significantly higher in patients with CNP than in healthy subjects ($p<0.001$, Table 1). PST correlated well with the NYPS value ($r=-0.56$, $p=0.03$) and functional disability level ($r=-0.63$, $p<0.001$) in patients with CNP.

Abstract AB1405HPR – Table 1. The comparison of clinical parameters in patients having chronic neck pain and healthy subjects

	Healthy Subjects mean ±SD	Patients with CNP mean ±SD	p
Age (years)	40.63±11.86	45.06±11.04	0.20
BMI (kg/m ²)	26.25±6.57	25.81±4.06	0.76
Pain _{rest} (VAS, cm)	0.13±0.52	2.77±2.51	<0.001
Pain _{activity} (VAS, cm)	0.31±0.60	6.00±2.08	<0.001
PST (°)	66.89±13.15	43.6±9.27	<0.001
NDI	0.94±1.23	19.94±6.29	<0.001
NYPRS	60.38±4.60	43.13±8.34	<0.001
Handgrip Strength (kg)	28.48±4.08	23.00±5.65	0.003

SD: Standard Deviation, BMI: Body Mass Index, CNP: Chronic Neck Pain, PST: Posterior Shoulder Tightness, NYPRS: New York Postural Rating Scale, NDI: Neck Disability Index.

Conclusions: Pain and upper limb muscle strength loss due to problem in patients with CNP, adversely affect patients' posture and reduce their functional levels. For these reasons, it is suggested that the shoulder girdle should be evaluated besides the neck area in the treatment of patients having CNP and treatment should be included with appropriate physiotherapy and exercise program from the early period.

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AB1406-HPR RELATIONSHIP BETWEEN KNEE MUSCLE STRENGTH, PAIN AND FUNCTIONAL OUTCOMES IN PATIENTS WITH PATELLOFEMORAL OSTEOARTHRITIS

H.Güney Deniz¹, F. Tan¹, B. Atilla². ¹Physiotherapy and Rehabilitation Department, Hacettepe University Faculty of Health Sciences; ²Orthopedics and Traumatology Department, Hacettepe University Faculty of Medicine, Ankara, Turkey

Background: Knee Osteoarthritis (OA) is one of the most common musculoskeletal disorders that adversely affect the functional levels of the patients. Traditionally, knee OA is considered as a problem at the medial compartment of the tibiofemoral (TF) joint. However, OA in patellofemoral (PF) joint can be seen around 25% of the patients. Since the biomechanics of PF joint are distinct from TF joint, the functional assessments specific to PF joint should be considered for PFOA patients.

Objectives: The aim of the study was to investigate the relationship between quadriceps femoris strength differences between PFOA patients and control group. Another aim was to define the relationship between pain, knee muscle strength, and functional outcomes in PFOA.

Methods: Twenty-five patients with PFOA (age=52.1 years, BMI=26.2 kg/cm²) and 20 age-matched controls (age=54.1 years, BMI=26.1 kg/cm²) were included in the study. The patients diagnosed with PFOA if they had a radiographic Kallgren and Lawrence score grade 2 or 3 in the PF joint, which was greater than KL score for the TF compartments. Pain level was measured with Visual Analogue Scale. The quadriceps femoris and hamstring isometric muscle strengths at 20° and 60° of knee flexion were measured with a hand-held dynamometer. The functional levels of the patients were determined with Kujala Patellofemoral Score and Western Ontario McMaster Universities Osteoarthritis Index (WOMAC). Student t-test was used for the comparison of quadriceps strength between PFOA and control groups. Spearman correlation test was used to determine the relationship between pain, muscle strength and functional outcomes.

Results: The quadriceps strength at 20° ($p=0.03$) and 60° ($p=0.01$) of knee flexion were lower in PFOA group when compared to control group. Hamstring strength at both angles was similar between groups ($p>0.05$). There were negative correlations between quadriceps muscle strength at 60° knee flexion and pain levels ($r=-0.54$, $p=0.02$) and total WOMAC score ($r=-0.33$, $p=0.01$). The quadriceps muscle strength at 20° knee flexion was only correlated with Kujala score ($r=-0.47$, $p=0.01$). There

were no correlations between hamstring strength with pain and functional outcomes ($p>0.05$).

Conclusions: PFOA patients had significantly lower quadriceps strength than control group. Pain level, quadriceps muscle strength and functional outcomes were associated with each other in patients with PFOA. These findings suggest that interventions that have been designed to reduce pain and to improve function should be specific to the affected compartment in knee OA.

