FRI0703-HPR EVALUATION OF AN INDIVIDUAL TARGETED INTERVENTION WITH THE PURPOSE OF REDUCING SEDENTARY TIME IN PEOPLE WITH RHEUMATOID ARTHRITIS – A MIXED METHODS STUDY BASED ON QUESTIONNAIRES AND FOCUS GROUP INTERVIEWS

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Background: People with rheumatoid arthritis (RA) spend a high proportion of their waking time in sedentary behavior (SB). Reduction of SB and increase in light intensity physical activity has been suggested as a means to improve health in people with mobility problems. RCT study was conducted aiming to investigate the efficacy of an individually tailored, theory-based behavioral intervention for reducing daily sitting time, pain and fatigue, as well as improving health-related quality of life, general self-efficacy, physical function and cardio-metabolic biomarkers in people with RA[1]. The 16-week intervention included 1) three individual motivational counseling sessions and 2) Tailored Short Text Message Service (SMS) reminders. The intervention was effective for reducing daily sitting time, improving patient reported outcomes and reducing total cholesterol in the intervention group (n=75) compared to the usual lifestyle control group (n=75) [1]. It is relevant to know the participants' attitude towards the intervention prior to implementation.

Objectives: To evaluate participants' perspective on an individually tailored intervention in the RCT study "The efficacy of motivational counselling and SMS reminders on daily sitting time in people with rheumatoid arthritis".

Methods: A mixed methods study including both quantitative and qualitative data was applied. In a convergent parallel design, quantitative data (N=69) was collected by the end of the intervention using a questionnaire designed to evaluate experiences with participation and the intervention. 18 out of those 69 responding to the questionnaire were invited to take part in one of three focus group interviews, involving an evaluation of the intervention through discussion and dialogue. Criteria: maximum of variation in gender, age, duration of RA, employment and the time of conclusion in the RCT study. Data from quantitative and qualitative studies were analyzed and reported separately and then merged at the final stage of the mixed methods study.

Results: Participants were generally satisfied with the content and the course of the intervention. In particular, they were satisfied with the individual tailoring of the intervention and the ongoing feedback and follow-up throughout the intervention period. Participants indicated that they had changed their habits regarding sedentary behavior as a direct result of the intervention, and had managed to maintain these changes after their participation. Furthermore, participants reported that their participation in the RCT study indirectly affected their family, friends and colleges, who also gained knowledge about the risk and consequences of sedentary behavior and participation led to changed habits especially at work.

Conclusions: Participants in the intervention group in the RCT "The efficacy of motivational counselling and SMS reminders on daily sitting time in patients with rheumatoid arthritis" were satisfied with the content and delivery of the intervention and had managed to change behavior in relation to sedentary time.

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FRI0704-HPR SESAME QUIZ: A PLAYFUL ONLINE QUESTIONNAIRE TO ASSESS PATIENTS' KNOWLEDGE ABOUT SJOGREN'S SYNDROME

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Background: We needed to assess the impact of our patient education program on Sjogren's syndrome (SESAME) in order to continuously improve it.

Objectives: A playful online questionnaire was designed and implemented to assess patients' knowledge about Sjogren's syndrome.

Methods: A interprofessional team (3 rheumatologists, 3 pharmacists) and a 4-patient group who participated in the education program together proceeded to the questionnaire design: 1) definition of a competency framework for patients with Sjogren's syndrome; 2) from literature review, identification of quality requirements for a questionnaire (scientific quality, opportunity to interact, means of expression, logical chaining of questions, simplicity, utility, shortness, bias prevention, playfulness, variety, online diffusion). To fulfill these criteria, we used a clear vocabulary and concise questions, included open-ended questions on patient experience, focused on the artwork, randomized the order of answer choices, and shared the questionnaire online. Once the SESAME quiz was established, a scoring system was defined by the expert group. Face validity, feasibility and reproducibility were assessed to validate the questionnaire. 25 patients were contacted to complete the questionnaire twice. Patients also evaluated the content, structure and feasibility using 12 items (understandable language, unambiguous sentences, length of the questionnaire, difficulty, web access). Reproducibility was calculated using intraclass correlation coefficient (ICC) on patient answers separated by 48 hours.

Results: The questionnaire includes 28 questions divided into 4 parts: Sjogren's signs, Sjogren's causes, treatment, daily life with the disease. The 25 patients filled in the questionnaire twice (96% women, 54 years min-max[23;74], 4 years since the diagnosis min-max[1;20]). The questionnaire was filled in from a computer (n=38), a tablet (n=3) or a smartphone (n=9). The average response time was 19 minutes. The median score was 34 points min-max[22;46] out of 50. 18 patients evaluated the questionnaire. 15 patients or more regarded its content, organization and feasibility as "very good". 5 patients found it difficult. The reproducibility was very high (total ICC=0.87 IC95% [0.74–0.94], ICC on each part between 0.61 et 0.87).

Conclusions: The SESAME quiz is now freely available (<https://etp-rhumato.typeform.com/to/qsVhR1>) and all the Hospital centers caring for Sjogren patients can use it for their follow up.

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FRI0705-HPR COMPARISON OF PAIN BEHAVIOR OF INDIVIDUALS WITH DIFFERENT RHEUMATIC DISEASE

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Background: Pain is an important symptom in rheumatic diseases. Chronic pain is strongly associated with cognition, anxiety and depression levels in these patients.^{1,2} Pain behavior can be related to the patient's response to the disease and the use of painkillers.

