cardiovascular or renal chronic disease from primary care or endocrinology clinics. Patients were handed the survey and completed the survey at home, returning it by pre-paid mail. As part of the survey, they completed the quality of life questionnaire EQ-5D-5L.

Results: 2474 patients received the survey, 1618 (65.4%) returned it (359 with rheumatic disease [mean age 55 years, 63% women], 341 with IBD [mean age 47 years, 48% women], 467 with HIV infection [mean age 52 years, 27% women], 451 with DM [mean age 70 years, 32% women]). Patients with rheumatic diseases more frequently described moderate or severe problems with mobility, self-care and usual activities and reported more pain (table 1). Patients with rheumatic disease and IBD more frequently reported anxiety or depression (table 1). Scores in the Visual Analogic Scale "Your Health Today" (from 0 worst health to 100 best health) were lower in patients with rheumatic diseases (mean score 61.9 [SD 19.5]) than in patients with IBD (68.8 [17.8]), HIV infection (73.3 [19.1]) or DM (67.0 [17.1]), all multiple comparison tests rheumatic disease versus other, $p<0.001$.

		Rheumatic Disease	IBD	HIV	DM	P
MOBILITY	I have no problems in walking about	48.4%	74.7%	75.3%	59.3%	<0.001
	I have slight problems in walking about	27.8%	17.3%	12.0%	21.3%	
	I have moderate problems in walking about	15.0%	6.8%	8.5%	13.0%	
	I have severe problems in walking about	8.5%	1.2%	3.1%	5.8%	
	Soy incapaz de caminar	0.3%	0.0%	1.1%	0.4%	
SELF-CARE	I have no problems washing or dressing myself	70.1%	90.8%	92.4%	86.5%	<0.001
	I have slight problems washing or dressing myself	19.2%	7.4%	5.5%	7.0%	
	I have moderate problems washing or dressing myself	9.3%	1.8%	1.3%	5.4%	
	I have severe problems washing or dressing myself	0.8%	0.0%	0.0%	0.7%	
	I am unable to wash or dress myself	0.6%	0.0%	0.9%	0.4%	
USUAL ACTIVITIES	I have no problems doing my usual activities	44.6%	66.7%	77.3%	70.1%	<0.001
	I have slight problems doing my usual activities	24.9%	17.9%	13.8%	17.8%	
	I have moderate problems doing my usual activities	23.4%	12.5%	6.1%	8.3%	
	I have severe problems doing my usual activities	5.1%	1.5%	2.0%	2.7%	
	I am unable to do my usual activities	2.0%	1.5%	0.9%	1.1%	
PAIN / DISCOMFORT	I have no pain or discomfort	9.4%	28.6%	50.8%	31.9%	<0.001
	I have slight pain or discomfort	33.8%	42.3%	27.5%	31.9%	
	I have moderate pain or discomfort	40.3%	23.2%	16.5%	27.2%	
	I have severe pain or discomfort	14.5%	5.4%	4.3%	8.1%	
	I have extreme pain or discomfort	2.0%	0.6%	0.9%	0.9%	
ANXIETY / DEPRESSION	I am not anxious or depressed	43.8%	44.5%	51.2%	57.2%	0.042
	I am slightly anxious or depressed	32.9%	35.4%	27.6%	24.8%	
	I am moderately anxious or depressed	16.6%	15.4%	15.0%	13.2%	
	I am severely anxious or depressed	5.4%	3.4%	5.1%	3.6%	
	I am extremely anxious or depressed	1.2%	1.3%	1.2%	1.2%	

Conclusions: Self-evaluation by patients showed that quality of life of patients with rheumatic diseases (rheumatoid arthritis, spondyloarthritis) is worse than that of patients with IBD, HIV infection or DM. Improving quality of life is an essential goal to achieve in the care of patients with these rheumatic diseases.

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FRI0720-HPR THE EFFECT OF OVERWEIGHT ON KNEE PROPRIOCEPTION INPATIENTS WITH KNEE PROSTHESIS DUE TO KNEE OSTEOARTHRITIS

M. Eymir¹, B. Ünver¹, V. Karatosun². ¹School of Physical Therapy and Rehabilitation; ²Department of Orthopaedics and Traumatology, School of Medicine, Dokuz Eylül University, Izmir, Turkey

Background: Total knee arthroplasty (TKA) has been established as a valuable procedure for the management of patients with disabling knee osteoarthritis, and the rates of elective TKA are increasing steadily each year. Being overweight is a risk factor for osteoarthritis of weight-bearing joints, such as the knee joint. In literature some studies about obesity and lower limb biomechanics found that obesity will change a person's gait model to adapt weight loading. Also it is stated that obese people have to reorganize their neuromuscular function to reduce the total load on the knee joint. Therefore, the ability to reorganize neuromuscular function may be a more insightful risk factor for knee osteoarthritis. There is not any study research on the effect of overweight on knee proprioception in patients with TKA due to osteoarthritis.

