disability was measured using the Rolland Morris Disability Questionnaire – Brazil version (RMDQ-BR).

Results: The punctual prevalence of LBP was 42.09%, age 68.61±6.06 years old, women 78.14%, and the functional disability score assessment was 11.26±6.07. About responses frequently items (RMDQ-BR) were: I change position frequently to try to get my back comfortable (84%); I avoid heavy jobs around the house because of my back (75%); Because of my back, I try not to bend or kneel down (73%); Because of my back, I go upstairs more slowly than usual (62%); I walk more slowly than usual because of my back. (57%); Because of my back, I use a handrail to get upstairs (55%).

Conclusions: The data demonstrates that there is a relationship between DL and functional disability in the elderly. It has been verified that the constant change to the maintenance of the posture, the decrease of the walking speed, to climb stairs with assistance, and the accomplishment of the activities of the daily that require movements of flexion trunk or knee have been reported to be difficult to perform. These data may be useful in the development of preventive strategies by health professionals that aim to encourage changes in routine care of daily living activities.

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AB1419-HPR CLINIC OF PREGNANCY AND RHEUMATIC DISEASES: EPIDEMIOLOGIC CHARACTERISATION

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Background: Pregnancy in women with Rheumatic Diseases (RD) is of high risk and requires a close communication between the rheumatologist, obstetrician, and all other specialists involved. It may have an effect on the natural history of autoimmune disease, a phenomenon that is particularly relevant in Systemic Lupus Erythematosus (SLE) and Rheumatoid Arthritis (RA). Additionally, there are consequences that autoimmune disease may yield throughout the course of conception and gestation.

Objectives: To describe the epidemiological characteristics of patients seen at the Clinic of Pregnancy and Rheumatic Diseases (Clínica de Embarazo y Enfermedades Reumáticas, CEER) located in the Jose E. Gonzalez University Hospital in Mexico.

Methods: We conducted a descriptive transversal study of a cohort of 50 adult patients that attended CEER; which were categorised within three consultation groups (reproductive age, with a present or future desire to become pregnant, pregnant or in postpartum period). All patients were evaluated by the Maternal-Fetal Medicine and Rheumatology department. CEER was created in, August 2017 and provided medical follow up for newly pregnant patients, those already pregnant, and patients in the immediate postpartum period. Epidemiological data was collected.

Results: Of the 50 patients, 8 (16%) with a present or future desire to become pregnant, 24 (48%) pregnant, just only one presented gestational diabetes; and 18 (36%) were in the immediate postpartum period. The median age was 32 years ($SD=6.16$). The 18 births were live births obtained by caesarean section, 8 (55.8%) were pre-term (<37WG) and none presented eclampsia or preeclampsia. Of the patients, 22 (44%) had a diagnosis of RA, 10 (20%) had SLE, 10 (20%) had Antiphospholipid Syndrome, and the remaining 8 (16%) had other diagnoses (table 1). Only 18 (36%) had previous abortions.

Abstract AB1419HPR – Table 1. Association between current status and diagnosis

Current status	Systemic Lupus Erythematosus	Rheumatoid Arthritis	Antiphospholipid Syndrome	Other	Total
Reproductive age	0 (0%)	5 (10%)	2 (4%)	1 (2%)	8 (16%)
Pregnant	7 (14%)	6 (12%)	6 (12%)	5 (10%)	24 (48%)
Postpartum	3 (6%)	11 (22%)	2 (4%)	8 (16%)	18 (36%)

Note: n=50

Conclusions: The evaluation of patients with RD requires a close follow-up, which is why the population of reproductive age with RD must be seen early on. Considering that our results revealed a high percentage of preterm live births medical attention must be provided from the pre-conception to the postpartum period.

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AB1420-HPR PATIENT DELAY IN RHEUMATOID ARTHRITIS. A SURVEY ON SYMPTOM INTERPRETATION BEFORE FIRST VISIT TO GENERAL PRACTITIONER

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Background: Early initiation of effective treatment of rheumatoid arthritis (RA) leads to improved clinical and radiological status in the patients. Thus, there is a need to decrease the time from patients experience their first joint symptoms to initiation of treatment. The patient's social context may influence the period from the patients experience their first joint symptoms until they present their symptoms to their general practitioner (GP) (patient delay (PD))

Objectives: Firstly, to explore whether socioeconomic and other factors influence PD in persons referred to a rheumatologist due to suspicion of RA. Secondly, if socioeconomic factors affected whether the patients subsequently received a diagnosis with inflammatory arthritis (IA)

Methods: We developed a survey based on previous Danish^{1,2} and UK³ studies regarding symptom interpretation and PD together with two patient research partners. We asked consecutive patients, referred to a rheumatology outpatient clinic or a private rheumatologist in the Region of Southern Denmark, with a suspicion of RA, to complete the survey online or in a paper version before examination by a rheumatologist. We used STATA/IC 15.0 for descriptive statistics, univariate, and multivariate logistic regression analyses.

Results: From December 2016 to July 2017, 144 patients completed the survey. In total 86 (60%) were female, mean age 55 (SD 15.3). In total 76 (53%) had short PD (0–3 months), 51 (35%) intermediate or long PD (≥4 months) (12% missing answers); 71 (49%) totally or partially agreed that their symptoms had a gradual onset. Three to seven months after the survey, 45 (22%) had received a diagnosis of some sort of inflammatory arthritis (IA). In the following analyses age was dichotomized (<or≥50 years). Age, sex, cohabitant status, educational level and whether patients undertook paid work or not, did not significantly affect