evaluation and low vitamin D is often the underlying cause. Both clinical and sub-clinical low level vitamin D is common.¹

Objectives: To assess the relationship between musculoskeletal complaints and serum vitamin D₃(cholecalciferol) level.

Methods: This prospective cross-sectional descriptive study was conducted during July 2017 to December 2017 in Chittagong, Bangladesh. Patients with common musculoskeletal complaints were enrolled. Each patient was screened to exclude common possibilities. Serum cholecalciferol was measured for each patient. Race, occupation, skin complexion, body mass index, sunlight exposure, covering of body with clothing's and use of sunscreen were taken under consideration in final analysis. Visual analogue scale (VAS; 1–10) was used to quantify all complaints. Correlation of serum cholecalciferol level with VAS score of individual complaints was analysed.

Results: A total of 110 patients (79 Female and 31 Male) were enrolled after screening 165. All of them were Bangladeshi of multi-ethnic Asian origin. Mean age was 46.5±12.8 years. Their skin complexions were pale white to white skin 45.5%, light brown 30%, moderate brown 11.8% and dark brown 12.7%. Most had (90.9%; n=100) inadequate sunlight exposure and 77.2% (n=61) women used Burka (full covered dress). Mean vitamin D₃ level was 25.2±7.3 ng/ml. Vitamin D deficiency was (mean 17.3±2.8 ng/ml) observed in 30 (27.3%), insufficiency (mean 25.1±2.7 ng/ml) in 62 (56.4%) and normal level (mean 34.8±4.4 ng/ml) in 18 (16.4%). After classifying Vitamin D level in relation to symptoms it was found that majority of patients (81.2% to 90.3%; depending on complaints) had insufficient or deficient cholecalciferol level (table 1).

Abstract AB1075 – Table 1. Serum cholecalciferol status in different musculoskeletal complaints

Complaints Vit D ₃	Normal (≥30 ng/ml)		Insufficiency (20-<30 ng/ml)		Deficiency (<20 ng/ml)	
	n	%	n	%	n	%
Myalgia (n=104; 94.5%)	16	15.4	60	57.7	28	26.9
Muscle cramp (n=104; 94.5%)	18	17.3	60	57.7	26	25.0
Generalised weakness (n=99; 90.0%)	18	18.2	56	56.5	25	25.2
Difficulty in climbing stairs (n=89;80.9%)	14	15.7	50	56.2	25	28.1
Fatigue (n=87; 79.1%)	13	8.1	51	58.6	23	26.4
Difficulty in squatting (n=84; 76.4%)	9	10.7	49	58.3	26	30.9
Pain in weight bearing joints (n=80; 72.7%)	11	3.7	49	61.2	20	25.0
Bone pain (n=73; 66.4%)	8	10.9	43	58.9	22	30.1

Significant negative correlation was found between the serum cholecalciferol level and VAS for difficulty in getting up from squatting position ($r=-0.253$, $p=0.008$) and positive correlation was found for muscle cramps ($r=0.220$, $p=0.021$). Correlations with remaining symptoms were not statistically significant.

Conclusions: Vitamin D status directly and indirectly influences musculoskeletal health. Hypovitaminosis D should consider in every patient with muscle cramp.

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Acknowledgements: Hafsa habiba, Rayhana Begum

Disclosure of Interest: M. A. Razzaque Consultant for: research, G. Dewan Consultant for: research, R. biswas Consultant for: research, M. karim Consultant for: research, I. sultan Consultant for: research

DOI: 10.1136/annrheumdis-2018-eular.6070

AB1076 COMPLEX REGIONAL PAIN SYNDROME TYPE 1: WHICH TREATMENT?

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Background: The treatment of Complex Regional Pain Syndrome Type 1 (CRPS-I) is multidisciplinary.¹ It aims to minimise symptoms, pain, preserve functional ability and professional activity. Unfortunately, therapeutic possibilities are still very limited and there is no Gold standard.

Objectives: The purpose of our work is to evaluate the efficiency of four therapeutic modalities in the management of CRPS-I.

Methods: Retrospective study of 60 patients (21 men and 39 women) treated for CRPS-I. Four groups were identified according to therapeutic modalities used: rehabilitation alone (16 patients), Calcitonin associated with rehabilitation (15 patients), Bisphosphonates (BP) (Sodium Risedronate, 1 tablet per week, over an average duration of 1 month) associated with rehabilitation (20 patients) and Calcitonin in combination with BP and rehabilitation (9 patients).

Results: The mean age of the patients was 51±16.5 years. The average time of treatment was 2 months and the average duration of follow-ups was 7 months. Traumatic origin was found in 88.3% of cases. Distal radius fractures (DRF) were the most incriminated (40% of cases). The evolution was judged on pain reduction, vasomotor signs and on functional improvement.

