Indication and referral	
1	Describes indications and reasons for referral to a PT
2	Describes the information that a referral to a PT should contain
Assessment and monitoring	
3	Describes selection of domains, personal and environmental factors that should be assessed at intake and monitoring
4	Describes recommended and optional measuring instruments in the PT assessment
Analysis, objectives, treatment plan, and treatment	
5	Describes on which factors the choice for the duration and form of a PT intervention should be based
6	Describes how a personalized plan should be made and which elements are included (information, education, supervised exercise therapy and planning)
7	Describes the intensity, duration and frequency of the exercise therapy and exercise plan, including monitoring
8	Describes when land or water-based exercise therapy is preferred.
9	Describes which interventions are not recommended in treatment.
Reporting	
10	Describes the information a report from a physiotherapist should contain to give insight in the treatment-effects
Safety	
11	Describes that consideration should be taken to certain comorbidities and axSpA specific aspects that can influence the daily functioning and the therapeutic process and what the contra-indications and PT modalities are
12	Describes information relevant to patients in relation to an increased fracture risk

Abstract SAT0733HPR – Figure 1. Short description of the content of the Dutch recommendations for physical therapy in axial Spondyloarthritis (axSpA)

Conclusions: Using a standardised process of professional guideline development, 12 practice recommendations for PT management of patients with axSpA were developed. They can guide clinicians and physiotherapists dealing with patients with axSpA, ultimately leading to a delivery of a better care. Next steps are the ratification by relevant professional societies as well as dissemination and implementation.

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SAT0734-HPR CORRELATES OF PAIN AND PREDICTORS OF PAIN RELIEF IN A CONTROLLED RA STUDY IN INDIAN PATIENTS

T. Kianifard¹, M. Saluja², S. Samukaddam³, A. Chopra². ¹Rheumatology Research, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic Of; ²rheumatology; ³Biostatistics, CENTER FOR RHEUMATIC DISEASES, Pune, India

Background: Potassium (K) enriched vegetarian diet (PEVT) significantly reduced pain (primary hypothesis and efficacy) compared to ad libitum diet in RA patients on standard drugs. We had earlier validated Indian version of RA Pain Scale/RAPS. EULAR 2014

Objectives: To determine correlates of pain (VAS) and RAPS and predictors of 'pain relief' in RA in a dietary intervention study

Methods: In the primary study, 172 consenting symptomatic patients (≥ 4 cms pain VAS) were randomised into a 3 arm 16 week study [2 active PEVT arms, 1 control routine diet] with ongoing background medication [72% methotrexate, 60% prednisolone]; 155 patients completed study. Evaluation included ACR core set and other measures (plus dietary) and RAPS (4 domains- physiological, affective, sensory discriminative, cognitive; 24 questions, score 0–144). The study (80% power, $\alpha < 0.05$) sample size was based on improvement in pain VAS (0–10 cms, with no pain at 0). Reduction in pain VAS of at least 1 cm on VAS was considered 'responder'. A Pearson correlation matrix was computed. A linear logistic regression model was used (good fit after 5 iterations). The dependent variable was number of 'respondents' (pain). 28 independent variables included clinical (+patient functional), laboratory (+steroid assay), drug use and dietary analytics

(+micronutrients) at baseline. From the latter, 13 qualified variables (a priori significance) were run in a forward stepwise model.

Results: Data below shows significant correlation of pain measures ($p < 0.05$). Other measures with significant correlation ≥ 0.3 were: patient global assess-DAS 28, C-reactive protein (CRP)-Erythrocyte Sed rate (ESR), Haemoglobin-ESR, health assessment questionnaire score (HAQ)-medical outcome short form 36 physical (SF 36-phy), DAS 28-painful tender joint count, HAQ-general health on 100 mm VAS (GH). Significant ($p < 0.05$) predictors in the first regression run were allocation to K intervention, female gender, and disease duration (less than 5 years). In the subsequent run, the significant predictors [Odds's Ratio, 95% confidence interval] were: K allocation arm (1.13, 5.27), disease duration less 5 years (1.98, 9.67), female gender ($p = 0.01$), serum K (1.44, 6.29), body mass index (0.99, 4.76)

Correlates of RAPS: Swollen joint count (0.16), general health assessment 100 mm VAS (–0.18), morning stiffness (0.16), SF 36 phy (–0.35), SF36-mental (–0.21), serum potassium/K (0.16), C-reactive protein (0.25)

Correlates of PAIN VAS: Painful joint count (0.16), general health assessment 100 mm VAS (–0.43), C-reactive protein (0.2), dietary K (–0.22)

Conclusions: Despite a complex questionnaire, RAPS shared significant correlates with the popular and seemingly simplistic pain VAS. The association between dietary K and pain VAS was inverse and modest ($p < 0.01$) and consistent with the primary study hypothesis. The predictors of pain response included patient 'allocation to the PEVD' in support of the efficacy result in the primary study.

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SAT0735-HPR SEX DIFFERENCES IN ILLNESS PERCEPTIONS AND SELF-MANAGEMENT IN PATIENTS WITH GOUT

U. Bergsten¹, M. Dehlin², E. Klingberg², A. Landgren², L. Jacobsson². ¹Rand department, Region of Halland, Halmstad; ²Department of Rheumatology and Inflammation Research, University of Gothenburg, Gothenburg, Sweden

Background: Illness perceptions are important and can influence all aspects of management in chronic diseases. Differences in gender aspects of illness perceptions have been shown for other diseases, but have scarcely been examined in gout. Lifestyle and dietary adjustments are principal components of self-management of gout.

Objectives: to examine illness perception, self-management strategies and advice from healthcare professionals in Swedish patients with gout by sex.

Methods: All patients above 18 with diagnosis of gout were identified from 12 primary centres (serving a population of 1 00 000 inhabitants) and one rheumatology clinic within western Sweden. Patients were sent a questionnaire including gout characteristics, demographics, illness perception questionnaire (B-IPQ), questions about diet, alcohol and advice from health care professionals. Age-adjusted differences between sexes were analysed in logistic regression models

Results: Of 1589 individuals with a gout diagnosis, 868 (69.3%) responded to the survey. The proportion of men was 80%. Mean age was 70 years for men and 75 years for women. Women reported modest but significant worse illness perception with regard to severity of disease, identity, concerns and emotional response (see table 1). Women had made more dietary food changes, whereas there was no difference regarding changes in alcohol reduction. Advice from health personal regarding dietary changes had more often been given to men (53% vs 22%) and among obese patients (BMI > 30 kg/m²) more men (65% vs 47%) had been given advice about weight reduction.

Conclusions: Men with gout perceive their illness as less serious and are less likely to make dietary adjustments compared to women, despite been given more lifestyle advice from health care personal. There may be a need to focus more on how advances regarding disease and life style changes are given from a gender perspective for achieving optimal results.

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