

**Methods:** A qualitative interview study was conducted. Participants were invited to use the website for two weeks and then participated in semi-structured interviews. The interview topic guide had been developed in line with current literature. The interviews were audio recorded and transcribed verbatim. Thematic analysis was used by the main researcher (with independent verification) to interrogate the data and identify themes.

**Results:** Six people with low health literacy (S-TOFHLA 17±3) were recruited from community groups from an inner-city area with a high index for social deprivation. Four key themes were identified. 1) Dealing with technical issues, where participants demonstrated that they could persevere with technical problems in using online resources; 2) Information overprovision, here participants found there was too much complex health information provided, that hindered usability; 3) Motivation for information seeking, where participants discussed that it was pain that encouraged resource use but motivation to self-manage was influenced by personal beliefs; 4) Specific professional input, the participants whilst willing to use and engage with the website recalled that they also want to have access to a health professional and felt the website could supplement but not replace this contact. "I think you have it from the health care where the healthcare are telling you and explaining to you".

**Conclusions:** Digital online OA self-management presented by MyJointPain showed potential for use by people with joint pain and lower health literacy levels. This is important as outcomes for this group are poor (1). Text volume, detail and image use should be carefully considered when designing new online resources and involvement of people with lower health literacy when designing online tools will help to ensure information is accessible and useful to all OA patients. Clinicians should consider their patients' health literacy level, computer literacy and readiness to change behaviour before prescribing web based self-management tools.

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### SAT0763-HPR FUNCTIONAL OUTCOMES IN PATIENTS WITH RHEUMATOID ARTHRITIS ON THE BACKGROUND CORRECTION OF PROGESTERONE INSUFFICIENCY

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**Background:** It is known that one of the main demands of the health system is to improve preventive measures. In particular, issues of optimizing secondary prevention are very important, as it gives an opportunity to reduce the progression of the disease and complications, as well as improve the quality of life of patients. Therefore, the study values the correction of progesterone deficiency on the background of preventive and rehabilitation interventions in a general medical practice in patients with RA is of practical interest.

**Objectives:** Studying the role of progesterone deficiency correction efficiency to optimize secondary prevention in patients with RA in a general medical practice.

**Methods:** Study involved 180 RA patients aged 35,6±3,9 years. The study group (group 1) consisted of 80 patients with RA, the second 50 (group 2) and third and 50 (group 3). 1 group was carried preventive and curative interventions, based on an integrated approach with the inclusion of preventive and rehabilitation interventions on the background correction of progesterone deficiency (Duphaston) in a general medical practice. Group 2 is the same, but without the correction of progesterone deficiency, and the third group only took pathogenetic treatment. Group 3 as opposed to the 1 and 2 had displays of progesterone deficiency. For an objective assessment of the effectiveness of using EULAR recommendations, assessing the improvement in %, according to the ACR, and to assess the functional status - health status index questionnaire Stanford Health Assessment Questionnaire (HAQ)

**Results:** The impact of interventions carried out by us on the functional outcome showed some differences between groups. Thus, according to ACR 50 criteria dynamics between groups were significant difference at 24 months, since improvement was noted in 52% of group 1 and 32% in group 2 (p=0.032). By the end of 3 months of intervention minimal effect on performance within the HAQ  $0,22 \leq \Delta \text{HAQ} \leq 0,36$  was observed in 80% of group 1, 78% in 2nd group and 76% in group 3 (p>0.05), while not a single case was fixed not satisfactory or pronounced effect. By the end of 12 months, the dynamics of functional status was noticeable and patients in group 1 have prevailed a satisfactory effect within  $0,36 \leq \Delta \text{HAQ} < 0,80$  - 48.75% (p=0.043 and p=0.048, respectively), so a marked effect within  $\Delta \text{HAQ} \geq 0,80$  functional status - 15% (p=0.001; p=0.011, respectively). This trend continued and by the end of 24 and 36 months, as the group 1 compared with group 2 is almost 8 times (p=0.001) and group 3 2 times (p=0.045) greater  $\Delta \text{HAQ} \geq 0,80$  a marked effect.

