

($p=0.001$); 29% ($p=0.001$); 10% ($p=0.06$); 27% ($p=0.009$), respectively. Although only 26% of the patients have had an articular US, in 65% it led to a change in treatment. Positive answers to some questions, which were perhaps too complex, showed a discrete increase, less than 10%, conceivably due to the surprisingly high background of positive answers.

Conclusions: As expected, the US image method was familiar to most but not its applicability in articular diseases. After the lecture there was an increase in understanding of the positive impact of US in rheumatic diseases, implying that short and focused lectures are a useful tool in educational programs for patients.

Disclosure of Interest: None declared

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SAT0736-HPR **"LIKE A BAG OF LIQUORICE ALLSORTS – EVERYBODY'S GOT DIFFERENT FLAVOURS": A QUALITATIVE FOCUS GROUP STUDY TO EXPLORE SYMPTOMS OF FATIGUE, SLEEP DISTURBANCES AND PAIN IN PRIMARY SJÖGREN'S SYNDROME PATIENTS AND TO DEVELOP A FUTURE MODEL OF CARE**

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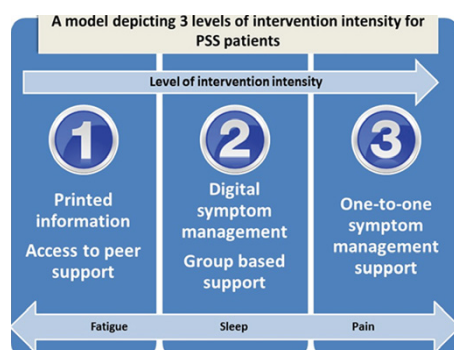
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Background: Fatigue, sleep disturbances and pain, are symptoms of primary Sjögren's syndrome (PSS). However, current clinical interventions predominantly focus on treating patients' dryness symptoms.

Objectives: To explore the experience of fatigue, sleep disturbances and discomfort in people with PSS, to investigate the impact of these symptoms on patients' daily lives and to develop an intervention strategy to address them.

Methods: Qualitative focus groups with open-ended questions allowed participants to explore ideas together and focus on issues they perceived as being important. PSS patients ($n=10$) and spouses ($n=3$) took part in three focus groups divided into six sessions which were facilitated by two clinician researchers using a topic guide. Discussion topics included; the symptoms, strategies used by patients used to manage their symptoms, possible future intervention components proposed from the literature and possible modes of delivering future interventions. The meetings were audio-recorded, transcribed verbatim and analysed using thematic analysis¹.

Results: Patient participants all experienced these symptoms. Symptom severity varied within individuals and flares occurred unpredictably. Fatigue, sleep disturbances and discomfort, all affected patients' lives and those around them and sometimes felt overwhelming. Discomfort symptoms included oral and ocular dryness, tingling, nausea and difficulties tolerating light and noise. The invisible nature of these features meant patients often struggled to meet others' expectations, which affected their mood and resulted in social withdrawal. Fatigue was a major barrier to engaging in work, productivity and leisure activities. Sleep disturbances further compounded the fatigue. Patients employed a range of strategies to self-manage their symptoms to varying degrees of success. Participants expressed a need for tailored support from health care professionals which included information provision, access to peer support and professional support to apply symptom management information. A three stepped model of care was proposed. The model includes different modes of delivering intervention content, including written information, education groups, peer support, digital self-management and one-to-one therapy. Intervention intensity increased with each step in the model.



Conclusions: Symptoms of fatigue, sleep disturbances and discomfort all impact on PSS patients' daily lives and individualised interventions are needed to support self-management. Care needs to be tailored as different patients require variable levels of support. A stepped model of future symptom management delivery is proposed.

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SAT0737-HPR **FACILITATORS AND BARRIERS FOR PARTICIPATION IN PHYSICAL ACTIVITIES IN JUVENILE IDIOPATHIC ARTHRITIS PATIENTS AND HEALTHY CONTROLS**

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Background: Knowledge is sparse regarding facilitators and barriers for participation in physical activity (PA) in patients with juvenile idiopathic arthritis (JIA) and whether they differ from controls. Furthermore, knowledge about preferences for leisure time physical activities and participation in physical education (PE) in school in JIA patients is limited.

Objectives: To explore participation in PA and PE in JIA patients, and to explore facilitators and barriers for PA participation in JIA and matched controls.

Methods: The study cohort included 60 JIA patients (50 girls, 10 boys) and 60 controls individually matched for age and sex randomly selected from the Norwegian Population Registry. Of the JIA patients, 30 had persistent oligoarthritis and 30 had polyarticular disease (extended oligoarthritis and polyarticular RF +/-). The patients were aged 10–16 years and recruited consecutively at Oslo University Hospital in 2015. Participation in PA and facilitators and barriers for PA participation, were explored with structured interviews. The interview guide was developed for this study based on literature review and clinical experience. Differences between the study groups were analyzed using the McNemar test.

