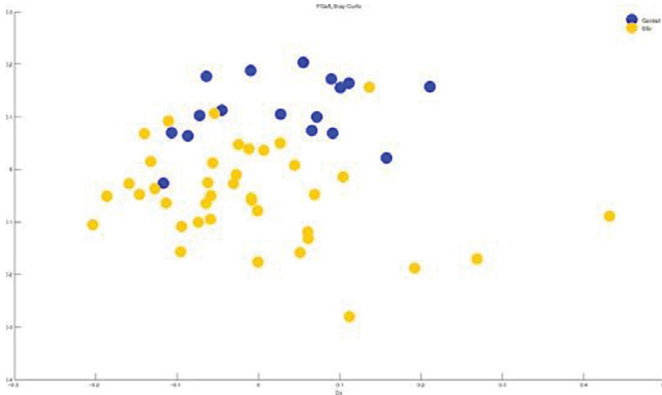


Lactobacillus, *Blautia*, *Coprococcus* and *Phascolarctobacterium* and a depletion of *Bacteroides*, *Butyrivomona*, *Odoribacter*, *Succinivibrio*, *Sutterella* and *Prevotella*. The differences in microbiota composition between SSc patients and controls were supported also by PCoA of the values representing phylogenetic distance of microbial communities between specimens ($p < 0.001$) (see figure). Among scleroderma patients, those with diffuse skin involvement showed a greater abundance of bacteria of Bacteroidetes phylum with significantly lower values of alpha diversity by Chao1 and species richness ($p = 0.01$). Differences were confirmed by PERMANOVA on Bray-Curtis distance matrix ($p = 0.016$).

PERMANOVA analysis of distance matrices (p-values adjusted according to FDR)

	Weighted UniFrac	Bray-Curtis
Control vs SSc	<0.001*	<0.001*
Control vs Diffuse	0,012*	0,0015*
Control vs Limited	0,003*	0,0015*
Control vs Early	0,003*	0,0015*
Control vs Long	0,017*	0,0015*
Diffuse vs Limited	0,259	0,016*
Early vs Long	0,49	0,156



Conclusions: Our analysis demonstrated an altered and distinct composition of gut microbiota in SSc patients compared to healthy controls. Furthermore, scleroderma patients show some differences in microbiota characteristics according to the extent of skin involvement, suggesting that microbiota may influence the severity of the disease. If validated and related to GI symptomatology and nutritional status our findings open up the opportunity of a rational intervention on microbiota to restore the gut equilibrium in SSc patients.

Disclosure of Interest: None declared

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SATURDAY, 17 JUNE 2017

Closing the gap between objective measures and self-report in fibromyalgia

OP0344-HPR DEVELOPMENT OF RESPONDER CRITERIA FOR MULTICOMPONENT NON-PHARMACOLOGICAL TREATMENT IN FIBROMYALGIA

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Background: Despite positive non-pharmacological treatment effects in fibromyalgia (FM) (1,2) these effects are often modest and show large individual variability. In clinical practice it is very important to assess the effectiveness of treatment for the individual patient in order to tailor further treatment. Responder criteria can assess the effectiveness of treatment and define clinically meaningful change in health outcomes on patient level. However, no specific responder criteria for non-pharmacological treatment in FM currently exist. This warrants further exploration in this field.

Objectives: 1) To define responder criteria for multicomponent non-pharmacological treatment in FM; and 2) To estimate and compare their sensitivity and specificity.

Methods: Candidate responder sets were 1) identified in literature (3–5); and 2) formulated by expert group consensus. All candidate responder sets were tested for sensitivity and specificity in a cohort of 144 patients with FM receiving multicomponent non-pharmacological treatment. Therapist's judgement about patient's goal attainment and patients' perspective on health status change, assessed at 6 months after the start of treatment, were used as gold standard.

Results: Seven responder sets were defined (three identified in literature and four formulated by expert group consensus), and comprised combinations of domains of 1) pain; 2) fatigue; 3) patient global assessment (PGA); 4) illness perceptions; 5) limitations in activities of daily living (ADL); 6) sleep. The sensitivity and specificity of literature-based responder sets ($n = 3$) ranged

between 17%>99% and 15%>95% respectively, whereas the expert-based responder sets ($n = 4$) performed slightly better with regard to sensitivity (range 41%>81%) and specificity (range 50%>96%). Of the literature-based responder sets the OMERACT-OARSI responder set with patient's gold standard performed best (sensitivity 63%, specificity 75% and ROC area = 0.69). Overall, the expert-based responder set comprising the domains illness perceptions and limitations in ADL with patient's gold standard performed best (sensitivity 47%, specificity 96% and ROC area = 0.71).

Conclusions: We defined sets of responder criteria for multicomponent non-pharmacological treatment in fibromyalgia. Further research should focus on the validation of those sets with acceptable performance.

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Suffering in silence. Optimizing the management of psychological well-being for people with RMDs

OP0345-PARE GROWING UP WITH ARTHRITIS – YES WE CAN! A PROJECT OF DEUTSCHE RHEUMA-LIGA IN CO-OPERATION WITH THE GERMAN ARTHRITIS RESEARCH CENTER. WITH FINANCIAL SUPPORT BY THE GERMAN FEDERAL MINISTRY OF HEALTH

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Background: Every third young person with arthritis in Germany stops therapy when he or she enters adult care! Young people with arthritis have to travel long distances to care facilities, which are specialized in transition (about 30 throughout Germany). Because there are too few rheumatologists adults with arthritis often have to wait long for a consultation. Too few doctors have experience with treating young persons with arthritis. The situation of young persons with arthritis results in little knowledge about the condition – only every second young person knows their correct diagnosis. Parents manage everything – only every 5th young person up to 17 years has been alone with their doctor without their parents. Timely and comprehensive support is lacking.

Objectives: Supported by the health ministry and in cooperation with the German Arthritis Research Center the project started in 2014. As a first step the need for support for young person with arthritis was explored. It took two years to develop a pilot project with transition peers, a homepage, camps and information material for parents and doctors. The main goal of the project is to reduce the number of young persons who discontinue care because of the necessary change from children's care to adult care.

Methods: Ten transition peers have been trained for providing support (telephone, online, personal). An online information platform www.mein-rheuma-wird-erwachsen.de (my arthritis is growing up!) was created, filled with the experiences of the peers, information and quizzes and contact offerings. Camps especially for young persons growing up with arthritis took place. For the parents information material were developed and a seminar: learn to let go! is offered to them. The transition peers are going to doctors congresses to spread information material and to present the homepage.

Results: An evaluation of the project is carried out by the German Arthritis Research Center. The online information platform is accepted, it had more than 10.000 visitors during the first year. The young users like the content of the homepage, the transition peers are accepted by the young people as well as by the doctors.

Conclusions: The model project is running for three years – from 2014 until the end of 2017. A subsequent project will focus on the communication between doctors and young patients and should continue the new activities for the young persons with arthritis, their parents and the doctors.

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Disclosure of Interest: None declared

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