**Conclusions:** The preventive and therapeutic interventions on the background correction of progesterone deficiency in RA patients in a general practice reliably delivers stable ACR 50 response (64%) and significantly improves the functionality of the joints in RA.

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### SAT0764-HPR RETROSPECTIVE STUDY ABOUT ASSOCIATION OF MENTAL AND SLEEP DISORDERS AMONG ADULTS WITH PAINFUL MUSCULOSKELETAL CONDITIONS

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**Background:** Chronic pain is a common condition that affects one-third of the population, accounting for a large number of medical consultations and a significant proportion of health care costs.

Evidence suggests that anxiety and depression are associated with increased pain sensitivity and pain-related disability, co-morbid states that are more disabling than either condition alone.

Likewise, sleep disorders have also been linked with chronic pain, and people who experience pain-related sleep disturbances are significantly more disabled than those who do not.

**Objectives:** The objective of this study was to determine the prevalence of anxiety, depression, and sleep disorders, painful musculoskeletal conditions in a sample of adults with disabilities.

**Methods:** This cross-sectional study analyzed data of 1692 adults aged 18 or older who have disabilities over 10 years (2005 to 2014). We examined the following chronic conditions, in which pain is a key symptom and forms part of the diagnosis, and organized them into 3 groups. Group 1 consisted of (rheumatic diseases), arthritis, osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis; group 2 consisted of muscular dystrophy; and group 3 consisted of neck or back pain;

The prevalence (95% confidence interval) of painful musculoskeletal conditions was determined according to the diagnosis. Factors associated with these painful conditions were analyzed separately for men and women by using a logistic regression model.

**Results:** The prevalence of painful musculoskeletal conditions was 66.9% (95% CI, 66%–67.5%). Factors associated with these conditions in both men and women included older age, a sleep disorder, and concomitant chronic anxiety and/or depression was 23.5% (95% CI, 22.5%–24%), all of which were higher in women than in men. Of the 1692 adults with disability included in the study, 65% were women. The average age was 50.5 (standard deviation, 12.5 y), and 65% of participants were 50.5 or older. In addition, 48% of participants were married. Of the participants, 16% had been diagnosed with chronic anxiety and 22% with chronic depression; and 32% with sleep disorder (sleeping 6 hours or less per day. Prevalence of Painful Conditions in Adults with Disabilities, by Group of Conditions and by Sex, Differences between men and women were significant at P < .001 (for all groups of conditions, except muscular dystrophy).

**Conclusions:** The prevalence of painful musculoskeletal conditions associated with depression, anxiety, and/or a sleep disorder, is high in people with disability, especially in women. To design plan for rehabilitation and improving the quality of life of adults with disability and painful conditions; treatments for depression, anxiety and/or sleep disorders should be considered in addition to conventional treatments.

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### SAT0765-HPR CRITERION AND CONCURRENT VALIDITY OF THE AMERICAN-ENGLISH VERSION OF THE FLARE QUESTIONNAIRE TO DETECT AND MEASURE FLARES IN RHEUMATOID ARTHRITIS

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**Background:** Despite advances in rheumatoid arthritis (RA) therapeutic agents, difficulty in managing RA flares persists, and remission or the *persistent* absence of inflammation remains challenging to achieve. The French FLARE (F-FLARE) was developed to facilitate and standardize detection and measurement of RA flares between clinic visits.<sup>1,2</sup> We have previously reported the cognitive debrief for the published British English version, which determined that revision of wording and presentation of items was required. Here we report validation of the American English version of FLARE (Am-E FLARE-RA).<sup>3</sup>

**Objectives:** To assess whether the Am-E FLARE questionnaire performs comparably to the French version of FLARE in detecting RA flare in an American English-speaking clinic population.