THURSDAY, 14 JUNE 2018

HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

THU0710-HPR QUALITIES OF PARTICIPATION AS DESCRIBED BY PEOPLE WITH EARLY RA IN WORKING AGE

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Background: Early diagnosis and medication has been effective but impairments, activity limitations, and participation restrictions are still evident in RA. To be able to participate despite RA is a recurrent goal for persons with early RA as well as in standards of care. Nevertheless, patients' perceptions of what kind of situations constitute an experience of participation are seldom explored in research. Though, participation ladders illustrating people's influence on matters that concern them have earlier been described in social sciences in relation to citizens' rights, and children's rights.

Objectives: To describe when and how people with early RA describe a positive sense of participation in everyday life, including to categorise the qualities of these experiences.

Methods: This study is part of the Swedish early RA project "TIRA". Critical incidents technique was used in the design of the semi structured interviews. In all, 59 patients (age 18–63 years) were interviewed; 25 men and 34 women. The study has been approved by the local ethics committee and has followed the ethical standards of the Helsinki Declaration. Content analysis was used to identify meaning units with descriptions related to the aim, which were sorted based on type of situations described, and later on categories based of quality aspects of participation were developed.

Results: The qualities of participation as described by people with RA were arranged as a ladder with the following steps; 1. Being part of a group, 2. Carry out activities in company, 3. Share everyday chores and responsibilities, 4. Have influence on actions, 5. Give direction of goals, 6. Share decision making. Participation was experienced with others at specific moments when the positive feeling described was *being part of a group* in relations with family, friends, in working life and in recreation and social life. For instance, both women and men described the experience of participation in the work group, especially when given the possibility to *have influence on actions*, or the possibility to *give direction of goals* in the management of work or in organised activities. They described a positive feeling of participation if *sharing everyday chores and responsibilities* with someone and when just *carrying out activities* in company with others at work, in domestic life, and in sports and leisure activities. The interviewees also described how the sense of participation was particular intensive when *sharing decision making*.

Conclusions: Participation from an individual's perspective is about belonging and having influence that mediates a positive feeling of being included and that you matter as a person. The results are important when using participation as a goal in the clinical care.

Disclosure of Interest: None declared

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HPR Measuring health (development and measurement properties of PROs, tests, devices)

THU0711-HPR WIDESPREAD PAIN IN AXIAL SPONDYLOARTHRITIS: CLINICAL IMPORTANCE AND GENDER DIFFERENCES

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Background: Cardinal clinical signs and symptoms of axSpA include inflammatory pain, stiffness and impaired mobility in the axial region and to a lesser extent the peripheral joints. Although these features are thought to reflect local disease processes, bottom-up or top-down amplification of nervous system signalling may

alter this relationship and may induce widespread pain.¹ There is a remarkable lack of detailed knowledge on pain areas in axSpA and its clinical relevance is unknown. Also, gender differences in pain area may exist in axSpA and may confound disease activity outcomes.

Objectives: Firstly, pain locations in axial axSpA were detailed and gender differences were assessed. Secondly, the relationship of regional pain definitions as well as widespread pain with clinical outcomes was evaluated. Finally, the role of pain area in the assessment of disease activity was explored, taking gender into account.

Methods: Body charts informed on axial, peripheral articular and non-articular pain in 170 (108 men, 62 women) patients with axSpA. Multivariate odds ratios compared genders. General linear models explored clinical differences in disease activity (BASDAI, Bath Ankylosing Spondylitis Disease Activity Index), activity limitations (BASFI, Bath Ankylosing Spondylitis Functional Index), fear of movement (TSK-11, Tampa Scale for Kinesiophobia 11-item version), anxiety (HADS-A, Hospital Anxiety and Depression Scale subscale anxiety) and depression (HADS-D, HADS subscale depression) between four subgroups classified by widespread non-articular pain (WNAP±) and physician-reported global disease activity (PGDA±). Principal component analysis explored gender differences in the structure of disease activity outcomes.

Results: Axial thoracic pain was least prevalent (lumbar: 74.4%, cervical: 47.6%, cervicothoracic: 47.6%, thoracic: 32.4%), but about three times more likely in women (OR: 2.92, p=0.009). Axial cervicothoracic junction pain spread more diffusely in women (OR: 2.48, p=0.018). Women exhibited a two to three-fold increased likelihood of widespread axial (OR: 3.33, p=0.007) and peripheral articular (OR: 2.34, p=0.023) pain. A subgroup of WNAP+/PGDA- combined with low PGDA (27% of all patients) was associated with worse BASFI, BASDAI, HADS-A and HADS-D in men and worse TSK-11 and HADS-A in women (p<0.05). Disease activity outcomes showed a two-factor structure in women, but not in men.

Conclusions: In patients with axSpA, the location and spread of pain was different between genders and is related to worse clinical status. Based on pain area and physician-reported global disease activity, meaningful clinical subgroups were identified with a remarkably distinct health status. Outcome instruments such as BASDAI should acknowledge gender differences to ensure structural validity.

REFERENCE:

- [1] Latremoliere A, Woolf CJ. Central sensitization: a generator of pain hypersensitivity by central neural plasticity. *J Pain* 2009;10(9):895–926.

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HPR Epidemiology and public health (including prevention)

THU0712-HPR TRAJECTORIES OF PAIN AND PHYSICAL FUNCTION IN PATIENTS WITH SYMPTOMATIC KNEE AND HIP OSTEOARTHRITIS: RESULTS FROM THE FRENCH POPULATION-BASED KHOALA COHORT

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Objectives: The aims of this study were to identify homogeneous subgroups with distinct trajectories of pain and physical function in patients with symptomatic knee and/or hip OA and to identify the baseline predictive factors associated with these trajectories.

Methods: The KHOALA cohort is a French population-based multi-center cohort of 878 patients with symptomatic knee and/or hip OA, aged between 40 and 75 years old. Pain and function were measured annually with the WOMAC questionnaire. Baseline comorbidities were assessed by the Functional Comorbidity Index (FCI), perceived vitality was measured with SF-36 and psychosocial distress with the General Health Questionnaire (GHQ). Using the follow-up data over 5 years, latent class growth analyses (LCGA) were used to identify homogeneous subgroups with distinct trajectories of pain and function. The selection of the optimal models was based on maximisation of the Bayesian information criterion, the proportion of patients in each trajectory group (>5%) and the statistical significance of the equation modelled (intercept only, linear, quadratic or cubic). Multinomial logistic regressions were performed to identify the predictive baseline characteristics associated with each trajectory and were adjusted for socio demographic and clinical factors.

Results: Among the 878 patients, 609 (69.4%) were women, 222 (25.3%) had hip OA, 607 (69.1%) knee OA and 49 (5.6%) both hip and knee OA.