

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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Acknowledgements: We are grateful to the participants who shared their experiences. We also thank an internal research foundation at Aarhus University Hospital for supporting this study.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2903

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.

Disclosure of Interest: L. Sinigaglia: None declared, P. Sarzi-Puttini: None declared, L. Scalzone: None declared, C. Montecucco: None declared, R. Giacomelli Grant/research support from: MSD, G. Lapadula: None declared, I. Olivieri: None declared, A. Giardino Employee of: MSD Italia, P. Cortesi Grant/research support from: Gilead, L. Mantovani: None declared, M. Mecchia Employee of: MSD Italia **DOI:** 10.1136/annrheumdis-2017-eular.4889

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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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2780

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.

Methods: The community-dwelling older people (65 and older) were recruited from different social senior groups and from the Hacettepe University Hospital Geriatric Outpatient Clinic. 102 patients were screened and 62 subjects with unilateral knee OA were evaluated. We used a standardized questionnaire, consisting of sociodemographic data, cognitive function, and history of falls during the previous year. Thirty one elderly with a history of falls and also 31 without a history of falls were studied. Physical performance was evaluated with Short Physical Performance Test (SPPB). Walking speeds were measured with Six Metre Walk Test. Fear of falling (FOF) was assessed by a question (Do you have fear of falling? yes/no)

Results: There were no differences between faller and non-faller elderly people in terms of age (76 ± 8.4 years) and BMI (30.4 ± 3.1 kg/m²). A statistically significant difference was found in terms of walking speeds and short physical performance test ($p < 0.005$, $p < 0.005$).

Conclusions: As a result of this study, it was shown that the elderly people with knee OA and who have history of falls present worse performance in functional mobility and require a longer period of time to walking.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3885

SAT0742-HPR THE EFFECT OF A NEOPRENE KNEE SLEEVES ON KNEE JOINT PROPRIOCEPTION IN PATIENTS WITH TOTAL KNEE PROSTHESIS

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Background: Proprioception has been defined as the perceived sense of knee joint position (joint position sense) and movement (kinesthesia) (1). The sensory input from the joint capsule, muscles, ligaments, skin improve proprioceptive acuity. With total knee arthroplasty (TKA) surgery articular cartilage, menisci, articular ligaments are removed. Also articular effusion and hematoma formation increase following surgery. Therefore, proprioceptive acuity decrease after TKA surgery (2). The proprioceptive improvement might prevent patients with TKA from falling down and increase their sense of security during physical activities. The clinical effect of neoprene knee sleeves on knee proprioception has been evaluated by studies in both injured and uninjured populations (3). But there is not any study research on the effect of neoprene knee sleeves on knee proprioception in patients with TKA.

Objectives: The aim of this study was to determine the effect of the neoprene knee sleeves on knee joint proprioception in patients with TKA.

Methods: Sixty patients (50 female/10 male) with a median age 64.95 ± 8.84 years were included in the study. Knee joint proprioception of all the patients was evaluated with and without a neoprene knee sleeves preoperatively and at discharge. Patients attempted to replicate target angles (in knee joint angle 15°, 30°, 60°) using active knee extension movements in sitting position. The average of the 3 repetitions of active joint repositioning test was recorded position sense score. The angular displacements from the target angles (in knee joint angle 15°, 30°, 60°) at the end of the active reproduction tests were recorded as position sense deficit scores.

Results: Preoperatively ($p < 0.001$) and after surgery ($p < 0.001$) patients' proprioceptive acuity measured with neoprene knee sleeves in knee joint angle 15°, 30°, 60°, had a significant improvement. When the proprioceptive acuity measured without neoprene knee sleeves before and after surgery were compared, had a significant decrease in proprioceptive acuity ($p < 0.001$) in early stage after TKA surgery. Also when the proprioceptive acuity measured with neoprene knee sleeves in knee joint angle 15°, 30°, 60° before and after surgery were compared, no significant statistical differences were observed ($p > 0.05$).