Objectives: The aim of this study was to determine the effect of the overweight on knee joint proprioception in patients with TKA due to osteoarthritis.

Methods: The study group consisted of 61 patients, who underwent primary TKA because of arthrosis were stratified by obesity status using pre-operative

BMI. Non-obese (n=23, mean age; 67.60±8.48 years) subjects were those with BMI <30 kg/m² and obese (n=38, mean age; 63.81±9.21 years) subjects were those with BMI ≥30 kg/m². Patients were evaluated regarding knee proprioception (in knee joint angle 15°, 30° and 60°), knee function score (Hospital for Special Surgery (HSS) score), pain (Numeric Pain Rating Scale (NPRS)), knee range of motion, length of hospital stay, the day of knee flexion angle achieved 70 degrees, quality of life (Short-Form 12 Health Survey (SF-12)). Functional activities were evaluated using the Iowa Level of Assistance Scale and walking speed was evaluated using the Iowa Ambulation Velocity Scale. Patients were evaluated preoperatively and at discharge. All patients underwent the same rehabilitation program.

Results: When the patients' proprioceptive acuity in knee joint angle 30° were compared between groups, while there were statistically differences preoperatively ($p=0.007$), there were not differences after surgery ($p>0.05$). When the proprioceptive acuity measured before and after surgery were compared in knee joint angle 15°, 60°, there were not differences ($p>0.05$) between groups. It was determined that; the non-obese group had better results in terms of length of hospital stay, the day of knee flexion angle achieved 70 degrees and both pre-/postoperative knee flexion degree ($p<0.05$, for all). There were no statistical differences in the pain degree, HSS score, Iowa help level and Iowa walking speed, SF-12 score between groups before and after TKA ($p>0.05$).

Conclusions: There were not differences in knee proprioception between groups after surgery ($p>0.05$). The deficits in joint position sense in patients with TKA may be due to factors other than the BMI level (being overweight). On the other hand, obesity had negative effects on inpatient rehabilitation outcomes following TKA due to osteoarthritis. These results suggest that the rehabilitation after TKA focused on reducing hospital stay, the day of knee flexion angle achieved 70 degrees and improving knee flexion degree could be important to enhance the potential benefits of the patients' outcomes, and could be important to reduce the payment in rehabilitation hospitals.

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FRI0721-HPR WE ARE IN IT TOGETHER: EXPLORING RHEUMATOLOGY PRACTICE WITH PATIENTS AS RESEARCHER PARTNERS

O. Gjønnes Tvedten¹, J. Croker^{1,2}, A. Croker², N. Perry¹, K. Williams¹, M. Lawrence¹. ¹Dowe St Rheumatology; ²University of Newcastle, Tamworth, Australia

Background: Rheumatological conditions are often complex requiring careful history-taking, discussion of options, and plans for treatment and ongoing monitoring. Accordingly, similar to many areas in health, the importance of good communication with patients and with colleagues is well recognised. Issues such as adherence, safety, patient satisfaction and workplace thriving are often cited as supporting evidence for good communication. However communication comes with different intentions (e.g. developed as a one-size-fits-all or personalised to individual situations), in different forms (e.g. verbal, non-verbal, written), occurs within and across different spaces (e.g. face-to-face and technologically enabled) and uses time in different ways (e.g. synchronous and asynchronous, structured or unstructured)¹. While the literature relating to colleague communication is vast, covering different aspects of communication, literature relating to patient communication tends to focus on one-size-fits-all styles of written communication, such as web resources and printed patient handouts, and verbal and non-verbal communication styles during consultations. We identified scope to contribute to understandings about patient communication by focusing on personalised written communication for patients, as both a product of the consultation and a tool for ongoing dialogue. In taking a patient-centred approach we sought to involve patients as co-researchers and dialogue partners. Together we explored the value of patients' personalised written consultation summaries.

