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

Results: 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.

REFERENCE:

Disclosure of Interest: None declared

FR01072-HPR
POSTURAL PROBLEMS AND PAIN IN PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS

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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 arthritides, 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 6 boys) 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 anterior translation scores was significantly different between JIA and healthy control, the mean of anterior translation scores was 1.18±1.42, respectively. The mean of NRS-rest, activity and exercise scores were 1.18±1.42, respectively. 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.

REFERENCES:

Disclosure of Interest: None declared

FR01073-HPR
PHYSICAL ACTIVITY AWARENESS AND PREFERENCES IN RHEUMATIC DISEASES: A QUALITATIVE STUDY.

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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: 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.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.N.A, 197 (31.5%) responded to the questionnaire. 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=4, 2%), 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.

REFERENCES:

Disclosure of Interest: None declared

FR01074-HPR
DISEASE ACTIVITY AFFECTS FAT MASS INDEX AND FUNCTIONAL CAPACITY OF RA PATIENTS OVER 12 MONTHS

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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 expectable 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.

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

<table>
<thead>
<tr>
<th></th>
<th>JIA Mean ± SD</th>
<th>Healthy Control Mean ± SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior translation</td>
<td>4.16±1.91</td>
<td>2.82±1.16</td>
<td>2.602</td>
<td>0.014</td>
</tr>
<tr>
<td>Lateral translation</td>
<td>9.03±3.45</td>
<td>8.41±3.35</td>
<td>0.490</td>
<td>0.627</td>
</tr>
</tbody>
</table>

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 overloadng of joints and increased pain in later periods.

Disclosure of Interest: None declared

Methods: 81 patients with RA, aged between 40 and 70 years, were recruited. Body composition was assessed by total body dual-energy x-ray absorptiometry (DXA) for measurement of fat mass index (FM/ Kg/m²) and fat free mass index (FFM/Kg/m²). The patients were categorized as rheumatoid cachectic if FFM was below the 10th percentile and FMI above the 25th percentile[1] and if FMI was below the 25th percentile and FMI above the 50th percentile[2].

Conclusions: In this study, RC prevalence was similar to the prevalence described in literature. DAS28 score of our patients increased over 12 months; and it affected FMI, muscle strength and gait speed of RA patients. However, no effect was observed on FFMI. Our results show that the patients are not in remission by DAS28 have decreased muscle strength and increased fat mass, possibly due the inflammatory process and the reduced physical activity level, creating a vicious circle. This vicious circle may negatively impact on life quality of RA patients.

REFERENCES:

Disclosure of Interest: None declared


FRIO725-HPR

UNDERSTANDING THE BURDEN OF RHEUMATOID ARTHRITIS USING QUALITATIVE RESEARCH: WHICH IMPACTS ARE NOT CAPTURED BY PATIENT-REPORTED MEASURES?

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Background: Existing measures of disease burden in rheumatoid arthritis (RA) include patient-reported measures (PRMs) of physical and mental functioning, symptoms and work disability. However, these measures may be inaccurate if interpreted by respondents in unintended ways and may not capture some important aspects of life limitations.

Objectives: To explore the perspectives of RA patients on PRMs used in The National Data Bank for Rheumatic Diseases (Forward) registry and to identify impacts of importance to patients that may not be captured by commonly used measures.

Methods: Semi-structured ethnographic interviews were conducted with adult RA patients in the United States participating in Forward. Interviewees were asked to discuss the impact of RA on their lives and their perspectives on PRMs used in Forward. Interviews were audio-recorded and transcribed verbatim. Transcripts were analyzed for themes related to: 1) perspectives on PRMs, and 2) important impacts of RA.

Results: We interviewed 18 patients aged 27–80 years, with RA durations of 4–40 years and Forward participation of 1–19 years. Participants’ perspectives on PRMs fell into 4 categories (table 1). Several patients doubted that the PRMs adequately captured the severity of their symptoms. Important impacts of RA not measured by Forward included: expenditures on adaptive devices and measures, impact on life goals and activities (educational and career plans, family responsibilities, and valued activities) and interaction with stressful life events (such as family deaths).

FRIO7026-HPR

STUDY ON THE EFFICACY OF CURCUMIN THERAPY IN EARLY STAGES OF JUVENILE OLIGOARTHRITIS

C. Ailioaie, L.M. Ailioaie

Background: Juvenile arthritis is one of the most common rheumatic diseases in childhood. With all remission drugs, a high percentage of patients continue to have an active disease as young adults and sometimes locomotor and ocular sequelae. Turmeric originated in South Asia is used as spice in these regions and has in its structure a polyphenolic compound called Curcumin, very well known for its anti-inflammatory, anti-oxidative effects and anti-cancer action. Pleiotropic effects are demonstrated by inhibition of transcriptional-kappa B nuclear factor and subsequently of tumor necrosis factor, IL-12 and IL-2 cytokines involved in the inflammatory cascade. Curcumin has been successfully administered in rheumatoid arthritis, but less investigated in juvenile arthritis.

Objectives: Aim of study was to evaluate the effects of curcumin administration in patients with Oligoarticular Juvenile Idiopathic Arthritis (OJIA) as an integrated therapy at the onset of the disease.

Methods: Thirty-two children aged 8–16 years with OJIA were included in a randomized placebo controlled trial from May 2014 – May 2017. All patients were initially hospitalized at the “St. Mary” Emergency Hospital for Children, Iasi and at the University of the American College of Rheumatology (ACR). Patients and their parents/legal guardians signed an informative consent on the treatment with curcumin at Laser Clinic. Patients were randomly assigned to one of the two groups: Group 1 (16 patients) received UltraCur 600 mg of Protein Curcumin Complex (15,000-fold bioavailability supplement), 1.8 g per day (in 3 doses, during meals) for 9 months and Group 2 (16 patients) received placebo; all patients were under their standard treatment. Disease activity was evaluated at 0, 3, 6 and 9 months using ACR Pedi28 score. This score defines the improvement of at least 30% from baseline in three of the six variables in the base set, while no more than