Results: Participation in physical activities was not significantly different between JIA patients and controls (Table 1). The most commonly practiced organized physical activities in both groups were dancing and soccer, and the most commonly practiced unorganized physical activities were jogging, training at fitness center and strength exercising at home. Participation in PE is shown in Table 1. Fun was the most reported facilitator for participation in PA both in patients and controls, 40 (67%) vs 45 (75%), respectively, $p=0.32$. Becoming fit was an often reported facilitator in patients and controls, 12 (20%) vs 21 (35%) respectively, $p=0.07$. Being with friends was a facilitator more often reported by controls than patients, 13 (22%) in controls vs 1 (2%) patient ($p<0.001$). Less pain was a facilitator in 4 patients, but not in any controls ($p=0.06$). 26 (43%) patients and 19 (32%) controls reported barriers for participating in PA ($p=0.46$). More controls reported time as a PA barrier, 11 (18%) vs 3 (5%) ($p=0.02$), while more patients reported pain as a barrier; 18 (30%) vs 8 (13%) ($p=0.03$). Disease activity was a barrier in 4 (7%) patients.

Table 1. Participation in physical activity (PA) and physical education (PE)

	JIA (n=60)	Controls (n=60)	p-value
Participation in PA (organized/unorganized)	51 (85)	56 (93)	0.14
Participation in organized PA	38 (63)	47 (78)	0.11
Participation in unorganized PA	41 (68)	42 (70)	1.00
Participation in PE			<0.001
Always	42 (70)	59 (98)	
Always (sometimes with modification)	16 (27)	0 (0)	
Sometimes	2 (3)	1 (2)	

Numbers are n (%).

Conclusions: The majority of JIA patients and controls participated in organized or unorganized PA. Fun was the most reported facilitator in patients, followed by becoming fit and having less pain. Pain was the dominant PA barrier in patients, while time was the most frequently reported barrier in controls. Some patients experienced disease activity as a barrier. Nearly all the patients (97%) participated regularly in PE, but ¼ needed some modifications. These results are reassuring, and highlight the importance of enjoyment for participation in PA.

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SAT0738-HPR **EXPERIENCES OF TELE-HEALTH FOLLOW-UP IN PATIENTS WITH RHEUMATOID ARTHRITIS: A QUALITATIVE INTERVIEW STUDY**

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Background: Recently, the effectiveness of monitoring disease activity in rheumatoid arthritis (RA) through patient reported outcome (PRO) based tele-health follow-up was tested in a randomized controlled trial, TeRA (1). The TeRA study evaluated the effectiveness of the tele-health follow-up but did not study how patients grasp this new form of disease control. Many studies on tele-medicine focus on the over-all patient satisfaction with tele-medicine follow-up, but gives limited insight into what drives patient satisfaction (2).

Objectives: To explore the experiences of a PRO based tele-health follow-up from the perspective of patients with RA with a special attention on experiences of taking a more active role and assuming more responsibility in the disease control.

Methods: The qualitative research strategy was Interpretive Description (3). From October 2015 to January 2016 we conducted individual semi-structured interviews

with 15 patients with RA who had taken part of the tele-health follow-up. The selection of participants was purposive and participants with different sex, age, disease duration and severity were included. Age ranged from 28 – 77 years and disease duration from 4 – 41 years. The analysis of the interview transcripts was inductive with a constant comparative approach. First, we identified the main themes that could describe the participants' experiences. Subsequently, we constructed patient types that could explain different perspectives on the tele-health follow-up.

Results: Five themes covered the participants' experiences with PRO based tele-health follow-up: "A flexible solution", "Responsibility", "Knowledge of RA", "Communication and involvement" and "Continuity". Two different types of personalities: "the keen patient" and "the reluctant patient", represented opposite perspectives and preferences regarding the core value of and approach to the tele-health follow-up compared to usual out-patient care.

Conclusions: In general, the participants had positive perceptions towards the PRO based tele-health follow-up and saw this as a flexible, time and resource saving solution. Disadvantages were mainly related to the missing face-to-face contact with health professionals. The two types of personalities, 'the keen patient' and 'the reluctant patient', contribute to the understanding of patients' different needs, wishes and abilities to take part in tele-health follow-up. Thus, our findings call for more insight of how tele-health follow-up could be integrated in routine clinical practice with a special attention on how to support "the reluctant" patient types.