Objectives: The aim of this study is to compare the pain behavior of patients with different rheumatic diseases.

Methods: Patients with Ankylosing Spondylitis (AS), Fibromyalgia (FM), and Rheumatoid Arthritis (RA) were included in the study and their demographic data were recorded. The Hospital Anxiety and Depression Scale (HADS) was used to determine the anxiety and depression levels of patients. Health Assessment Questionnaire (HAQ) was used to determine functional status and Cognitive Exercise Therapy Approach Scale (the authors request that the abbreviation stays as "BETY" as the original in Turkish) was used to assess bio-psychosocial status of the patients.³ The first and fourth questions of BETY were used to investigate pain behavior.

Results: The mean age of 329 patients were 45.5±11.5 years and the body mass index was 27.8±5.9. The patient's HAQ score was 12.5±10.5, the HADS anxiety score was 8.7±5.2 and the HADS depression score was 7.50±4.6. The BETY total score was 62.6±26.3. According to BETY scale's 1st question, although the patients felt pain, the rate of continuing activity was 42.6% and the non-continuity rate was 13.4%. According to BETY scale's 4th question, the painkiller using rate was 27.8% and the non-painkiller rate was 25.3% (table 1).

Conclusions: Although patients knew that their pain would increase, it was determined that the patients had continued their activities. It was also found that the use of painkillers was higher in AS patients compared to the others. It was concluded that these groups should be trained in regarding to restricting their activities when they felt pain.

Table 1 Findings related to questionnaires

	RA (n=126)	AS (n=100)	FMS (n=103)	ALL (n=329)
HAQ	13,3±11,9	12,6±9,9	11,7±9,5	12,6±10,6
HADS-A	7,1±5,4	9,9±4,8	9,7±4,8	8,8±5,2
HADS-D	5,7±4,5	8±4,2	9,2±4,4	7,5±4,6
BETV	60,6±29,7	59,9±24,3	67,1±22,7	62,7±26,3
1st question				
(I can't stop myself doing activities even though I know it will increase my pain.)				
Yes always (%)	46	50	33	43,2
Yes often (%)	8,7	21	21,4	16,4
Yes sometimes (%)	23	12	26,2	20,7
Yes rarely (%)	4	2	13,6	6,4
No never (%)	18,3	15	5,8	13,4
4th question				
(I don't feel comfortable unless I take painkillers.)				
Yes always (%)	21,4	38	29,1	28,9
Yes often (%)	9,5	11	9,7	10
Yes sometimes (%)	22,2	15	22,3	20,1
Yes rarely (%)	16,7	13	19,4	16,4
No never (%)	30,2	23	19,4	24,6

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FRI0706-HPR VALUES UNDERLYING DISEASE-MODIFYING ANTIRHEUMATIC DRUG PREFERENCES OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Disease-modifying antirheumatic drugs (DMARDs) are the cornerstone of treatment in rheumatoid arthritis (RA). Each DMARD has its own characteristics (e.g. onset of action, route of administration and dosing frequency). Treatment decisions should ideally be made through a shared decision making (SDM) process between clinicians and patients, taking account of patient preferences (1,2). This requires an understanding of patient preferences. A number of studies have explored DMARD preferences of patients with RA (3). However, insight into values underlying DMARD preferences that may drive patients' treatment decisions is still lacking. Such information is relevant for clinicians in order to better understand patient preferences. Ultimately, this will facilitate the SDM process.

Objectives: To provide insight into values underlying DMARD preferences of patients with RA.

Methods: A secondary analysis of transcripts from three focus groups in patients with RA. Two researchers independently analysed the transcripts, using thematic analysis with an inductive approach.

Results: Twenty-three patients participated in the focus groups. They had a median age of 62 years (range: 36–78 years), 87% were female and the median disease duration was 11 years (range: 2–42 years). Three values were identified: certainty, independency and safety. Certainty: patients wanted to be certain that the DMARD would work for them. DMARD characteristics that represented this value were onset of action and efficacy. Independency: a DMARD that could easily be fitted into patients' everyday lives was considered important. Route of administration, dosing frequency, location of administration and storage conditions were DMARD characteristics that represented this value. Safety: patients wanted to prevent health damage related to their DMARD use. DMARD characteristics that represented this value were chance of side effects, severity of side effects and consequence of long term use.

Conclusions: Certainty, independency and safety are important values to patients with RA. These values underlie DMARD preferences that may drive patients' treatment decisions. This deserves attention in the SDM process.

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FRI0707-HPR PATIENTS' EXPERIENCES OF HEALTH IN EARLY RHEUMATOID ARTHRITIS – A QUALITATIVE STUDY

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Background: The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health changes dramatically when a person becomes ill in a chronic disease as rheumatoid arthritis (RA). RA is a disease with great impact on all aspects of life. Living with RA affects patients' health including physical, emotional, psychological and social aspects. The purpose of a person-centered care is to see patients as experts; sharing decisions with them and helping them manage their health. Therefore it is important to understand how patients in early disease stage of RA experience the concept of health.

Objectives: The purpose of this study was to describe patients' experiences of health in early RA.

Methods: The study had a descriptive design with a qualitative content analysis approach. Individual interviews were conducted with 24 patients with early RA. In this study the patients had disease duration less than 12 months. A manifest qualitative content analysis was used to analyze the question: "What does health mean to you?"

Results: In the early stage of RA, patients experienced health as the most important goal in their life. They described health as well-being, independence, life satisfaction and vitality. Health as well-being meant to feel good, be painless and