Objectives: The purpose was to (i) to enhance patient communication within a rheumatology practice, and (ii) to develop insights into collaborating with patients in research.

Methods: Collaborative dialogical inquiry provided an appropriate research method for exploring the complex practice of communication, transforming such practice and being authentic to the topic by involving patients. The research team was composed of a rheumatologist, a practice nurse, a medical registrar, a researcher and two patients. Using a lens of appreciative inquiry, data were collected through documenting and recording formal and informal discussions between co-researchers, observing practice and undertaking semi-structured interviews with 20 patients. Each researcher kept a reflective journal about their

experiences. Data and experiences were iteratively analysed and discussed to identify and further explore themes.

Results: The personalised written consultation summary was interpreted to be a *living document*, *shared document*, *valued document*, *dialogued document* and *stored document*. Our research experiences echoed these themes, in that they were *lived*, *shared*, *valued*, *dialogued* and *recorded*. The five themes, and their echoes, will be illustrated with quotes. Implications for patient-centred practice and research will be discussed.

Conclusions: A set of reflective questions will be posed for the consideration of patients, their families and carers and their clinicians, as well as researchers. These questions have scope to inform dialogue about patient-centred communication in rheumatology practice, and guide collaborative research in this space.

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FRI0722-HPR POSTURAL PROBLEMS AND PAIN IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS

E. Tarakci¹, N. Arman², S. Sahin³, A. Adrovic³, K. Barut³, O. Kasapcopur³ on behalf of cerrahpasa. ¹Faculty of Health Science, Division of Physiotherapy and Rehabilitation, Department of Neurologic Physiotherapy and Rehabilitation; ²Faculty of Health Science, Division of Physiotherapy and Rehabilitation, Department of Physiotherapy and Rehabilitation; ³Medical Faculty of Cerrahpasa, Department of Pediatric Rheumatology, Istanbul University, Istanbul, Turkey

Background: Juvenile idiopathic arthritis (JIA) is a chronic autoimmune condition of unknown etiology. JIA combine with joint pain and inflammation that affects children who are less 16 years of age and continue more 6 weeks. JIA is a chronic inflammatory disease resulting in joints arthritis, pain and deformities. Disturbances in the posture may occur before deformities in patients with JIA. In some cases, pain can also lead to postural deterioration. Postural control is the ability to maintain equilibrium in a gravitational field by keeping or returning the center of body mass over its base of support.

Objectives: The first purposes of this study was to assessed postural problems in patients with JIA and compared with healthy peers. The other objective was to examine the pain relationship with postural problems.

Methods: 19 patients with JIA aged 5–17 years (13 girls and 6boys) diagnosed according to ILAR classification criteria and 19 healthy controls were enrolled in this cross-sectional study. "PostureScreen Mobile[®]" was used to evaluate static posture, "11-point Numeric Analogue Scale (NRS)" was used to evaluate the pain (during rest, activity and exercise). The PostureScreen Mobile[®] an application facilitates the assessment of posture in a variety of settings. Anterior (Head, Shoulders, Ribcage, Hips) and lateral translation (Head, Shoulders, Hips, Knees) were recorded and calculated as a total score for anterior and lateral. For statistical analysis SPSS Version 21.0 program was used.

Results: The mean age and body mass index of patients and healthy control were 10.79±3.59 and 10.68±2.86 years, 17.05±3.88, and 18.50±2.49 kg/m², respectively. The mean of NRS-rest, activity and exercise scores were 1.18±1.42, 3±2.64 and 1.91±2.02, respectively. As a result of postural assessment for patients and healthy control, the mean of anterior translation scores was significantly higher in patients with JIA than healthy control (p=0.014) (table 1). Two significant correlations with NRS-rest between hip anterior translation (r=0.375, p=0.029) and ribcage anterior translation (r=-0.534, p=0.027) were found.

Table 1 Anterior and lateral translation in patients with JIA and healthy controls

	JIAmean ±SD	Healthy controlsmean ±SD	t	p
Anterior translation	4.16±1.91	2.82±1.16	2.602	0.014
Lateral translation	9.03±4.35	8.41±3.35	0.490	0.627

Conclusions: We found that children with JIA have minimal postural problems according to their healthy peers. At the same time, pain during rest is associated with anterior postural deterioration. Therefore in future researches, translations in the posture should be evaluated comprehensively in children with JIA for larger sample size. If it is not intervened in the early period, it may lead to overloading of joints and increased pain in later periods.