For all etiologies combined, no statistically significant difference was found between the different groups ($p=0.462$).

For patients with a DRF, a favourable outcome was noted in the BP group associated with rehabilitation in 85.7% of cases while it was only 42.9% for rehabilitation alone.

Conclusions: Our study concludes that the different therapeutic modalities evaluated for the treatment of CRPS-I had an efficiency close to each other with a superiority of BP. Oral Sodium Risedronate could therefore be proposed as a treatment for CRPS-I without marketing authorisation (MA).

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7477

AB1077 INVESTIGATION OF FRAILTY, MOBILITY AND DAILY LIFE ACTIVITY IN ELDERLY

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Background: There are many factors that affect negatively mobility and daily life activity of older people. Frailty is one of these. frailty is a state of decline in physiologic reserve capacity and resiliency due to impairment in multiple physiological systems, thereby causing vulnerability to death and adverse health outcomes.

Objectives: The aim of this study was to analyse gender differences in frailty, mobility and daily life activity score.

Methods: The study included 173 women, 124 men total 197 persons aged 65 years and older. The demographic information including age, height and weight, the individuals marital status, educational state, chronic diseases were taken. Elderly Mobility Scale (EMS), Edmonton Frail Scale (EFS) and KATZ were used to evaluate mobility, frailty and daily life activities level, respectively. Individuals were divided into groups according to their gender.

Results: There was significant difference between women and men in EMS ($p=0.001$), EFS ($p<0.001$) and KATZ scores (0.048). Frailty score were lower, mobility score and daily life activity score higher than women in men. In both men and women were found positively a relation between mobility and daily life activity ($p<0.001$), were found negatively a relation between frailty and mobility, daily life activity ($p<0.001$).

Conclusions: It was seen that female gender affected mobility, frailty and daily life activity. It is important that Strategies for preventing or delaying the predisposing factor of frailty need to address gender differences and determinants among women.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7029

Paediatric rheumatology

AB1078

APPLICABILITY OF THE CASPAR CRITERIA OF PSORIATIC ARTHRITIS IN A COHORT OF CHILDREN PATIENTS FOLLOWING IN A PAEDIATRIC RHEUMATOLOGY UNIT OF A TERTIARY HOSPITAL

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Background: The ILAR consensus establishes classification criteria, dividing the JIA into 7 subcategories, with juvenile psoriatic arthritis (APsJ) being one of them. In the adult population, the CASPAR classification criteria are usually used to classify a patient with psoriatic arthritis. However, the two classifications have some differences that sometimes produce confusion.

Objectives: To assess the applicability of the CASPAR classification criteria in a series of patients previously diagnosed in paediatric age of JPAs or undifferentiated arthritis by exclusion criteria to be male >6 years old and HLA B27 positive, comparing these with the ILAR classification criteria, through the study of clinical features.

Methods: Retrospective cross-sectional observational study. Clinical, epidemiological, sociodemographic and analytical variables were collected from 30 patients previously diagnosed with JPAs (<16 years) or undifferentiated arthritis by exclusion criteria age >6 years in HLA B27-carrying male. It was assessed whether the patients met the ILAR classification criteria as well as the CASPAR classification criteria, which, unlike the previous ones, did not exclude HLA B27 positive patients, considered the family history of the 2nd degree and added a test radiographic.

Results: The mean age at diagnosis was 11.23±4.6 years; 15 of them being women and 15 men. 15 (15/30) patients presented cutaneous psoriasis at some point during the follow-up, in 5/15 patients psoriasis began before arthritis while 7/15 patients were previously diagnosed with arthritis than cutaneous psoriasis; in 3/15 patients the diagnosis was simultaneous during the medical visit. 9 (9/30) patients presented a family history of 1st degree cutaneous psoriasis and 7/30 of them had a family history of 2nd grade psoriasis. Of the total number of patients, 10 of them would not meet the ILAR classification criteria, 8 because they presented as exclusion criteria being male, HLA-B27 positive and >6 years of age, among which, 7/8 would fulfil CASPAR criteria, and 2 other patients who were not classified according to ILAR criteria, did meet the CASPAR classification criteria, given the presence in these criteria of negative RF, family history of the 2nd degree and typical radiological alterations, which are not present in the ILAR criteria. 1 (1/30) patient did not meet CASPAR criteria, and belonged to the group of patients excluded from the ILAR criteria for being male >6 years HLA-B27 +.

If we did not take into account the negative FR of the CASPAR criteria, 14 patients would not meet these criteria and if we eliminated the 2nd grade AF, 5 patients would not be classified (among them 2 who meet CASPAR and do not ILAR).