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SAT0739-HPR PATIENTS' PREFERENCES TOWARD CHARACTERISTICS OF TREATMENT WITH BIOLOGICAL AGENTS DIFFER ACCORDING TO EXPERIENCE WITH THEIR RHEUMATIC DISEASE AND TREATMENT RECEIVED OR PRESCRIBED: RESULTS FROM THE CARA STUDY

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Background: The development of biologic therapies has created a more complex decision-making process to select the treatment option for patients. In order to optimize the appropriateness of the decisions, it is necessary to be informed and aware of the preferences of the interested parties and the influence of their experiences on their preferences for the different treatments.

Objectives: To estimate preferences of relevant treatment characteristics valued by the different subjects involved in the management of patients with rheumatic diseases. This abstract focuses on patients' preferences.

Methods: We involved patients with rheumatoid arthritis (RA), ankylosing spondylitis (AS) or psoriatic arthritis (PsA), who according to clinical practice, at the time of data collection had for the first time a prescription of (naïve), or received treatment with (experienced) biological drugs for at least 3 months in the last 12 months. Through a Discrete-Choice-Experiment, the participants valued 16 possible scenarios in which pairs of similarly effective treatments were described with 6 characteristics including 2–4 possible levels each: (1) frequency of administration; (2) mode and place of administration; (3) hospitality, service, efficiency and courtesy of health personnel; (4) frequency of reactions at the site of drug administration; (5) generalized undesired reactions or allergic reactions involving the whole body; (6) additional contribution added as healthcare taxes to be paid by all the citizens to make available the treatment to target patients.

Results: 513 patients from 30 centres through Italy participated, balanced for diagnosis and treatment experience (around 20% of each subgroup). Characteristics 4, 3 and 6 were the first, second and third most important ones for every subgroup, the fourth most important characteristic was 1 (experienced RA), 5 (naïve AS), and 2 for the other subgroups. Across all the subgroups, patients

generally preferred very satisfactory levels of (3), infrequent (4), mild (5), and no (6). Instead, for characteristics (1) and (2) the patients generally preferred the frequency, mode and place of administration that were closer to those actually experienced or prescribed.

Conclusions: Taking into account the different opinions of patients on at least some treatment characteristics could guide the conduction of good choices aimed to optimize benefits and to allocate efficiently resources.

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SAT0740-HPR SIGNIFICANT OTHERS AS BOTH BARRIERS AND FACILITATORS FOR PARTICIPATION IN DAILY ACTIVITIES IN PERSONS WITH EARLY RHEUMATOID ARTHRITIS – AN INTERVIEW STUDY WITHIN THE SWEDISH TIRA PROJECT

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Background: Restrictions in participation in persons with rheumatoid arthritis (RA) have been reported to be closely connected with more pain, fatigue and difficulties in performing daily activities. In addition, support and positive interactions with others have been considered important. We therefore need to understand how significant others of persons with RA can be facilitators or barriers, in participation in daily activities. This becomes of even greater importance in the sensitive and adapting phase of early RA.

Objectives: To describe the meaning of significant others in relation to participation in daily activities in persons with early RA.

Methods: This interview study is part of the multicenter project TIRA. Fifty-nine persons (58% women) participated. Inclusion criteria were a diagnosis of RA during three years and being in working age, <64 years of age. Semi-structured interviews were conducted using Critical Incidence Technique (CIT) [1] and the material was analyzed using content analysis [2]. The study was approved by the Regional Ethics Committee.

Results: Four categories were revealed: (1) *Feelings and thoughts related to significant others*, where participants would feel like being someone's burden, taking out aggression on others, and express anxiety about how relationships and activities would function in the future. (2) *The importance of physical contact*, referring to both the problematic and manageable impact RA could have on intimate life, as well as body contact in the form of hugging. (3) *Getting the support you want*, where participants distinguished getting help they had not asked for, from helping each other out. The first being experienced as degrading, and the latter as feeling more involved in the activity. (4) *Adaption of daily activities*, referring to how the person and significant others consciously modified their activities and activity choices when needed.

Conclusions: Significant others can be either a barrier or facilitator for participation in daily activities, for persons with early RA. From a clinical point of view it is important to further involve significant others in the rehabilitation process, in order to enhance participation in daily activities for persons with RA.

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SAT0741-HPR PHYSICAL PERFORMANCE AND GAIT SPEED OF FALLER AND NON-FALLER ELDERLY PEOPLE WITH KNEE OSTEOARTHRITIS LIVING IN THE COMMUNITY

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Background: Osteoarthritis (OA) is the most prevalent chronic degenerative joint disease in the elderly population. The main signs and clinical symptoms of this disease are pain, edema, stiffness, and articular instability. OA is considered to be an intrinsic risk factor for the occurrence of falls. Falls constitute as one of the major public health concerns. They frequently have a negative impact on the daily life of elderly people and could lead an increase of dependence, fear of new falls, fractures, immobility and death.

Objectives: The purpose of this study was to compare physical performance and gait speed among older people with knee osteoarthritis with and without a history of falls.