evidenced by Spearman correlation coefficients of $\geq .50$ were hypothesized between IPAQ-LF total or its subscales and the armband to conform convergent construct validity ($p < .05$).

Results: IPAQ-LF total PA (Median (IQR): 16.71 (5.91–45.15) MET.hrs/day) was associated with Physical Activity Level ($r = .434$, $p < .01$), moderate to (very)vigorous PA ($\text{MET} \geq 3$, $r = .439$, $p < .01$), moderate PA ($\text{MET} \geq 3-6$, $r = .432$, $p < .01$) and inactive time ($\text{MET} \leq 1.8$, $r = -.382$, $p < .05$) obtained with the armband. Similar, IPAQ-LF moderate PA (Median (IQR): 10.39 (2.41–23.71) MET.hrs/day) was related with PAL ($r = .492$, $p < .01$), moderate to (very)vigorous PA ($r = .456$, $p < .01$), moderate PA ($r = .444$, $p < .01$) and inactive time ($r = -.491$, $p < .05$). Also, IPAQ sitting (Median (IQR): 14.91 (10.89–20.80) hrs/day) was correlated to PAL ($r = -.461$, $p < .01$), moderate to (very)vigorous PA ($r = -.391$, $p < .05$), moderate PA ($r = -.386$, $p < .05$) and inactive time ($r = .496$, $p < .01$). No relevant nor significant correlations were found for the other IPAQ-LF subscales. Taken together, no hypothesis could be confirmed.

Conclusions: Even at a group level, the convergent construct validity of IPAQ-LF in axSpA was not confirmed. Self-reported PA outcomes may provide important contextual information on PA, but perform poor at quantifying PA levels in axSpA. Future research on a feasible self-reported PA measurement tool for these patients is required.

Disclosure of Interest: None declared

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HPR epidemiology and public health (including prevention)

FRI0751-HPR SAFETY PROFILE OF TOFACITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS - A REAL WORLD EXPERIENCE WITH GOOD RESULTS

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Background: Tofacitinib is an oral Janus Kinase for the treatment for rheumatoid arthritis (RA). The efficacy and safety of tofacitinib in monotherapy or in combination with other DMARDs has been demonstrated in clinical trials. However previous studies had report hematological changes and infections associated to the use of this medication (1, 2); in the European Union (EU) Tofacitinib is an investigational medicine and has not been approved for use because concernings regarding its safety.

Objectives: We aim to describe the safety profile of Tofacitinib in patients with RA in a real-life setting in Bogotá, Colombia.

Methods: During 2015- 2016 we followed patients from a RA specialized center in Colombia receiving Tofacitinib. Patients were treated with therapeutic goals T2T and a multidisciplinary approach. Adverse events were classified according the Common Terminology Criteria for Adverse Events (CTCAE) of the World Health Organization. Descriptive epidemiology for continuous variables, measure of central tendency and dispersion for qualitative and categorical variables through percentages and averages were calculated.

Results: We included 56 patients receiving tofacitinib, 80% were woman, 20% men. Mean age was 60±11 years. The mean time with RA was 17 months ± 12. 70% of patients had comorbidities; the most frequent comorbidity was hypertension 30%, followed by osteoporosis 25%, 7.5% Sjogren's syndrome, 7.5% diabetes mellitus among others. 70% of patients received some Anti-TNF drugs before using Tofacitinib; average time receiving tofacitinib was 33±32 weeks, mean DAS28 was 3.7±1.6. Regarding safety profile 10 of 56 patients presented any adverse event. 5 were mild, 4 moderate and 1 severe (1.7%). Diarrhea 1, Infections 1, Abdominal discomfort 3, Mouth papules 1, Rash 1, Sinusitis 1, Headache 1, Folliculitis 1 and Pancreatitis 1.

Conclusions: Tofacitinib is a safe and effective medication for patients with AR; regarding safety the proportion of patients with any AE is lower compared to previous studies, but the type of events were similar to clinical trials (1); none of

our patients presented hematological changes; none of our patients presented Herpes Zoster infection.

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FRI0752-HPR COMPUTER PODOMETRIC MEASURING SYSTEM IN ASSESSMENT OF FLAT FEET AND LOWER LIMBS DEFORMITIES IN PATIENTS WITH SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (SSc) is a connective tissue disease characterized by an excessive collagen production, fibrotic changes in the skin, internal organs, and vascular involvement. Patients with SSc may have pathological changes in their joints, especially in feet that enclosed: flat feet, valgus or varus foot, hallux valgus, tendinopathy, foot ulcers, joint space narrowing, joint subluxation and degenerative changes [1, 2].

Objectives: The aim of the study was to assess occurrence and the severity of lesions and deformities of spine and joints of lower limbs, especially of feet, in patients with SSc, in comparison to the healthy volunteers.

Methods: All subject have anamnesis, anthropometric tests, and feet assessment with the computer podometric measuring system.

Results: The study enclosed 53 patients with SSc (69.8% female) in mean age 55±12 and 65 healthy volunteers (53.8% female) in mean age 45±15. Disease duration median was 3 years (IQR =6). In comparison to healthy volunteers, patients with SSc have more frequent flat feet and pes valgus ($p < 0.001$) – Figure 1. No significant differences ($p = 0.96$) were observed in round back (8% both groups) and round-concave back (28% vs. 30%) occurrence. Patients with SSc have diminished spine mobility (15.06±5.52 vs. 26.09±6.52 [cm]; $p < 0.001$), to small knee-joint and ankle flexion/extension regardless of body side, more often hallux valgus and longitudinal flat foot. No differences were observed in transverse flat foot and heel varus/valgus occurrence.

Abstract FRI0752-HPR – Table 1. Results of ANOVA with repeated measurements in SSc and control group with comparison between feet

Group	TU		Control		ANOVA		
	Right	Left	Right	Left	Pgroup	Pfoot	Pgroup*foot
Knee-joint flexion (°)	108.7±11.9	107.4±12.6	136.2±6.8	136.2±6.7	<0.001	0.61	0.63
Knee-joint extension (°)	0.13±3.86	-0.68±4.22	-1.29±1.63	-1.28±1.74	<0.05	0.34	0.32
Ankle flexion (°)	8.7±4.8	9±5.4	18.9±2.2	18.8±2.2	<0.001	0.82	0.73
Ankle extension (°)	32.8±10.9	31.6±10	45±4.3	44.9±4.5	<0.001	0.53	0.58
Computer podometric measuring system							
Hallux valgus angle α (°)	10.5±7.2	12.0±8.8	7.7±5.6	7.8±6.4	<0.01	0.22	0.26
Hallux varus angle β (°)	15.9±5.1	15.6±5.9	15.3±4.1	16.1±4.4	0.98	0.39	0.09
Heel angle γ (°)	14.3±1.6	14.4±1.8	14.3±1.4	14.7±1.4	0.59	0.06	0.15
Godunov- Sztriter Index (KY)	0.45±0.12	0.46±0.16	0.42±0.06	0.43±0.08	<0.05	0.46	0.68
Chippaux-Smirak Index (CSI)	0.38±0.09	0.40±0.11	0.29±0.09	0.30±0.09	<0.001	<0.01	0.06
WGWP	24.9±4.3	24.4±6.4	28.4±2.7	28.1±3.9	<0.001	0.48	0.82
Wejsflog Index	2.56±0.1	2.57±0.1	2.58±0.08	2.58±0.09	0.35	0.80	0.48

WGWP - The index of depth of the longitudinal arch of the foot.