hematoma formation increase following surgery. Therefore, proprioceptive acuity decrease after TKR surgery (1). Drainage is a common procedure in TKR, but its effectiveness is controversial. Some studies have claimed that drainage decreases the risk of articular effusion and hematoma formation. However, some studies have demonstrated that drainage increases postoperative blood loss and does not improve the surgical result (2). Several studies have examined the effect of using drainage, but they have not involved improvement in proprioception for patients who had drains compared with those who did not after TKR.

Objectives: The aim of this study was to compare the effect of the drainage on proprioception acuity inpatients with total knee prosthesis.

Methods: The study group consisted of 60 patients (95 knees), who underwent primary TKR because of arthrosis were consecutively allocated to a drainage group (n=26 (41 knees), with median age; 66.23±8.63 years), and were allocated to a non-drainage group (n=34 (54 knees), with median age; 63.97±8.99 years). Patients were evaluated regarding knee proprioception (in knee joint angle 15°, 30° and 60°), knee function score (Hospital for Special Surgery (HSS) score), pain (Numeric Pain Rating Scale (NPRS)), knee circumference, knee range of motion. Functional activities were evaluated using the Iowa Level of Assistance Scale and walking speed was evaluated using the Iowa Ambulation Velocity Scale. Patients were evaluated preoperatively and at discharge. All patients underwent the same rehabilitation program.

Results: At baseline, demographic and anthropometric characteristics were similar in groups and there was no statistically difference between groups ($p>0.05$). When knee proprioceptive acuity measurements (in knee joint angle 15°, 30° and 60°) were compared before and after surgery, there was no statistical differences in proprioceptive acuity between groups ($p>0.05$). It was determined that; the drainage group had better results in terms of reduction of pain severity after surgery ($p<0.001$). When the HSS knee scores were compared there was statistically difference between groups ($p=0.001$) and the HSS knee scores were lower in non-drainage group after surgery. There were no statistical differences in knee circumference, knee range of motion, the IOWA help level score and IOWA walking speed score between groups after TKR ($p>0.05$).

Conclusions: According to our results, the use of drainage did not improve the knee proprioceptive acuity inpatients with TKR. But, it is suggested that using drainage decreases pain severity and improves the HSS knee score. Also the use of drains has no effect on patients' outcomes after TKR, in terms of improvements knee range of motion, knee circumference, functional activities and walking speed.

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AB1233-HPR COGNITIVE COMPLAINTS IN PATIENTS WITH ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS AND PAST NEUROPSYCHIATRIC SYMPTOMS

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Objectives: Cognitive complaints are common in patients with systemic lupus erythematosus (SLE). Their association with disease and non-disease related factors have been inconsistently reported. We studied their relation to disease related factors including disease activity, neuropsychiatric history and non-disease related factors such as anxiety or depression.

Methods: We used cognitive symptoms inventory (CSI) for measuring cognitive impairment at 3 time-points 12 months apart/2015–2016/ and Hospital Anxiety and Depression Scale (HADS)-HADS-A and D. Disease activity was measured by SLEDAI.

Results: 93 SLE patients were recruited at baseline (T0). Among them 59 had first re-evaluation (T1) and 34 had second re-evaluation (T2) at 12-month interval. Majority (72%, 24/34) of patients had stable CSI whereas 5.5% (2/34) of patients worsened CSI over 12 months. At T0, multivariate analysis revealed that higher CSI was associated with history of NPSLE ($p=0.005$) and psychiatric disease ($p=0.04$), higher HADS-A ($p<0.001$) and HADS-D ($p<0.001$) scores. CSI of active patients (SLEDAI>6) was not different from inactive patients. It did not change despite regression of disease activity in 12 months. There was no difference in CSI between T0 and T1 regardless of history of NPSLE, change in anxiety and depression at T1 (HADS-D>11 as cutoff). Multivariate linear regression analysis revealed change in HADS-A as the only significant predictive factor of change in CSI over time ($\beta=0.774$, 95% CI 0.43 – 1.12, $p<0.001$).

Conclusions: 11.5% of SLE patients reported persistent cognitive symptoms. CSI had worsened in patients with NPSLE and psychiatric illness, anxiety or depression.

Disclosure of Interest: None declared

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AB1234-HPR PHYSIOTHERAPY EFFECTS ON GAIT SPEED AND PAIN IN PATIENTS WITH KNEE OSTEOARTHRITIS THREE DAYS AFTER APPLYING KINESIOTAPE

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Background: Knee osteoarthritis is a chronic degenerative disease, known as the most common cause of difficulty walking in older adults and subsequently is associated with slow walking, also one of the most main symptoms is a degenerative and mechanics type of pain. Pain is very noticeable while walking in rugged terrain, during ascent and descent of stairs, when changing from sitting to standing position as well as staying in one position for a long time. Many studies have shown that the strength of the quadriceps femoris muscle can affect gait, by improving or weakening it. Kinesiotape is a physiotherapeutic technique, which reduces pain and increases muscular strength by irritating the skin receptors

Objectives: The aims of this study was firstly to verify if the application of Kinesiotape on quadriceps femoris muscle increases gait speed in patients with knee osteoarthritis and secondly if applying Kinesiotape on quadriceps femoris muscle reduces pain while walking.

