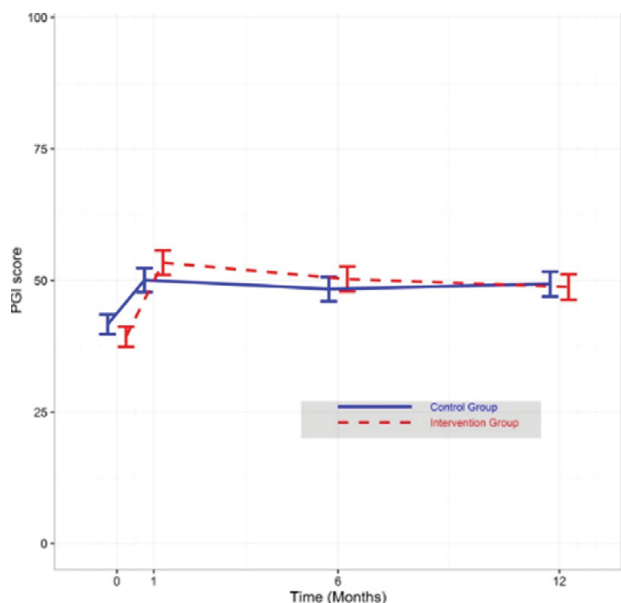


Figure 1. Health related quality of life in patients with rheumatic diseases measured by the Patient Generated Index (PGI), 0-100, 0 low HR-QoL. Vertical lines indicate the mean values (centre) with 95% confidence intervals at the four measurement time points: on admission to rehabilitation stay (baseline), at discharge, and six and twelve months after discharge. Horizontal lines show the fluctuating mean PGI values from baseline to 12 months after discharge.

Conclusions: The add-on intervention enhanced the short-term effect of rehabilitation with respect to HR-QoL, but did not prolong the effect as intended. The findings suggest that individualized structured goal planning should be considered important and relevant in rehabilitation of patients with rheumatic diseases. Although this study evaluated the effect of a complex intervention, and not the effect of single components, the results indicate that supportive telephone follow-up after discharge do not prolong the effect of rehabilitation. However, this study showed a longer lasting effect of rehabilitation in both the control- and intervention group, compared to previous reports.

Disclosure of Interest: None declared

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OP0256-HPR PHYSICAL ACTIVITY AND INACTIVITY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Previous studies indicate that patients with systemic lupus erythematosus (SLE) have a reduced physical activity compared to controls and public health recommendations. However, most studies have used questionnaires without expressing the energy requirements for the activities.

Objectives: We investigated if self-reported physical activity, expressed in Metabolic Equivalent of Task (METs)-minutes/week, in patients with SLE is reduced. The aim was also to investigate if they fulfil the public health recommendations for physical activity.

Methods: 103 patients (93 women/10 men, mean age 51.5 (SD 15.9) years) with SLE according to the 1982 revised ACR criteria for SLE were involved. Physical activity was assessed with the short version of the International Physical Activity Questionnaire (IPAQ), which measure physical activity the last seven days. The IPAQ scientific group classify physical activity into the following categories: "inactive", "minimally active"(equal to public health recommendations) and "health enhancing physical activity". Those individuals who do not meet the criteria for the two latter categories are considered inactive.

Results: The patients reported that they were physically active in median 1666 (interquartile range 693; 3759) METs-minutes/week (n=84). The patients answered that they were sitting in median 6 (interquartile range 4; 8) hours/day the last week (n=98). 59.6% of the patients achieved a minimum of at least 600 METs-minutes/week, i.e. they were active 5 or more days with any combination of walking, moderate-intensity or vigorous intensity activities ("minimally active"). 17.9% achieved a minimum of at least 1500 METs-minutes/week, i.e. they were active on vigorous-intensity on at least 3 days or; achieved a minimum of at least 3000 METs-minutes/week, i.e. they were active 7 or more days on any combination of walking, moderate-intensity or vigorous intensity activities ("health enhancing physical activity"). 22.6% of the patients were "inactive".

Conclusions: In the investigated patients with SLE, the majority were "minimally active" according to IPAQ-categories, which is sufficiently physically active according to the minimum level of public health recommendations. However, only 1/5 reached "health enhancing physical activity" category and 1/5 were considered physically "inactive". Health professionals could use the short version of IPAQ to find out which patients with SLE need support in physical activity programmes.

