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

F. Matcham¹, R. Williams², E. Foncel³, H.-Y. Tung⁴, S. Norton⁵, J. Galloway³, M. Hotopf⁶. ¹Department of Psychological Medicine, IoPPN, King's College London; ²Department of Rheumatology, Faculty of Life Sciences & Medicine, King's College London; ³Department of Rheumatology, Faculty of Life Sciences & Medicine, King's College London; ⁴Psychology Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London; ⁵Psychology Department; ⁶Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom

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

F. Zazzetti¹, E.R. Soriano², D. Rocio Gil³, J. Maldonado Cocco⁴, D. Vega Morales⁵, I. Alves Pereira⁶, G. Guerra⁷, W. Bautista Molano⁸, J.C. Cassola⁹, V. Azevedo¹⁰, L. M. Aldunate¹, S. Lobosco¹¹. ¹Medical Affairs, JANSSEN; ²Rheumatology Section, Hospital Italiano Buenos Aires, buenos aires, Argentina; ³Rheumatology, Hospital Universitario Mayor MEDERI, Bogota, Colombia; ⁴Rheumatology, Buenos Aires University School of Medicine, Buenos Aires, Argentina; ⁵Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico; ⁶Rheumatology, Universidade Federal de Santa Catarina, Hospital Universitário, Florianópolis, Brazil; ⁷Rheumatology Section, Centro Médico Paitilla, Panama, Panama; ⁸Rheumatology, Universidad Militar Nueva Granada and Rheumatology Department, Hospital Militar, Bogota, Colombia; ⁹Rheumatology Section, Hospital General de México, ciudad de Mexico, Mexico, Mexico; ¹⁰Rheumatology, University of Paraná; Brazil, Parana, Brazil; ¹¹Rheumatology, Adelphi Group, Manchester, UK

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

F. Estevez-Lopez^{1,2}, F.M. Acosta¹, P. Acosta-Manzano¹, M. Rodriguez-Ayllon¹, B. Gavilán-Carrera¹, M. Herrador-Colmenero¹, A. Carbonell-Baeza³, R. Geenen², B. Walitt⁴, D. Munguía-Izquierdo⁵, M. Pulido-Martos⁶. ¹University of Granada, Granada, Spain; ²Utrecht University, Utrecht, Netherlands; ³University of Cádiz, Cádiz, Spain; ⁴National Institute of Nursing Research, National Institutes of Health, Bethesda, MD, United States; ⁵Universidad Pablo de Olavide, Seville; ⁶University of Jaén, Jaén, Spain

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