Conclusions: In patients with TKA due to osteoarthritis, application of neoprene knee sleeves has increased the proprioceptive acuity. The current results suggest that neoprene knee sleeves might be used for improving proprioception in early stage of patients with TKA.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4399

SAT0743-HPR RISK FACTORS FOR FEAR OF FALLING IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Severe knee osteoarthritis (OA) is characterized by stiffness, pain, and disability of the knee joint. Severe pain negatively affects muscle strength, coordination, postural stability, proprioception, mobility, and increases fall risk and possibly fear of falling. Individuals with severe knee OA experience loss of self-efficacy, activity avoidance, loss of self-confidence, and finally fear of falling without actually experiencing a fall (1). Despite the high prevalence of falls in patients with OA, few studies have investigated fear of falling in patients with knee OA (2).

Objectives: The present study was conducted to determine the risk factors affecting fear of falling and to investigate the relationship between fear of falling and age, gender, body mass index, pain level, range of motion, muscle strength, knee swelling, postural stability, and functional status in patients with knee OA. The purpose of our study was to evaluate the regression of fear of falling and identify its risk factors in patients with severe knee OA.

Methods: A total of 71 patients who were diagnosed with knee OA according to the American College of Rheumatology (ACR) and who were accepted as stage 2 and 3 based on the Kellgren-Lawrence criteria, were included in the study.

Outcome measures included fear of falling, pain intensity, and range of motion, quadriceps and hamstring muscle strength, knee swelling, postural stability, and functional status.

Pearson correlation and multiple logistic regression test was used to determine the risk factors of fear of falling and relationships between fear of falling and age, body mass index, pain intensity, range of motion, muscle strength, knee swelling, postural stability, and functional status.

Results: Multiple logistic regression analysis showed that age (odds ratio=12.5, $p=0.011$), body mass index (odds ratio=14.5, $p=0.030$), pain intensity (odds ratio=3.5, $p=0.045$), range of motion (odds ratio=9.8, $p=0.012$), and knee swelling (odds ratio=8.4, $p=0.019$) were independent risk factors for fear of falling among patients with knee OA.

Conclusions: We conclude that age, body mass index, pain intensity, range of motion and knee swelling influence the fear of falling. They are viewed as an important predictor of fear of falling in knee OA. Our results could be used to help select knee OA patients who should be enrolled in fall prevention programmes.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5714

SAT0744-HPR THE USE OF HEALTH ASSESSMENT QUESTIONNAIRE (HAQ) IN GIVING A PICTURE OF PATIENT EVERYDAY LIFE WITH RHEUMATOID ARTHRITIS

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Background: HAQ is used to monitor physical disability in patients with Rheumatoid arthritis (RA). At our department patients are planned to answer HAQ at every visit. The suitability for use in connection with ordinary clinical controls are questioned (1, 2) and furthermore we have the impression that the patients fill in the HAQ questionnaire because the staff wants it, and not because it make sense to the patients themselves.

Objectives: Evaluation of the HAQ from the patient perspective

Methods: A survey where all patients with RA who visited the outpatient clinic over a period of 3 weeks were invited to participate. Patients were asked to fill in a questionnaire to evaluate each question (20) in the HAQ on a scale from 1 – 10, 1 = no meaning and 10 = most meaningful. Values less or equal to five were evaluated as “no meaning”. Furthermore a literature review was done, afterwards a Critical Appraisal Skills programme (CASP) was performed on publications found

Results: 100 patients were asked to participate, in total 67 questionnaires were returned, twelve patients were excluded because of incomplete answers, twenty-one did not return the questionnaires or did not want to participate. Depending on which of the 20 questions, different fractions of the patients did not find any meaning in the questions: 18.6% (are you able to shampoo and wash your hair?) up to 40.4% (are you able to use the bathtub?)

In the literature (3, 4) we found several themes of importance for everyday life with RA seen from the patients' perspective. Pain and impaired physical performance is of great significance for patients living with rheumatoid arthritis. It affects patients both physically, mentally and socially, as it may be necessary to cut back on social activities, to ask for help for ordinary everyday chores, changing or dropping work etc. This has implications for the role of the patient in the family. Powerlessness, frustration and uncertainty about the future affect the mood in form of anger and depressive thoughts.