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OP0257-HPR RELATIONSHIP BETWEEN SLEEP DISORDERS AND DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is the prevalent autoimmune inflammatory arthritis found in adults, with the worldwide prevalence ranging from 0.4% to 1.3% (1). Patients with this condition have permanent changes with different severity of arthritis deformities as well as functional disturbances; Studies had shown that every painful condition disturbs sleep, which can lead to mood and abilities disturbances (2).

Objectives: The aim of this study was to describe the socio-demographic profile and sleep disorders in RA patients from a specialized RA clinic in Colombia and relationship with disease activity.

Methods: A descriptive cross-sectional study was performed in a specialized clinic dedicated to care patients with rheumatoid arthritis (RA). Data was collected during our psychology consultation, through semi-structured interviews and non-probability sampling. Descriptive epidemiology was applied for continuous variables, using measures of central tendency and dispersion for categorical and qualitative variables by averages and percentages. We analyzed bivariate association with Pearson's χ^2 .

Results: We included 1398 patients attending to our psychology consultation. Mean age was 55±8. 80% were female and 20% male. Mean DAS28 was 2.6±1.3, mean HAQ was 1.6±1.6; Patients had the disease for an average of 12 years ± 8; 41% of patients had comorbidities associated with non-autoimmune disease, 14% comorbidities related to autoimmune disease; 35% of our patients did not report other comorbidities. Most of patients were married 60%, followed by divorced 19%, single 14% and widowed 7%. Regarding occupation 33% were employees, 25% were housekeepers or retired due to age, 12% were retired due to disabilities, and 3% unemployed. Of the total population 45% had elementary school, 32% high school, 8% college education, 7% graduate education and 7% were illiterate. 17% of patients lived alone. When the psychologist asked about sleep disorders 69% reported no to have any, 25% primary insomnia, 1% hypersomnia, 3% OSAS and 2% alterations on the circadian rhythm. Disease activity was statically associated with sleep disorders ($p<0.00$).

Conclusions: Sleep problems are an important aspect to consider in a patient with RA and are correlated to disease activity; it is important to have a multidisciplinary care team for the patient with RA, including a psychologist that can manage this kind of illness in order to improve the life quality of patients.

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OP0258-HPR INTENSIVE PHYSICAL EXERCISE FOR ELDERLY PERSONS WITH RHEUMATOID ARTHRITIS IMPROVES PHYSICAL CAPACITY

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Background: Today, more than 50% of persons with Rheumatoid Arthritis (RA) are over 65 years of age (1). Little is known about the effects of physical exercise in this age group (>65 years).

Objectives: The aim of this randomized controlled study is to investigate the effects of a person-centred progressive aerobic and resistance exercise program, led by a physiotherapist.

Methods: Seventy-four with persons with RA (24% men), mean age 70 years (SD 2.5), were recruited and randomized to an exercise interventions group or an active control group. The intervention consisted of a 20-week individual person-centered exercise program, performed three times a week with guidance from a physiotherapist. Both aerobic and resistance exercise was performed on a high intensity level. The control group followed a home exercise program twice a week. Muscle strength and endurance were assessed by the Chair Stands test, the Timed up and Go and a Bicycle endurance test. Maximal aerobic capacity (VO₂ max) was assessed with ergo spirometry. Activity limitations were assessed by SF36 Physical subscale and the Health Assessment Questionnaire (HAQ).

Results: All participants in the intervention group completed the intervention. The participants had a low disease activity with a mean Clinical Disease Activity Index of 5.4 (SD 3.9). Significant improvements were found for VO₂ max, the Chair Stands test, the Timed up and Go, the Bicycle endurance test on bicycle ($p < 0.001$) and the SF36 physical ($p = 0.018$) in the intervention group, when compared to the controls. No significant differences between groups were seen on HAQ.

Conclusions: Intensive progressive aerobic and resistance exercise is a feasible intervention for elderly persons with RA. Despite old age and RA the participants gained significant improvements in physical capacity.

