chronic diseases. Most often PA is self-reported while measures of the aerobic capacity are more seldom measured in subjects with chronic pain.

Objectives: To ascertain if physical activities (as previously reported and aerobic capacity) in people with chronic pain classified as regional or widespread and to compare the findings with a group that report no pain.

Methods: From the 2016 follow-up of the Swedish population based Epipain cohort (n=1321), 146 subjects were invited to a clinical assessment where the aerobic capacity was assessed by using a submaximal bicycle test, the Ekblom-Bak test, together with assessment of the Borg scale for perceived exertion (RPE). Aerobic capacity was also classified as low, average or high according to data from the general population. Self-reported physical activity was coded as MPVA, if recommended levels of PA was reported (physically active on a moderate level ≥150 min/week (MPA) or on an vigorous level >75 min/week (VPA) or not). The Fear Avoidance Beliefs Questionnaire for PA (FABQ-PA, 0–24 best to worst) and for work (0–48 best to worst) were also assessed. The participants were classified as having chronic widespread pain (CWP), chronic regional pain (CRP) or no chronic pain (NCP) based on a pain mannequin presenting 0–18 pain regions and if pain had lasted for 3 months or more. Chi2 and Kruskal-Wallis tests were performed to study differences between the three pain groups.

Results: 141/146 (97%) subjects (mean SD) age 59.4 (8.2) years) were divided into three regions: 43 as CWP (84% women), 43 as CRP (42% women) and 55 as NCP (58% women). The group with CWP was slightly older than those with CWP (mean (SD) age 57.0 (7.6) years vs. 61.9 (6.9) years, p = 0.02). The CWP group also had lower aerobic capacity (mean (SD) 2.2 (0.5) km vs 2.6 (0.6) km, p = 0.03), and a larger proportion was classified as having low aerobic capacity (CWP 21%, CRP 7% and NCP 10%, p = 0.04). The proportion of MPVA did not differ between the groups; CWP 70%, CRP 81% and NCP 74% (p = 0.5). There was neither a difference between the groups in BMI, RPE or in sitting hours/week (p = 0.6). However, differences were found in the FABQ where in the PA scale those with CRP had worse scores compared with NCP (mean (SD) 11.2 (7.3) vs 6.0 (6.0), p = 0.001), the difference between CWP (mean (SD) 8.9 (6.7) and NCP was p = 0.06. In the work subscale (the scale of FABQ, CWP had worse scores compared with CRP (mean (SD) 18.9 (15.7) vs. 10.0 (12.5), p = 0.002) and CRP had worse scores compared to those with NCP (mean (SD) 10.0 (12.5) vs. 6.5 (9.1), p = 0.001).

Conclusions: In this sample of subjects with chronic pain or no pain, having widespread pain tended to affect the aerobic capacity negatively while self-reports of physical activity recommended levels of physical activity did not differ between the groups. Fear avoidance in relation to physical activity and especially in relation to work was more noticeable in subjects with chronic pain compared to those with no pain. Measures of aerobic capacity and information of fear avoidance beliefs might help health professionals to better tailor the non-pharmacological treatment for subjects with chronic pain.

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FACTORS ASSOCIATED WITH Risk OF FALLING IN ADULTS WITH KNEE OSTEOARTHRITIS: A CROSS-SECTIONAL STUDY

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Background: There is evidence of increasing number of falls in adults with knee osteoarthritis (OA). However, the contributing factors for falling in adults with knee OA has not been substantially investigated.

Objectives: We investigated the association between pesticides exposure and risk of RA subsets in the Malaysian population.

Methods: Data from the Malaysian Epidemiological Investigation of Rheumatoid Arthritis (MyEIRA) population-based case-control study involving 1055 early RA cases and 1057 age, sex and residential area matched controls were analysed. All study subjects answered a structured questionnaire on a broad range of issues including occupational exposures to pesticides. The self-reported information on ever/never occupationally exposed to pesticides was used to estimate the risk of developing ACPA-positive and ACPA-negative RA. Association between pesticides exposure and the HLA-DRB1 shared epitope (SE) was evaluated.

Results: The proportion of ACPA positivity in the RA patients was 64.4% and 1.9% in the normal controls. The presence of HLA-DRB1 SE alleles in RA patients was 40.2% and 15.8% in the normal controls. Our data demonstrated that occupational exposure to pesticides was significantly associated with an increased risk of developing RA in the Malaysian population (OR 2.31, 95% CI 1.12–4.73, p = 0.03). The association between occupational exposure to pesticides and risk of RA was observed with ACPA-positive RA (OR 3.10 95% CI 1.49–6.47, p = 0.003), but not with ACPA-negative RA. A dramatically increased risk for ACPA-positive RA was seen in individuals who both exposed to pesticides occupationally and carried SE alleles (OR 28.06, 95% CI 3.58–220.09, p = 0.0001).

Conclusions: This study demonstrates that occupational exposure to pesticides is associated with an increased risk of ACPA-positive RA in Malaysian population.

REFERENCES: