

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.

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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 PROPRIOCEPTION 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

to their questions through the Internet or from healthcare professionals. Three different description categories emerged: Specific competence, Constructive dialogue, and Applicability. The informants' perceived Specific competence when the nurses were knowledgeable, the call was complementary to previously received information and when the informants had greater knowledge after the contact with RD. They perceived that it was a Constructive dialogue when they got someone to discuss with, a "sounding board", and perceived emotional support, felt reassured and were satisfied with the answer. The informants perceived Applicability because RD was available and they could make different choices according to their own desire; before (how and when they would contact RD), during (what to tell and what question they would ask) and after (how and what they would do after the contact with RD).

Conclusions: People calling RD perceived that the telephone call with the nurses meant meeting specific competence, gaining constructive dialogue and that the helpline was applicable. This knowledge led to a fuller understanding of factors that from a caller's perspective, are important when calling a helpline with specially trained nurses on rheumatic diseases.

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AB1239-HPR FATIGUE AT DIAGNOSIS OF INFLAMMATORY JOINT DISEASES - A PREDICTOR OF FATIGUE DURING THE COURSE OF DISEASE DESPITE OF LOW DISEASE ACTIVITY

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Background: Fatigue is a common symptom in patients suffering from inflammatory rheumatic diseases. Several patients still present with fatigue, although they are well treated with anti TNF-therapy (1).

Objectives: To investigate disease-related aspects of fatigue in patients with inflammatory rheumatic diseases using the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F) with the aim later to develop methods to improve the patients quality of life in a more specific way.

Methods: All patients with inflammatory diseases including Rheumatoid Arthritis (38) and Spondyloarthritis (13) and Psoriatic arthritis (2) treated with Intravenous biologic from 15.10 until 31.12.16 were invited to fill out the FACIT-F questionnaire during intravenous (IV) infusion of the drugs in the rheumatology outpatient clinic. Furthermore hemoglobin and disease activity score were extracted from patients electronic records.

Results: Of 72 patients, 53 patients completed the questionnaire. 5 patients did not want to participate. In 11 patients treatment was discontinued during the study and 3 patients were not able to answer the questions.

Patients with a fatigue score of <30 had few problems with any of the subgroups within the FACIT-F questionnaire (A-E), whereas more than 30% of patients with a fatigue score of ≥30 had challenges in one of the FACIT-F subgroups (somewhat, quite a bit and very much) A. Physical well-being: lack of energy and troubles with meeting the needs of their family because of their physical condition. B. Social/family well-being: patients were not feeling close to their friends, not getting enough emotional support from their family and not satisfied with their sex life. C. Emotional well-being: patients worry if their conditions might get worse. D. Functional well-being: patients feel they are partly unable to work, not satisfied with their performance at work and they have sleeping and quality of life problems. E. Additional concerns: patients had problems with fatigue, weakness, tiredness, starting and finishing things because of tiredness, not having energy, not being able to do usual activities, frustration by being too tired to do the things they want to do as well as they want to limit social activities because of tiredness and they need to sleep during the day. Furthermore, there was a moderate correlation between fatigue at diagnosis and fatigue at time of data extraction ($r = 0.53$). The fatigue was not correlated with anemia or high disease activity.

Conclusions: Our results demonstrated that patients with a fatigue score of >30 had different challenges mentioned in the fatigue questionnaire. In addition, patients who experience fatigue at time of diagnosis, they often remain fatigued, provoking the thought that fatigue is not correlated with inflammatory joint disease. Maybe more explorative questions about fatigue at the consultation could be a part of improving the patients' quality of life.

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AB1240-HPR PATIENTS' DOGMA, NUMBER OF SWOLLEN JOINTS AND PHYSICIANS' AND PATIENTS' AGE PREDICT NON-ADHERENCE TO MEDICINES AND NON-PHARMACOLOGICAL INTERVENTIONS IN RHEUMATOID ARTHRITIS – A MIXED METHODS STUDY

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Background: In rheumatoid arthritis (RA), up to 80% of patients were found to be non-adherent to prescribed medication and non-pharmacological recommendations. These patients do not achieve an optimal clinical outcome.

Objectives: In the present study, we therefore explored predictors that may lead to non-adherence to both medicines and/or non-pharmacological recommendations.

Methods: In a mixed methods study, retrospective observational data from patients meeting the ACR/EULAR criteria for RA who were non-attenders/missed the routine check up visits for at least 9 months to the rheumatology clinic and had had an initial DMARD therapy were queried of the databases of two rheumatology centers in Austria (Graz, Vienna). Subsequently, we invited all patients to take part in a qualitative semi-structured interview study with a meaning condensation data analysis. In the interviews, patients were assigned to the subgroups "adherent" (e.g. having regular rheumatology visits in another clinic) or "non-adherent" (e.g. having stopped taking the prescribed medication). Possible predictors derived from the qualitative analysis and the retrospective observational data were then tested in a logistic regression model.

Results: In total, data of 459 patients (346 [75.4%] females; mean age 63.0 [SD± 14.8]) were extracted out of the databases. 131 patients (109 [83.2%] females; mean age 64.8 [SD± 14.1]) participated in the qualitative interviews. In addition to already known themes, new topics arose from the analysis: (i) patient's dogma inhibited adherent behavior, in that patients felt that pain was an important part of life and attributed to having had a high manual workload during life of which patients were proud; (ii) patients had less trust in physicians when they were seeking support from other physicians, because they appeared to be "young or inexperienced"; (iii) Some patients did not feel properly understood if physicians only prescribed medication without giving advice on non-pharmacological aspects of treatment.

Two clinical variables were found to be predictors for non-adherent behavior (table 1): swollen joint count (patients with higher numbers of swollen joints were less adherent) and age (younger patients were less adherent).

Table 1. Logistic regression models. Odds ratios of relevant factors for non-adherent behavior in RA: results of the logistic regression analysis

Regression Model	Odds Ratio	CI 95%	Significance at 0.05 (p)
Age at the last visit	1.033	1.005 to 1.063	0.022
Swollen Joint Count using a 32 joint count form	0.876	0.767 to 1.000	0.050

Conclusions: In order to achieve a good clinical outcome, it is important to provide evidence based treatment recommendations, but also to ensure adherence to these. The predictors found in our study could be used to enhance patient adherence and therefore improve clinical outcome.

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AB1241-HPR EVALUATION OF PATIENT COMPLIANCE WITH LONG TERM PRESCRIBED RHEUMATIC MEDICATION AT LOCAL LONDON HOSPITAL RHEUMATOLOGY UNIT

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Background: Non-Compliance with Long term medication is reported as high 60% (1). Health belief model suggests four elements contribute to this problem. The Beliefs About Medicines Questionnaire (BMQ) is a tool for evaluating people's beliefs about medicines (1).

Objectives: A Service Evaluation of compliance with prescribed medication for Long Term Rheumatologic Conditions at Central Middlesex Hospital. This was conducted to assess any possible relationship between compliance with medicines and beliefs or concerns or patient's ethnicity.

Methods: The design was a voluntary self-reported, cross-sectional paper based questionnaire survey of people with Rheumatic Conditions. Twelve questions were grouped within three categories (healthcare utilisation, necessity beliefs and concern beliefs) to capture compliance behaviour for later analysis and comparison.

The Beliefs about Medicines Questionnaire was adapted from ref (1) to distinguish patients beliefs of 'necessity' or 'concerns'. In line with principles of PPI, the questionnaire was discussed prior to the audit with a sample focus group of 5