Methods: 73 patients with primary knee osteoarthritis, aged 50–73 years, participated in this study. Firstly we observed the change of gait speed, while walking for 10 meters at normal speed for each patient, before and three days after the application of Kinesiotape on quadriceps femoris muscle, with the help of the 10-meter walk test. Secondly we observed the change of pain, while walking for 10 meters at normal speed for each patient, before and three days after the application, with the help of Numerical Pain Rating Scale-NRS.

Results: Our results indicated that there was a significant increase of gait speed while walking for 10 meters one day and also three days after application of Kinesiotape, also there was a significant change of pain. Before applying Kinesiotape on quadriceps muscle was shown that 41.1% chose score 6, 30.1% chose score 7 and 28.8% chose score 8 of the numerical pain rating scale. Three days after the application 15.1% chose score 2, 37% chose score 3 and 47.9% chose score 4 of numerical pain rating scale.

NRS	Number of patients before KT	%	Number of patients three days after KT	%
0				
1				
2			11	15.1
3			27	37
4			35	47.9
5				
6	30	41.1		
7	22	30.1		
8	21	28.8		
9				
10				

Conclusions: Our results indicated that there was a significant decrease of pain and increase of gait speed while walking for 10 meters. Kinesio-Tape can be used in patients with knee osteoarthritis, especially when changing walking stereotypes is a long term goal of the treatment.

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AB1235-HPR SEXUAL DISTURBANCES IN PATIENTS WITH RHEUMATOID ARTHRITIS AND IT'S RELATION WITH DISEASE ACTIVITY

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Background: Sexuality is an important dimension of personality and human body, therefore any involvement in this area should be considered as important. Sexual disturbances in rheumatoid arthritis (RA) patients are poorly described in literature. In other chronic conditions studies had shown that sexual disturbances can be common problem in but, sexual dysfunction has a high risk of under treatment because providers frequently do not initiate the conversation with the patient.

Objectives: The purpose of this study was to describe sexual disturbances in

population with RA and a possible correlation with disease activity in a specialized rheumatology center.

Methods: A descriptive cross-sectional study was performed in a specialized clinic dedicated to care patients with rheumatoid arthritis (RA). Data was collected during a two year period at a psychology consultation, through semi-structured interview. Descriptive epidemiology was applied for continuous variables, using measures of central tendency and dispersion for categorical and qualitative variables by averages and percentages. We analyzed bivariate association with Pearson's χ^2 .

Results: We included 1398 patients attending to our psychology consultation. Mean age was 55 years $\pm$ 8; 80% were female and 20% male. Mean DAS28 was 2.6 $\pm$ 1.3, mean HAQ was 1.6 $\pm$ 1.6; patients had the disease for an average of 12 years $\pm$ 8; 41% of patients had comorbidities associated with non-autoimmune disease, 14% comorbidities related to autoimmune disease; 35% of our patients did not report other comorbidities. Most of patients were married 60%, followed by divorced 19%, single 14% and widowed 7%. Regarding occupation 33% were employees, 25% were housekeepers or retired due to age, 12% were retired due to disabilities, and 3% unemployed. Of the total population 45% had elementary school, 32% high school, 8% college education, 7% graduate education and 7% were illiterate. 17% of patients lived alone. Concerning sexual disorders, 38% reported no to have any sexual activity, 32% reported to have a satisfactory sexual life, 11% dyspareunia, 9% had an unsatisfactory sexual life, 5% loss of desire, 3% premature ejaculation and 2% orgasmic decrease. Regarding predisposing factors of sexual disorders 63% of our population did not present any, 11% had insecurity related to the sexual role, 10% inadequate information relating sexuality, 10% infidelity and 6% physical and biological predisposing factors. Regarding precipitant factors of sexual disorders 63% report no to have any, 19% had biological or physical factors, 12% infidelity, 3% inadequate information and 3% insecurity related to de sexual role. There was no statistical association between disease activity and predisposing or precipitant factors.

Conclusions: We found that a third of patients with AR have sexual disorders and a high percentage reported not having any sexual activity. Also, it is important to have a multidisciplinary care team for the patient with RA, including a psychologist and a sexologist for managing this kind of illness in order to improve the life quality of patients.

Disclosure of Interest: None declared

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AB1236-HPR CONNECTION BETWEEN FUNCTIONAL ABILITY AND SOCIO-DEMOGRAPHIC DATA IN PATIENTS WITH RA IN SLOVENIA

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Background: Rheumatoid arthritis (RA) is the most common chronic inflammatory arthritis, characterized by progressive, destructive course when left untreated, resulting in severe patient disability and significantly reduced quality of life. RA has an important impact on work ability and economic status of patients.

Objectives: In our study we were focused on specific consequences of arthritis in terms of functional ability and we were looking for correlation with socio-demographic data.