Conclusions: In our series of patients despite the fact that the presence of current skin psoriasis contributes 2 points in the CASPAR criteria, only 1 patient would not meet the CASPAR criteria, since the majority of patients present other clinical or analytical manifestations, such as the presence of negative rheumatoid factor or 2nd degree family history. Patients who do not meet criteria for PsA by exclusion criteria, practically all of them would be diagnosed with psoriatic arthritis by CASPAR criteria.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7372

AB1079

TRANSITION CARE OF PATIENTS WITH CHILDHOOD ONSET CHRONIC RHEUMATIC DISEASE IN A TERTIARY MEDICAL CENTRE IN TURKEY

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Background: Transitional care is a purposeful, planned movement of adolescence and young adults with chronic condition from childhood- to adult-oriented health care systems. Well-organised, systematic transitional health care is of high importance for providing the continuous medical treatment and for reaching optimal outcomes. Up to date, there is no unique, consensus-based model for patients' transition from childhood- to adult oriented health care centres in Turkey.

Objectives: We aimed to assess the transitional care among patients with juvenile onset rheumatologic disease in referral tertiary centre in Turkey.

Methods: The transitional policlinic is held once per month at the department for paediatric rheumatology, consisting of 2 adult and 4 paediatric rheumatologist. A total of 147 patients have undergone the transitional care in the time period from May 2014 to December 2017. Patients were called by telephone, by two different investigators (EP, OK). Thirty-three (22%) patients were not reached and 17 (11%) of them were excluded from the study due to short post-transitional period

(<6 months). Consequently, 97 (66%) patients have been reached and included in the study. Data on demographic, clinical and socio-economic features and experience with transitional practice were collected by using a structured questionnaire, which was fulfilled during the phone conversation between investigator and patient.

Results: A total of 147 patients (79 (54%) females) underwent transition process and 97 of them were included in the study. There was no statistically significant difference between different patients groups regarding the age of transition. The education levels of patients were as following: university 60 (61.9%), high-school 21 (21.6%), middle-school 13 (13.4%), primary school 3 (3.1%). Majority of patients was single at the time of study (79 (81.4%) patients) while only 18 (18.6%) patients were married; half of them being child owner. At the time of study, 44 (30%) patients were employed and mean age at employment was 19.06±3.1 years. Most of patients had health insurance at the time of study (94 (96.9%)). Seventy-one (73.2%) patients continued their regular follow up at adult department while 26 (25.8%) patients discontinued medical treatment. The most common reasons for cessation of follow up were the work/school absence (20 (76.9%)), followed by patients' personal reasons (2 (7.6%)) and dissatisfaction with adult clinic services (4 (15.5%)). Most of patients reported satisfaction with transition process: 96 (99%).

Abstract AB1079 – Table 1

	n=97
Female, n (%)	58 (59.7%)
Age at transition, mean±SD	21.4±1.4 years
Age at study mean±SD	22.8±1.8 years
JIA	26 (26.8%)
FMF	60 (61.8%)
Connective Tissue Disease	7 (7%)
Vasculitis	4 (4%)

Conclusions: This is the first Turkish model of transitional care among patients with chronic rheumatic disease. Well-organised transitional health care is of crucial importance for the continuous and optimal health care of adolescents and young adults with chronic rheumatic disease. Further studies with higher number of patients would reveal the relevance of described transitional care model.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3437

AB1080

NEUROLOGICAL EVALUATION OF CHILDHOOD-ONSET CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES-A PRELIMINARY REPORT

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Background: The cryopyrin-associated periodic syndrome (CAPS) is a treatable autoinflammatory disease that encompasses familial cold autoinflammatory syndrome (FCAS), Muckle-Wells syndrome (MWS), and chronic infantile, neurologic, cutaneous, and articular syndrome (CINCA), which are quite different in severity. Early diagnosis of CAPS and prompt initiation of IL-1 blockers have significant effect on the neurologic prognosis of CAPS. Although neurologic complications of CINCA are well-known, there are scarce data regarding neurologic features of milder phenotypes.

Objectives: We aimed to review the neurologic features in detail and summarise the other CAPS-related manifestations in 9 children.

Methods: All children with CAPS that have been followed-up from paediatric rheumatology outpatient clinic, were enrolled to the study. In addition to the neurologic examination, magnetic resonance imaging (MRI) of brain, electroencephalography, eye examination, hearing test and neuropsychiatric tests were done. Demographic, clinical features, genetic analysis and laboratory tests were noted from patient records and hospital database.

Results: The median age of the subjects was 6 years (range 2–14 years), with a female-to-male ratio 4/5. Most frequently noted neurologic clinical manifestations during the disease course were papilledema (3/9) and epilepsy (3/9), followed by neurodevelopmental delay (2/9), aseptic meningitis (2/9), upper motor neuron