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

have a good sleep to feel rested. Health as independence meant to have both physical and financial prerequisites to perform everyday activities, to exercise and being able to travel. Health as life satisfaction meant to feel joy in life, enjoy the family and to believe in the future. Health as vitality meant to have the energy, power and strength to cope with everyday life. The patients expressed that their health had been adversely affected by the RA disease and they had a strong desire for full health including well-being, independence, life satisfaction and vitality.

Conclusions: Patients in an early stage of RA describe a strong desire to regain health in terms of well-being, independence, life satisfaction and vitality. The concept of health at early RA is similar to health at established RA in terms of well-being, independence and life satisfaction. Unique findings for patients with early RA are the description of health as vitality, and the emphasis of having energy, power and strength to cope with everyday life. Health professionals should have these different ways of experiencing health in mind when providing person-centred care to patients with early RA. Depending on the patients' perception of health, different support strategies are needed.

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FRI0708-HPR THE USE OF TECHNOLOGY FOR SYMPTOM MEASUREMENT IN RHEUMATOID ARTHRITIS: A QUALITATIVE INVESTIGATION

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Background: Rheumatoid Arthritis (RA) outcome measurement is limited by infrequent appointments, triggered by symptom flares, linking blood test data with retrospective recall of symptoms. Remote measurement technologies (RMT), such as wearable sensors or smartphone apps, provide opportunity for ongoing measurement of symptoms such as pain, fatigue, and depression, which may vary throughout the day, offering new insight into the lived experience of chronic illness [1]. However, implementation of such data collection strategies requires careful development with the service-user an integral part of co-design to maximise real-world acceptability [2].

Objectives: This study aimed to gather qualitative information about service-user priorities for using RMT for symptom measurement.

Methods: Two focus groups were conducted in people with RA, using a semi-structured topic guide designed to elicit thoughts about RA symptoms considered important and acceptable for measurement via RMT. The focus groups were moderated by an expert service user (RW) and research lead (FM). A systematic thematic analysis was applied to the data, using a coding framework to extract themes and sub-themes by two researchers independently.

Results: A total of 9 participants attended the two focus groups. Participants were aged 23–77 (mean=55.8, SD=18.1), with a mean disease duration of 20.2 (SD=15.2). All 9 were female, with 44.4% identifying as White British. Symptoms prioritisations and the perceived benefits and risks of technology were categorised into several themes including: personal empowerment; communication with healthcare teams; routine/convenience; and under-prioritised symptom experiences.

Conclusions: The results of these focus groups highlight several areas to focus RMT development in this area, including identifying the symptoms patients feel are under-prioritised by healthcare providers, and establishing methods to ensure RMT can be embedded in daily activities despite fluctuating symptom severity. Future work testing specific app prototypes and wearable usability can ensure RMT projects are developed with optimised user experience.

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FRI0709-HPR LEVELS OF SATISFACTION WITH PSORIATIC ARTHRITIS (PSA) TREATMENT AND ASSOCIATED ALIGNMENT BETWEEN RHEUMATOLOGISTS AND THEIR PATIENTS ACROSS LATIN AMERICA

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Objectives: To assess levels of rheumatologist and patient satisfaction with PsA treatment across Latin America and any disconnects that may exist between the two in real world clinical practice.

Methods: Data from the 2015 PsA Disease Specific Programme (DSP), a cross-sectional, multi-national survey of patients and rheumatologists conducted in Argentina, Mexico, Colombia and Venezuela were analyzed. Rheumatologists (n=141) completed forms containing patient demographics, patient disease severity and treatment satisfaction. Patients self-reported their level of treatment satisfaction and disease severity.

Results: A total of 293 PsA patients from across Latin America were included in this analysis. Current mean age was 49.9 years and 48.1% were female. Proportions of rheumatologists and patients reporting satisfaction with treatment were both similarly high (84% and 92% respectively), however current disease severity reporting differed more markedly between rheumatologists and patients (mild 78%/moderate-severe 22% rheumatologists vs. 63% mild/37% moderate-severe patients; p=0.002). When assessed for alignment, 19% of all rheumatologists and patients disagreed on the level of treatment satisfaction; 13% of this was due to rheumatologists stating greater dissatisfaction than their patients, with the remaining 6% due to patients stating greater dissatisfaction than their rheumatologists (p=0.0543). For current disease severity, 32% of all rheumatologists and patients disagreed; 25% due to patients stating greater severity than their rheumatologists, with 7% due to rheumatologists stating greater severity than their patients (p<0.001). Of those patients for whom their rheumatologist was satisfied with treatment, 14% were classified as having moderate to severe PsA by that same physician.

Conclusions: Despite many rheumatologists and their patients in Latin America reporting high levels of satisfaction with treatment, PsA patients can remain moderate to severe and disconnected from their physician. There is a need to improve physician/patient engagement as a means to improving clinical control.

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FRI0710-HPR OBJECTIVE AND SUBJECTIVE MEASURES OF PHYSICAL FUNCTIONING IN WOMEN WITH FIBROMYALGIA: WHAT TYPE OF MEASURE IS ASSOCIATED MOST CLEARLY WITH SUBJECTIVE WELL-BEING? THE AL-ÁNDALUS PROJECT

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Background: In fibromyalgia there is a discordance between performance-based (i.e., objective) and patient-reported (i.e., subjective) physical functioning (1,2). However, it is unknown whether the association of physical functioning with health outcomes is different between objective and subjective measures.

Objectives: To analyse the associations of the objective and subjective dimensions of physical activity, sedentary behaviour, and physical fitness with subjective well-being in women with fibromyalgia.

Methods: This population-based cross-sectional study included 375 women with fibromyalgia from southern Spain. Physical activity, sedentary behaviour, and physical fitness were measured by questionnaires, accelerometers, and performance testing. Participants self-reported their levels of positive affect, negative affect, and satisfaction with life. Conservative multivariate analyses were used to