

Table 1. Baseline and post-test ratings of EPA in the two groups

EPA subscales	Resistance exercise		Relaxation	
	Baseline (n=67)	15 weeks (n=56)	Baseline (n=63)	15 weeks (n=49)
PR	3.9±1.1	3.6±1.0*	4.1±1.3	3.9±1.2
WB	2.9±1.5	2.5±1.2*	2.7±1.3	2.7±1.4
AB	2.0±1.0	1.9±1.2	2.1±1.3	2.0±1.2
ARS	4.7±1.2	4.1±1.1*	4.9±1.1	4.8±1.1
AH	4.1±1.3	3.1±1.5*	3.7±1.3	3.6±1.4

Within-group changes (p<0.05) are marked with *.

Conclusions: Women with FM experienced a higher satisfaction with activity-related symptoms after having participated in a person-centered resistance exercise program, which is an important knowledge for health care professionals when motivating patients for exercise. Correlations between algometry and ratings on PR and ARS indicate that activity-related symptoms are partly associated with the pain threshold.

References:

[1] Mannerkorpi K, Rivano-Fischer M, Ericsson A, Nordeman L, Gard G. Experience of physical activity in patients with fibromyalgia and chronic widespread pain. *Disabil Rehabil* 2008;30 (3):213–21.

Disclosure of Interest: None declared

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OP0261-HPR PHYSICAL ACTIVITY LEVEL MEASURED BY ACCELEROMETER IS COMPARABLE BETWEEN JUVENILE IDIOPATHIC ARTHRITIS PATIENTS AND CONTROLS, BUT PATIENTS SPEND LESS TIME IN VIGOROUS PHYSICAL ACTIVITY

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Background: Previous studies indicate that juvenile idiopathic arthritis (JIA) patients have lower levels of physical activity (PA), spend more time in sedentary PA and less time in moderate and vigorous PA than controls. Associations between PA and disease variables in JIA patients are inconclusive. To our knowledge, this study is the first to compare objectively measured PA in JIA patients treated in the era of biologics with healthy controls whose data collection were conducted at the same time as the patients.

Objectives: To compare objectively measured levels and intensity of PA in JIA patients who have had access to biological treatment from disease onset with age- and sex-matched controls from the general population. Furthermore, to compare PA between JIA patients with persistent oligo- and poly-articular disease, and to examine associations between PA and disease variables in patients.

Methods: Patients, 10–16 years, with persistent oligo- or poly-articular disease (extended oligoarthritis and polyarticular RF +/-), were recruited consecutively at Oslo University Hospital in 2015. Age- and sex-matched controls were selected randomly from the Norwegian Population Registry. PA was measured with accelerometers during 7 consecutive days. The general level of PA was determined by counts per minute (cpm) and steps daily. Cut-off points for different PA categories of intensity were used as described by Evenson¹. Present pain, and pain and fatigue during the previous week were assessed in all participants. Disease activity, functional ability, disease duration, use of medication and lower extremity joints with active arthritis were registered in patients. Differences between study groups were analyzed with paired or unpaired analyses as appropriate.

Results: Acceptable data from the accelerometers were retrieved in 53 matched pairs, of which 45 (85%) were female. Mean age was 13.3±2.2 years in patients and 13.2±2.6 years in controls, p=0.55. 26 (49%) patients had polyarticular disease. No significant differences were found in cpm or steps daily, or in time spent in sedentary PA, light PA or moderate PA in patients vs controls (Table 1). However, patients spent significantly less time in vigorous PA than controls. No significant differences in PA variables were found between JIA subgroups. The use of biologic medication correlated weakly with cpm, r=0.30, p=0.03, while no other disease variables correlated significantly with cpm or with vigorous PA (all r<0.30, p=NS).

Conclusions: General level of physical activity and time spent in sedentary PA, light PA and moderate PA in JIA patients treated in the biological era are comparable with controls. However, patients spend less time in vigorous PA.

