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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

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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

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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 GLUCOCORTICOID IN RA – AN INITIATIVE UNDER THE GLORIA PROJECT

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

randomised trial designed to study the effects of low dose glucocorticoids (GC) in elderly patients with Rheumatoid Arthritis (RA). The research team is also committed to promoting a better understanding of the risks and benefits of these drugs among health professionals and patients. In order to achieve these goals, it is important to assess the current concepts and concerns of health professionals (HP) regarding GCs.

Objectives: In this study, we evaluated the beliefs about GC benefits and risks of HP who regularly use and monitor them in the treatment of RA.

Methods: These surveys were disseminated to HP who have experience dealing with RA patients in their daily clinical practice. These surveys mainly enrolled physicians, but also nurses or physiotherapists who considered themselves experienced in this field. The surveys were made available in Portuguese and English, and disseminated through the GLO-RIA investigational team. National medical societies contributed by inviting clinicians to participate.

Regarding the questions on GC efficacy, HP could signal (dis)agreement on a 5 point scale: disagree, slightly disagree, neutral, slightly agree, and agree. Agreement was defined as the proportion of HP answering slightly agree or agree. Survey Monkey software was used to disseminate the online surveys.

Results: Responses provided by 130 HP are summarised in table 1. The results are presented taking all participating countries in account as the rates are similar between them. Most responses came from The Netherlands (57%) and Portugal (34%). Almost all participants were physicians (97%).

Efficacy of GC was highly endorsed. Close to 90% of HP considered low dose GC were very effective in the control of signs and symptoms of RA, and agreed that GC improve RA symptoms within days. Almost 80% agreed that GC reduce structural damage, and 85% disagreed that GC lose their efficacy after a few months.

The opinions of health professionals regarding frequency of GC adverse events are presented in table 2.

Regarding GC AE events, most of the respondents considered that low dose GC adverse events were very rare or rather rare, except for glycaemic control in patients with diabetes and osteoporosis. Acne and cardiovascular events were evaluated as very rare adverse events by approximately one third of HPs. However, there was significant heterogeneity in the responses.

Abstract AB1410HPR – Table 1. Health professional's characteristics (n=130) and data on GC's efficacy.

Country of participants, number (%)	
Netherlands	70 (57)
Portugal	41 (33)
Others	11 (9)
Physicians, number (%)	122 (97)
Level of agreement for statements, number (%)	
At a dose ≤ 7.5 mg prednisolone/day, GC:	
- are very effective in the control of signs and symptoms of RA	88 (90)
- improve RA symptoms within days	86 (88)
GC reduce the probability of articular damage caused by RA	77 (79)
In RA these doses of GC lose efficacy after a few	
- months of therapy	15 (15)
- years of therapy	18 (18)

GC – Glucocorticoid; RA – Rheumatoid Arthritis.

Abstract AB1410HPR – Table 2. Frequency of low dose GC's adverse events according to health professionals who attended this survey (% of HP per frequency category).

	None	Very rare (<1%)	Rather rare (1-3%)	Rather frequent (4-10%)	Frequent (11-20%)	Very frequent (>21%)	Don't know
Acne	13	33	29	19	2	1	4
Mood disturbances	8	19	40	28	4	0	2
Poor DM control	1	6	15	42	27	9	1
Cardiovascular events	6	34	33	16	3	0	9
Osteoporosis	1	7	21	43	19	7	3
Serious infections	13	33	42	11	1	0	1

Conclusions: GC are widely used drugs in RA. The vast majority of participating HPs are convinced that GCs are efficacious in the treatment of RA, including DMARD effects, and retain this efficacy long term. However, concerns about severe side-effects are also very prevalent.

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AB1411-HPR HYPERMOBILITY AND FIBROMYALGIA: COEXISTENCE OR MISTAKEN IDENTITY?

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Background: The 2010 classification of fibromyalgia (FM) has many overlapping features with hypermobility-Ehler Danlos Syndrome (hEDS) such as chronic widespread musculoskeletal pain, sleep disturbances, fatigue and anxiety.^{2, 4, 5} Indeed hEDS may be misdiagnosed as FM because of diffuse pain with a strong myofascial component.¹ Chopra¹ believes these should be considered as two distinct conditions which may co-exist. By classifying as one and ignoring the other are we doing our clients a disservice?

The five point questionnaire (5PQ) is a simple questionnaire used to detect hypermobility and is claimed to have good reproducibility in addition to satisfactory sensitivity and specificity.³ This audit examined the numbers of FM clients that also fulfilled the hEDS criteria according to the 5PQ.

Methods: 66 clients with a consultant diagnosis of FM who attended the multidisciplinary FM education session were invited to fill in the 5PQ along with their fibromyalgia impact questionnaire (FIQ). 57 of the 66 completed both questionnaires over a 13 month period.

The cut off points of 2 out of 5 for the 5PQ and 50 on the FIQ were used.

The higher numbers on the 5PQ indicate increased likelihood of hypermobility.

Around 50 on the FIQ is typical for FM with higher values indicating increased severity.

The individual scores for the FIQ question on anxiety were also examined. Question 19 rates anxiety on a visual analogue scale from 0–10, the higher values indicating increased levels of anxiety.

Results: 54 females and 3 males aged between 18 and 76, mean age 51.

15 of the 57 (26%) scored 2 or above on the 5PQ suggestive of hypermobility.

Of those 15, 10 (66%) scored greater than 50 on the FIQ thus meeting the criteria of FM also.

7 of the 15 (47%) scored 8 or above on the anxiety scale.

Conclusions: From this audit 26% of FM clients also scored positively for hEDS as per the 5PQ. hEDS may account for some or all of their FM symptoms.

The 5PQ is a quick and easy tool to use. It may improve hEDS detection rates and could be used in a busy rheumatology clinic.

Further research is required to ascertain whether those with positive scores meet the physical criteria for hEDS.

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