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

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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

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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.

Disclosure of Interest: None declared

Brief-Illness Perception Questionnaire	Men (n=653)	Women (n=154)	p-value*
	mean±SD	mean±SD	
Consequences (10=severely affects life)	2.8±2.6	3.8±3.0	<0,01
Timeline (10=will continue forever)	6.9±3.7	6.8±3.7	0,87
Personal control (10=extreme amount)	5.8±3.3	5.3±3.5	0,19
Treatment control (10=extremely helpful)	6.8±3.0	6.2±3.2	0,08
Identity (10=many severe symptoms)	3.3±2.9	4.0±3.1	<0,01
Concerns (10=extremely concerned)	3.1±3.0	3.8±3.3	<0,01
Understanding (10=very clearly)	5.9±3.2	5.4±3.2	0,26
Emotional response (10=extremely affected)	2.5±2.8	3.1±3.1	<0,01
Questions: dietary changes, health care advice	Yes (%)	Yes (%)	
Have you reduced your intake of seafood?	13%	23%	<0,01
Have you reduced your intake of meat?	19%	41%	<0,01
Have you reduced your intake of organ meats?	45%	69%	<0,01
Have you reduced your intake of alcohol?	44%	48%	0,47
Have you been advised by health care professionals about dietary changes?	53%	22%	<0,01
Have you been advised by health care professionals about weight loss? **	65%	47%	0,04

* Adjusted for age ** In those with BMI >30 kg/m² (men: 25%, women: 40%)

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SAT0736-HPR COMPARISON OF CORE STABILISATION AND BALANCE IN HEALTHY CONTROLS AND PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis is thought to cause balance problems. One component of balance is core stability. Core stability can be defined as the ability of the lumbopelvic-hip complex to control the trunk in response to disturbances generated by movement of the limbs, or other perturbations. There is limited literature about balance problems in AS. However there is no study investigating the effect of AS on core stability.

Objectives: The aim of this study was to investigate whether there is a difference in balance and core stabilisation between patients with ankylosing spondylitis(AS) and healthy individuals.

Methods: 64 patients(40 male, 24 female) with AS and 64 healthy controls(39 male, 25 female) were included in this study. Demographic and physical characteristics(age, height, weight, body mass index) were recorded. Static and dynamic balance was evaluated with Biodex Balance System SD. Anteroposterior(AP), mediolateral(ML) and overall(OA) postural stability indices were obtained with bilateral stance(stable and unstable platform), single leg stance(stable platform). Also overall,forward, backward, right and left limits of stability were evaluated. For evaluation core stabilisation static and dynamic core endurance tests and hip strength assessment were used. Modified sit-up test for dynamic core endurance and four static endurance tests (flexor endurance, extensor endurance and lateral side bridge tests) recommended by McGill et al for static core endurance were used. Hip strength measurement were assessed by hand-held dynamometer.

Results: There were no significant differences between groups regarding to gender, age, weight, height, body mass index(p<0,05). Overall, anteroposterior and mediolateral indices for bilateral stance(stable platform) and left leg stance(stable platform) were statistically better in control group(p<0,05). Overall, forward, backward and right limits of stability scores were significantly higher in control group (p<0,05). All of the core endurance tests were statistically better in control group (p<0,05) table 1. Although all of the hip strength measurements were higher in control group than AS group, only statistically significant difference was found in hip abduction strength(p<0,05).

Abstract SAT0736HPR – Table 1. Comparison of the core endurance test results

	AS group(n=64) Median(IQR 25–75)	Control group(n=64) Median(IQR 25–75)	p value
Trunk flexion	34,10 ^(20,00–53,50)	56,50 ^(40,92–82,50)	0,00*
Trunk extension	43,30 (22,06–69,75)	86,00 ^(71,25–106,62)	0,00*
Right side bridge(s)	40,70 ^(23,12–59,95)	61,00 (43,5–84,38)	0,00*
Left side bridge(s)	40,00 ^(25,70–58,92)	61,5 (45,20–82,25)	0,00*
Sit-up test	17,50 ^(7,00–26,75)	24 ^(15,25–30,00)	0,004*

Mann Whitney U test. IQR: Interquartile Range *p<0,05

Conclusions: To our knowledge this is the first study that investigating core stability in AS patients. The findings of this study showed AS patients have reduced core endurance and hip abductor strength. According to our results AS has negative effect on bilateral stance, left leg stance postural stability and limits of stability.

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HPR Epidemiology and public health (including prevention)

SAT0737-HPR MEASURES OF PHYSICAL ACTIVITY AND FEAR AVOIDANCE IN PEOPLE WITH CHRONIC PAIN

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Background: Lifestyle factors such as physical activity (PA) has the possibility to contribute to improved health and quality of life in the population as well as in