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AB1407-HPR ADVERSE DRUG REACTIONS IN PATIENTS WITH RHEUMATOID ARTHRITIS

J. Urrego¹, K. Mendez¹, P. Santos-Moreno². ¹Pharmaceutical Chemist; ²Rheumatology, Biomab, Center For Rheumatoid Arthritis, Bogota, Bogota, Colombia

Background: adverse drug reactions (ADRs) are events that may seriously affect the health of people who use drugs for therapeutic purposes.¹ In the case of patients with rheumatic diseases the existence of comorbidities, the use of DMARDs, or polymedication may increase the risk of developing any type of adverse drug reaction.²

Objectives: We aim to describe the adverse drug reactions in patients with rheumatoid arthritis.

Methods: A cross sectional study was performed during 2017; we collected data from the patients who reported an adverse drug reaction in the consult with a multidisciplinary health care team. We collected the ADR characteristics, medication group and severity. Descriptive epidemiology was done.

Results: A total of 6793 patients were diagnosed with rheumatoid arthritis and comorbidities in our specialised centre where 1.8% (123) patients reported any adverse drug reaction, 82% were women. The main diagnosis was rheumatoid arthritis 88% followed by rheumatoid arthritis plus osteoarthritis 12%; less than 1% was other diagnoses. The drug that had a higher proportion of ADRs was methotrexate 33% followed by leflunomide 14%, Certolizumab 7% and acetaminophen combined with hydrocodone 6%; see table 1. The dermatological adverse events were the most common followed by gastrointestinal events and errors in self-medication 11%, these adverse events were classified as mild or moderate; see

Abstract AB1407-HPR – Table 1

ADVERSE EVENT	N	%
DERMATOLOGIC	31	25.2
GASTROINTESTINAL	20	16.26
SELF-MEDICATION	14	11.38
THERAPEUTIC	10	8.13
FAILURE		
PAIN	9	7.32
HEADACHE	8	6.5
BREATHING	7	5.69
DIFFICULTY		
GENERAL	5	4.07
DISCOMFORT		
DIZZINESS, DYSPNEA	4	3.25
HERPES ZOSTER - VIRUS	4	3.25
INFECTION	2	1.63
HAIR-LOSS	2	1.63

Conclusions: The proportion of adverse events in our centre is low; other studies had shown, the frequency of patients with ADRs is common, mainly in patients who use anti rheumatic medications. This real life data can support the evidence for future studies in order to prevent ADRs.

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AB1408-HPR CONTENT VALIDITY OF A SWEDISH VERSION OF THE SATISFACTION WITH APPEARANCE SCALE IN SYSTEMIC SCLEROSIS – THE HEALTH PROFESSIONALS' PERSPECTIVE

M Mattsson¹, G. Sandqvist², R. Hesselstrand², L. Kwakkenbos³, A. Nordin⁴, C. Boström¹. ¹Department of Neurobiology, Care sciences and Society, Karolinska Institutet, Huddinge; ²Department of Clinical Sciences Lund, Lund University, Lund, Sweden; ³Behavioural Science Institute, Radboud University, Nijmegen, Netherlands; ⁴Department of Medicine, Karolinska Institutet, Solna, Sweden

Background: Systemic sclerosis (SSc) can lead to visible changes in appearance such as varied skin texture, pigmentations, facial changes, and hand contractures which could generate concerns among patients. Valid questionnaires that capture these concerns are of great value.

Objectives: To assess content validity of a Swedish translation of the Satisfaction with Appearance Scale (SWAP) from the perspective of health professionals (HPs).

Methods: The Swedish SWAP (SWAP-Swe) was originally translated into the context of burn injuries. The multi-disciplinary research team applied it to the context of SSc by changing burn injury to SSc, changing part of the lay out, and using a version with two subscales: A) *Social discomfort* and B) *Dissatisfaction with appearance*. Initially, the validity was tested by individual interviews with 10 HPs with varied occupational background, who had 5.5 years (median, range 2–30) experience of SSc patient care. The interview guide included questions concerning comprehensibility, relevance, and suggestions of items to include and exclude. The interviews were sound recorded, transcribed verbatim, and analysed by manifest, partly deductive, content analysis.

