

signs of active inflammation were not found. Based on etiological agent all pts were divided into 3 groups: Group I—with bacterial infection (5 pts (15%)), Group II—with viral infection (11 pts (35%)), Group III—with mixed bacterial and viral infection (16 pts (50%)). Rapid nodule regression was strongly associated with elevated ASO titers at baseline ($p=0,02$) and presence of bacterial agents ($p=0,0007$). Recurrences were documented in 13 pts (40,6%), among them 7 (54,1%) cases were triggered by ARVI/common frigorigerism, 2 (15,3%) cases—by stress, 2 (15,3%) cases – by non-compliance or treatment failure, 2 (15,3%) – by exacerbation of chronic tonsillitis. There was no statistically significant association between intake of individual medications and full reversal of the disease. There was 1 (8% from total number) recurrence episode in Group I, 7 (54%) episodes—in Group II, and 5 (38%)—in Group III. Recurrent disease inversely correlated with affected surface area (affected leg surfaces) ($p=0,03$). Pts who achieved nodular regression had elevated ASO at EN onset ($p=0,00008$), in contrast to pts with recurrent disease.

Conclusions: Streptococcus spp (56,3%) seem to be the leading cause of EN associated with infection. Lab verification of streptococcal infection with subsequent adequate antibacterial therapy facilitates the favourable clinical course of EN.

Acknowledgements: The study had no sponsorship.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2278

AB1363 ARE YOU ABLE TO CUT YOUR MEAT? – EXPLORING THE CHALLENGES DURING THE CULTURAL ADAPTATION OF THE HEALTH ASSESSMENT QUESTIONNAIRE DISABILITY INDEX (HAQ-DI) INTO 130 LANGUAGES

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Background: The disability assessment component of the Health Assessment Questionnaire, the HAQ-DI,¹ developed in US English, assesses a patient's level of functional ability and includes questions of fine movements of the upper extremity, locomotor activities of the lower extremity, and activities that involve both upper and lower extremities. There are 20 questions in eight categories of functioning which represent a comprehensive set of functional activities – dressing, rising, eating, walking, hygiene, reach, grip, and usual activities. The stem of each item asks over the past week "Are you able to ..." perform a particular task. The patient's responses are made on a scale from zero (no disability) to three (completely disabled).

Objectives: To explore the challenges faced during the cultural adaptation of the HAQ-DI, focusing on one simple task, i.e., "Are you able to cut your meat?" in the eating category.

Methods: The archives of Mapi Language Services were searched and 130 translations were retrieved, representing 13 language families. The translation methods followed either the standard linguistic validation process [i.e., conceptual analysis, dual translation process (forward, backward translation into English), test with patients and clinician review] or the adjusted process in case of countries using national variants of the same language (i.e., Australian English or English used in India).²

Results: In most of the target languages, cutting a whole piece of meat presented in one plate was not a cultural issue. However, in vegetarian-driven cultures or countries where cutting meat was performed while cooking, the item had to be adapted and changed to comply both with the local culture and the concept explored by the item (i.e., fine movement of the upper extremity). For instance, an equivalent of "to cut meat while cooking" was chosen in Korean; "to cut meat (when eating or preparing food)," in Bahasa (Indonesia); "to cut raw vegetables," in Gujarati (India); or "make bite size pieces of your food (e.g., chapatis)" in English for India.

Conclusions: The close collaboration between the developer and the translation teams was essential in finding appropriate conceptual equivalents of the simple task of cutting meat in 13 different language families.

REFERENCES:

- [1] Bruce B, Fries JF. The Stanford Health Assessment Questionnaire: dimensions and practical applications. *Health Qual Life Outcomes*. 2003 Jun 9;1:20.
- [2] Mear I, Giroudet C. Chapter 1: Linguistic Validation Procedures. In: Acquadro C, Conway K, Giroudet C, Mear I, editors. *Linguistic Validation Manual for Health Outcome Assessments*. Lyon, France: Mapi Institute; 2012. p. 15–117.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4591

AB1364 ADAPTATION AND VALIDATION OF THE RHEUMATOID ARTHRITIS QUALITY OF LIFE (RAQOL) SCALE FOR PORTUGAL

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Background: Rheumatoid Arthritis (RA) is a chronic inflammatory disease that has a major impact on patients' quality of life. The Rheumatoid Arthritis Quality of Life Questionnaire (RAQoL) is a patient-centric outcome measure, specific to RA. The measure has not previously been available for use with Portuguese RA patients.

Objectives: To produce a Portuguese version of the RAQoL that is acceptable to Portuguese patients and demonstrates sound psychometric properties.

Methods: The dual panel methodology was used to translate the UK RAQoL into Portuguese. This involved conducting a bilingual panel (providing the initial translation into Portuguese) followed by a lay panel (where items are assessed for comprehension and acceptability). Cognitive debriefing interviews were conducted with Portuguese RA patients to determine the face and content validity of the translated scale. A large-scale postal validation survey was carried out to establish the psychometric properties of the Portuguese RAQoL. The measure was administered on two occasions to RA patients, alongside a comparator instrument – the Nottingham Health Profile (NHP).

Internal consistency was assessed using Cronbach's alpha coefficient. Spearman's Rank correlation coefficient was employed to assess test-retest reliability. Convergent validity was tested by correlating RAQoL scores with those on the NHP sections. Known group validity was assessed using non-parametric tests for independent samples. This involved determining the ability of the RAQoL to distinguish between patients that differed according to their self-perceived severity of RA and general health.

Results: The translation panels produced a Portuguese version of the RAQoL that was easily understood and considered natural by native speakers. Interviewees considered the new language version to be relevant and appropriate. One hundred and seventy-eight RA patients (82% female) took part in the postal validation survey with a mean age of 56.6 (range 25 to 79) years. The Portuguese RAQoL demonstrated excellent internal consistency (Cronbach's $\alpha=0.95$) and test-retest reliability ($r=0.92$), indicating that the measure produces low levels of random measurement error.

RAQoL scores correlated most strongly with scores on the NHP Physical mobility scale ($r=0.77$) and showed moderately strong correlations with the Emotional reactions, Pain and Energy level section scores.

Non-parametric tests for independent samples demonstrated significant differences in RAQoL scores between patients who differed according to their self-perceived RA severity ($p<0.001$) and general health ($p<0.001$).

Conclusions: The Portuguese version of the RAQoL was found to be a comprehensive, reliable and valid questionnaire. The new language version is recommended for use in routine clinical practice and for research purposes, to assess quality of life in Portuguese RA patients.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5989

AB1365 PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS/LUPUS NEPHRITIS

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Background: SLE patients have a tendency of accelerated atherosclerosis (AS) which can only partly be explained by traditional risk factors for cardiovascular disease. Proprotein convertase subtilisin/kexin type 9 (PCSK9), which is a protease associated with cardiovascular risk that regulates both cholesterol metabolism and inflammatory reaction, had been regarded as a highly promising therapeutic target for cardiovascular disease.¹ Recent study had demonstrated that SLE patients with lupus nephritis (LN) had much higher risk of atherosclerosis.²

Objectives: To assess serum PCSK9 concentrations and the possible factors linked with PCSK9 variation in SLE/LN patients.

Methods: 47 SLE patients and 30 healthy controls were included. Traditional cardiovascular risk factors were compared. According to cIMT, SLE patients were divided into two subgroups (SLE-AS subgroup and SLE-NonAS subgroup, cut-off point is 1.0 mm). PCSK9 concentrations were compared between:¹ SLE patients