Abstract OP0262 – Table 1

	2000	2002	2004	2006	2008	2009	2010	2011	2012
Discharges, no	142	112	108	133	140	144	187	180	213
Incidence per 100 000 adults	12.2	9.5	9.1	11.0	11.3	11.5	14.9	14.2	16.7
Men, incidence per 100 000 adults	16.1	12.3	12.9	14.4	15.7	16.0	22.0	21.1	24.3
Women, incidence per 100 000 adults	8.4	6.8	5.3	7.7	7.0	7.1	7.9	7.3	9.1
Duration, days, median (range)	3 (1–71)	3 (1–44)	5 (1–75)	5 (1–65)	5 (1–40)	5 (1–39)	5 (1–34)	5 (1–52)	5 (1–41)
Age, years, mean, SD	76.2 (12.1)	74.3 (14.9)	76.3 (11.7)	77.2 (10.2)	77.4 (11.4)	76.7 (11.6)	77.6 (12.7)	75.6 (14.1)	75.0 (13.8)
18–44	3	6	1	0	5	4	8	8	4
45–64	23	16	17	19	12	11	19	28	41
65–84	83	63	67	80	85	89	100	92	108
≥85	33	27	23	34	38	40	60	52	60
ULT, (%), 6 months before hospitalization				28 (21)	38 (27)	27 (19)	38 (20)	47 (26)	45 (21)
Total cost*, 10 ⁵ USD						5.21	6.8	6.6	8.15

Table 1. Physical activity

	JIA (n=53)	Controls (n=53)	p-value
Counts per minute	457±194	483±135	0.45
Steps daily	9219±2679	9772±2575	0.27
Sedentary daily (min)	575±69	571±58	0.66
Light PA daily (min)	189±48	183±42	0.39
Moderate PA daily (min)	33±11	37±12	0.08
Vigorous PA daily (min)	21±12	26±14	0.04
Achieves 60 min MVPA daily n (%)	17 (32)	26 (49)	0.09

Numbers are mean ± SD or N (%).

Even though these results are promising regarding PA in JIA patients, the results indicate that patients still need to be encouraged to be physically active, with emphasis on increasing vigorous PA.

References:

[1] Evenson et al 2008.

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Gout: advances in diagnosis and management

OP0262 TRENDS AND COSTS FOR GOUT HOSPITALIZATION IN SWEDEN

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Background: Gout is the most common arthritic disease in the world with increasing incidence and prevalence. There are differences in gout prevalence and course of disease due to cultural, ethnical and genetic factors stressing the need for data from different parts of the world. An increase in hospitalization for gout has been shown for the last two decades in North America.

Objectives: We evaluated the trend for hospitalization of gout in western Sweden 2000 – 2012 and the health care costs for this 2009 – 2012.

Methods: Hospitalization trends for gout were studied using data from the health care consumption register in the Western Swedish Health Care Region (WSHCR) from 2000–01–01 through 2012–12–31. This area is considered to be representative for the country as a whole. Patients aged 18 years and older who were hospitalized during the study period with a principal ICD-10 diagnosis of gout (M10) at discharge were included. We calculated annual population rates for hospitalization for gout. Inflation-adjusted health care costs for the gout hospitalizations were calculated using the Cost-Per-Patient register (CPP). Dispensation of urate lowering therapy (ULT), allopurinol (M04AA01) and probenecid (M04AB01), within 6 months prior to hospitalization was identified using The Swedish Prescribed Drug Register.

Results: There were 1873 hospitalizations for gout (mean age 75.0–77.6 years, 61–74% men) between 2000 and 2012. Demographic characteristics were similar

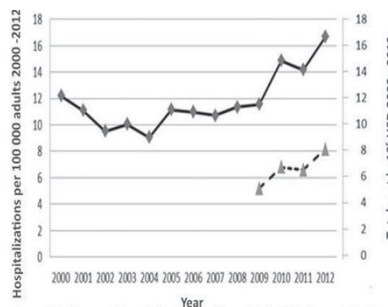


Figure 1 Incidence of hospitalizations with a principal discharge ICD-10 diagnosis of gout (M10) in western Sweden 2000 to 2012 per 100 000 adults (≥18 year) (full line, left side) and total cost for the hospitalizations in 105 USD 2009 to 2012 (dashed line, right side)