Results: Comprehensibility Most HPs stated that items were not difficult to understand, nevertheless, concerns were highlighted in subscale A, and suggestions for improvements were made. In subscale B words that were connected the disease was thought to be missing. **Relevance** The items were overall considered to cover relevant aspects of appearance in SSc. **Include/exclude items** Inclusion of items concerning appearance of mouth, lips, nose, fingers, and feet was suggested. Other aspects such as stiffness when moving or limping were found to be lacking. Suggestions for exclusion covered "...appearance of my scalp" and items that was thought to be too harsh for the patients, such as "I don't think people would like to touch me". **Fear of hurting the patients** Most HPs felt that it might be inappropriate to focus on patients' appearance and they feared hurt reactions. Negatively formulated subscale labels and emotionally demanding items in subscale A contributed to these thoughts. **When and how to use** Thoughts were expressed about when to use the questionnaire, how they would handle the results, and the importance of discussing appearance issues.

Conclusions: SWAP-Swe was, considered by HPs to be comprehensible and covering relevant aspects of appearance in SSc. However, further development of SWAP-Swe is suggested to better cover disease specific appearance topics and to limit potential risk of negative emotions among patients. Interviews with patients with SSc will further contribute to the content validity of SWAP-Swe.

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AB1409-HPR GAIT STABILITY IN INDIVIDUALS WITH CHRONIC IDIOPATHIC NECK PAIN

M Kirmizi¹, I.E. SIMSEK², A. ELVAN², O. AKCALI³, S. ANGİN². ¹Physical Therapy and Rehabilitation, Dokuz Eylul University Institute of Health Sciences; ²School of Physical Therapy and Rehabilitation, Dokuz Eylul University; ³Surgery Medicine Department of Orthopaedics and Traumatology, Dokuz Eylul University, Faculty of Medicine, Izmir, Turkey

Background: Gait stability ratio (GSR) is represented by step counts per metre during walking. Higher GSR value means to increase in time spent on double support period and decrease in dynamic components of gait, which refers to more stable gait pattern. Recent studies showed that individuals with chronic idiopathic neck pain (CINP) demonstrate altered balance and gait parameters. However, it is not clear whether GSR is affected in individuals with CINP.

Objectives: We have hypothesised that GSR could be altered in individuals with CINP because of their altered gait pattern. Therefore the aim of the study was to compare GSR, gait speed, step length and cadence between individuals with CINP and healthy controls and investigate the relationship between disability and spatiotemporal gait parameters in individuals with CINP.

Methods: Twenty-five individuals with CINP (17 female – 8 male, mean age: 37,28±13,47) and 25 healthy controls (17 female – 8 male, mean age: 36,6±14,2) recruited into this study. Participants with CINP completed the Turkish version of Neck Disability Index (NDI). All participants performed the 10-metre walking test in three walking conditions: Preferred walking (PW), walking with head rotation (HRW), walking at maximum speed (MAXW). Video analysis method involving slow motion camera (120 fps) was used to measure spatiotemporal gait parameters. GSR was calculated by dividing cadence (step/s) to gait speed (m/s). Independent samples t-test was used to compare groups for GSR and other gait parameters. Pearson correlation coefficients were computed to find associations between NDI and gait parameters.

Results: Individuals with CINP exhibited slower gait speed and cadence in all walking conditions (p<0.05). In individuals with CINP, step length was found to be shorter in only HRW (p<0.05), however, GSR was higher in HRW and MAXW (p<0.05). GSR values calculated in three walking conditions were found to be moderately correlated with NDI (r=507 for PW, r=533 for HRW, r=516 for MAXW, p<0.05). A negative and moderate correlation was found between preferred walking speed and NDI (r=-473, p<0.05).

Conclusions: Our results suggested that neck pain have a negative impact on gait parameters. Also, individuals with CINP had a more stable gait pattern involving less dynamic components. Assessment of GSR and related gait parameters in different walking conditions may be addressed in clinical assessment of CINP and may provide additional information for management of such disability.

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AB1410-HPR HEALTH PROFESSIONALS' PERSPECTIVE ON BENEFITS AND RISKS OF LOW DOSE GLUCOCORTICOIDS IN RA – AN INITIATIVE UNDER THE GLORIA PROJECT

P.D.Carvalho¹, F. Buttgeriet², M. Boers^{3,4}, J.A.P.D.Silva⁵. ¹Serviço de Reumatologia, Centro Hospitalar Do Algarve, Faro, Portugal; ²Department of Rheumatology and Clinical Immunology, Charité – Universitätsmedizin Berlin, Berlin, Germany; ³Department of Epidemiology and Biostatistics; ⁴Amsterdam Rheumatology and immunology Center, VU University Medical Center, Amsterdam, Netherlands; ⁵Faculty of Medicine and University Hospital, Coimbra, Portugal

Background: The Glucocorticoid Low-dose Outcome in Rheumatoid Arthritis Study (GLORIA) is an international investigator initiated pragmatic