Methods: The study was conducted between January 2016 and May 2016 at the Department of Rheumatology, UMC Ljubljana and included patients with RA. Data were collected using Arthritis Impact Measurement Scales 2 (AIMS2) questionnaire.

Results: One hundred RA patients (76% women, mean age (SD) of 61.1 $\pm$ 15.29 years) participated in the study. Disease duration was $\pm$ 5. 6 year. Most of our patients were married, retired with elementary education and lower incomes (Table1).

Table 1. Socio-demographic status of respondents

	Married status/n	Education level/n	Working status/n	Monthly revenue/n
Married	70	Primary school 40	Employed 27	up to 500€ 32
Divorced	3	High school 27	Housekeeper 2	500€–900€ 42
Single	6	University 27	Student 1	900€–1300€ 19
Widowed	19	Master's degree 3	Unemployed 5	1300€–1700€ 4
Separate life	2	Doctor's degree 3	Retired 65	1700€ and up 3

Respondents of our study described their functional ability good by the average of the entire sample 2.06. This value shows us a relatively good functional ability of patients most days or very often. Patients had some problems with function of hand and wrist in particular by opening jars (43%) and on area walking and bending with intensive activity (42%). Correlation between functional ability and socio-demographic data show us some statistical deviance in age group 41 to 50 year ($p=0.94$), in patients with higher education level ($p=0.99$) and in group of patients who monthly earns more then 900€ ($p=0.96$). But we didn't find any statistically significant difference in the entire sample including patients treated with biological drugs (functional ability patients on biologics $p=0.91$).

Conclusions: We found fairly good functional ability of patients; which might be explained by relatively short duration of RA. The most important functional-related issues from patient perspective were identified. Despite that we not find a statistically significant relationship between socio-demographic data and

functional ability of patients, it is very important that we pay attention on socially unprivileged patients and we offer our support in managing disease.

Disclosure of Interest: None declared

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AB1237-HPR POSTURAL STABILITY AND ANKLE PROPRICEPTION IN DIFFERENT SUBGROUPS OF SUBJECTS WITH HALLUX VALGUS

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Background: Hallux valgus (HV) is lateral deviation of the great toe towards the second with subluxation of the first metatarsophalangeal joint and medial deviation of the first metatarsal (1). Increasing HV severity has been shown to negatively impact on health-related quality of life and self-reported function, and HV has been linked to increased falls risk in older adults (2). HV, in particular, is associated with poorer performance during postural stability and functional testing in older adults (3).

Objectives: Despite the findings of impaired postural stability in older adults with hallux valgus, the links between functional status and postural stability, ankle proprioception are not well established in HV. One of clinical significance of this study was to determine whether impaired postural stability was caused by deficits in ankle proprioception and impaired functional status in HV subjects. Our purpose of this study was to assess postural stability and ankle proprioception in different subgroups of HV. In this study, we hypothesized that subjects with severe deformity would exhibit poorer postural stability and ankle proprioception performance compared to subjects with mild and moderate deformity in HV.

Methods: Thirty-five adults diagnosed with unilateral HV according to the Manchester Oxford Foot Questionnaire deformation grade 2 and on were participated in the study. They were distributed among three groups: Mild (grade 2), moderate (grade 3), and severe deformity (grade 4). Functional status was measured with a disease specific score (the hallux valgus scale of the American Orthopaedic Foot and Ankle Society). While postural stability was measured with Pedalo Sensamove® System, ankle proprioception was measured with Biodex Balance System Pro 4.

Results: Subjects in HV with severe deformity group showed poorer postural stability performance than those in HV with mild ($p=0.024$) and moderate ($p=0.039$) deformity groups. However, there was no significant difference between the groups in ankle proprioception. There was a significant correlation between postural stability and functional status ($p<0.05$, $r=0.771$) in all subjects with HV. In addition, it was found that ankle proprioception was not correlated to functional status and postural stability ($p>0.05$).

Conclusions: It has been concluded that HV with severe deformity affects postural stability according to the results of our study. On the other hand, ankle proprioception is not as an important predictor as postural stability for rehabilitation in different subgroups of HV. Therefore subjects in HV with severe deformity should be focused on stability exercises, in particular, in addition to home – based exercise programs, foot orthoses, footwear recommendations, and patient education in their rehabilitation.

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AB1238-HPR PEOPLE'S PERCEPTIONS OF THEIR PHONE CALL WITH RHEUMA DIRECTLY, A RHEUMATIC DISEASES HELPLINE

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Background: Information on rheumatic diseases is often complex to understand or scary, and additional support is often necessary. Rheuma Directly (RD) is a helpline with specially trained nurses on rheumatic diseases, funded by the Swedish Rheumatism Association and Spenshult Research and Development Centre. Little is known of how people calling a helpline perceive the contact.

Objectives: To describe the variation in how people perceive the contact with the helpline RD.

Methods: The study had a descriptive, qualitative design with a phenomenographic approach and was carried out by means of 27 semi-structured telephone interviews. The informants were 22 female and 5 men, and their ages ranged from 22 to 89 years (mean 54 years).

Results: The informants called RD when they had problems getting answers