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OP0259-HPR SUPERVISED WALKING IMPROVES AEROBIC CAPACITY, EXERCISE TOLERANCE, FATIGUE AND PERCEIVED IMPROVEMENT IN WOMEN WITH PRIMARY SJÖGREN'S SYNDROME: A RANDOMIZED CONTROLLED TRIAL

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Background: Fatigue is a very common symptom of primary Sjögren's syndrome (pSS), being reported by up to 70% of patients [1]. It is more pronounced when compared to healthy individuals [2] and patients often report that it is their greatest problem and the most difficult to cope with [3]. There is only one non-randomized controlled study on aerobic exercise in pSS with a small sample size suggesting improvement in fatigue, aerobic capacity, depression and physical function [4].

Objectives: To evaluate the safety and effectiveness of a supervised walking program in women with pSS.

Methods: Forty five sedentary women fulfilling the American European Consensus Criteria for pSS were randomized to a Training Group (TG, n=23) or Control Group (CG, n=22). Patients in the TG were submitted to supervised walking, 3 times a week, for 16 weeks. The patients of the CG were instructed to not perform any kind of regular physical exercise. Outcomes measured were aerobic capacity,

fatigue, disease activity, depression, perception of pSS's symptoms and quality of life. An intent-to-treat analysis was performed.

Results: The mean change after 16 weeks of VO₂max (ml.kg⁻¹.min⁻¹), distance and FACIT-fatigue were higher in the TG than in the CG ($p = 0.016$, $p = 0.043$ and $p = 0.030$, respectively) (Figure 1). Improved aerobic capacity was associated with improvements in fatigue scores and physical components of quality of life measured using SF-36. Furthermore, improved fatigue scores were associated with reduced depression and improvements in the physical and mental components of the quality of life measures. Overall, 95.4% of patients in the TG rated themselves as clinically improved versus 62% of the patients in the CG ($p = 0.049$). There was no flare in disease activity and no serious adverse events with exercise.

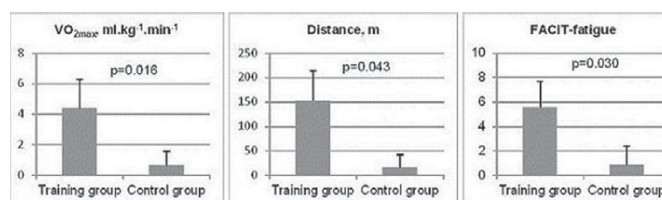


Figure 1. The exercise training group showed improved aerobic capacity, improved exercise tolerance and improved fatigue compared to controls.

Conclusions: This supervised walking program was demonstrated to be feasible and safe with improvements in the aerobic capacity, exercise tolerance, fatigue and patient perception of improvement in pSS patients.

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OP0260-HPR HIGHER SATISFACTION WITH ACTIVITY-RELATED SYMPTOMS AFTER 15-WEEK RESISTANCE EXERCISE IN WOMEN WITH FIBROMYALGIA

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Background: Physical exercise is troublesome for most patients with fibromyalgia (FM) due to activity-induced pain. A reason for activity-induced pain is a low pain threshold. In the present study we investigated if experience of physical activity changed after 15-week progressive person-centred resistance exercise. The control group participated in 15-week relaxation program.

Objectives: To investigate how experience of physical activity changed after 15-week resistance exercise in women with FM, and if experiences correlated with pain threshold.

Methods: 130 women (age 22–64 years, symptom duration 0–35 years) with FM were randomized to 15-week resistance exercise or to a parallel relaxation program. The participants completed Experience of physical activity scale (EPA) comprising five subscales (0–7), assessing how exercise was perceived in terms of Physical relaxation (PR), Well-being (WB), Activity beliefs (AB), Activity-related symptoms (ARS), and Activity Habits (AH) (1). A lower score indicates a higher satisfaction. Pain threshold was investigated with algometer. Within-group and between-group analyses were conducted by non-parametric statistics. Correlations between algometry and ratings on EPA were investigated by Spearman correlation coefficient.

Results:

The resistance exercise group scored significantly higher satisfaction at posttest than before the intervention in their ratings on how they experienced exercise in terms of PR, WB, ARS and AH ($p < 0.05$), Table 1.

Between-group analyses showed that the resistance exercise group scored significantly higher satisfaction in ARS subscale ($p < 0.006$) after the intervention when compared to the relaxation group.

Significant correlations were found between algometry and PR ($r = -0.32$, $p = 0.017$) as well as ARS ($r = -0.33$, $p = 0.015$) at post-test in the resistance exercise group.