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FRI0723-HPR PHYSICAL ACTIVITY AWARENESS AND PREFERENCES IN RHEUMATIC DISEASES: A QUALITATIVE STUDY.

P. Vitalis¹, D. Kouvelas², N. Kousouri³, I. Lahar¹, Y. Koutedakis¹, G. Kitas⁴, G. Metsios¹. ¹Faculty of Education Health and Wellbeing, University of Wolverhampton, Walsall, United Kingdom; ²Faculty of Medicine, Aristotle University of Thessaloniki, Greece; ³Hellenic League Against Rheumatism, Athens, Greece; ⁴School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham, Birmingham, United Kingdom

Background: Physical inactivity is the fourth leading cause of death (1) and a risk factor for cardiovascular disease (CVD). Patients with rheumatic diseases (RDs), especially rheumatoid arthritis (RA), report low cardiorespiratory fitness levels (2), placing them at an increased risk of premature mortality and CVD.

Objectives: The aims of the present study were: a) to evaluate if patients with RDs [RA, ankylosing spondylitis (AS), systemic lupus erythematosus (SLE), osteoarthritis (OA), psoriatic arthritis (PSA), systemic sclerosis (SSC), fibromyalgia (FM), enteropathic arthritis-Crohn's disease (CD), Sjögren's syndrome (SD), Raynaud's disease (RD)] were aware of the physical activity (PA) benefits, and b) to examine their preferences in terms of PA mode and principles (i.e. intensity, duration, frequency).

Methods: We designed a questionnaire consisted of dichotomous, open-ended and multiple-choice questions. Patients registered with the Hellenic League Against Rheumatism (EL.E.A.N.A), participated by filling in the questionnaire a) online, or b) through phone calls. Content analysis approach was performed for data analysis.

Results: Out of the 625 RDs patients registered with the EL.E.A.N.A, 197 (31.5 % response rate) returned the questionnaire [137 online and 60 via phone calls (69.6% and 30.4% of the sample, respectively)]. 93 patients had RA (47.3% of the sample, age=54.9±14.5) and 104 (52.7% of the sample, age=50.2±13.9) were diagnosed with other RDs [AS (n=29, 14.7%), SLE (n=25, 12.6%), OA (n=15, 7.6%), PSA (n=10, 5%), SSC (n=8, 4%), FM (n=7, 3.5%), CD (n=4, 2%), SD (n=4, 2%) and RD (n=2, 1%)]. In all patients, subjective beliefs about the benefits of PA, concerned three main themes: a) functional ability, b) mental health and c) overall health. Swimming, was revealed as the most frequent PA mode (n=63, 38.1%). Regarding the principals of PA, patients reported that they preferred moderate intensity (n=76, 41.7%), a duration of "about an hour" (n=81, 49.3%), a frequency of "2–3 times per week" (n=71, 45.2%) and a blended intervention consisted of group-based, individualised and supervised programmes (n=56, 29.4%). The questionnaire was judged by the patients to be very or fairly understandable in almost all cases (n=196, 99.5%).

Conclusions: According to subjective beliefs from the self-reported data of this study, PA is considered from patients to improve physical and mental health in RDs. Additionally, individualisation and supervision of PA programmes were considered amongst the most important parameters of a program for participation. In planning successful PA regimes in RDs, more qualitative studies with representative sample sizes and demographic data are required to address patients' PA needs and preferences and help them adhere to a more physically active lifestyle.

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FRI0724-HPR DISEASE ACTIVITY AFFECTS FAT MASS INDEX AND FUNCTIONAL CAPACITY OF RA PATIENTS OVER 12 MONTHS

R.C.E. Cavaleiro Do Espírito Santo¹, J. Miranda de Souza Silva, ¹ P. Lora², L. Isabel Filipin³, R. Machado Xavier¹. ¹Federal University of Rio Grande do Sul, Porto Alegre; ²Universidade do Vale do Rio dos Sinos, São Leopoldo; ³Universidade La Salle, Canoas, Brazil

Background: Rheumatoid cachexia (RC) is a condition characterized by adverse changes in body composition, specifically in muscle mass and fat mass components [1]. RA patients have life quality and expectative impacted by RC [2], but there are very few prospective data analyzing the evolution of this condition.

Objectives: To assess body composition, RC, clinical features and functional capacity in RA patients followed for 12 months.