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

the duration of PD. Female sex reduced the odds for an IA diagnosis compared to male sex (OR 0.35, $p=0.05$), but this did not reach significance in the multivariate analyses. Whether patients' totally or partially agreed that they had: confidence to their general practitioner, felt they had support from others, whether their symptoms were obvious to others or significantly affected their work or leisure time, did not affect PD. Only gradual onset of symptoms significantly increased the odds for longer PD (OR 2.20, $p=0.04$)

Conclusions: In Denmark, socioeconomic factors did not seem to affect PD, but gradual onset of symptoms significantly increased the odds for median or longer PD

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AB1421-HPR IS THERE ANY CHANGE IN THE DEMOGRAPHICS OF RA PATIENTS CANDIDATE FOR bDMARD THERAPY?

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Background: There are an increasing number of data that rheumatoid arthritis (RA) patients who are candidates for bDMARD (biologic disease modifying drug) therapy have nowadays a milder disease and lower disease duration than 10 years ago. The T2T strategy aims to achieve remission. Percentage of patients achieving the treatment goals seems to be a good quality indicator.

Objectives: To verify among our RA patients treated with bDMARD since 2006, whether they have lower disease activity (DAS28) and shorter disease duration and younger age nowadays than at the beginning of the biologic era. As a measure of quality: how many patients treated with bDMARD achieved remission.

Methods: This is a cross sectional study. Among 455 patients RA treated with 9 different bDMARD we selected those who were treated with the most widely used at the time of the study (12.01.2017). The 103 ADA treated patients' data were collected by means of a tablets with the help of study nurses. Descriptive statistics were used for analysis of data (age and disease duration at the start of bDMARD, DAS28 at start and last visit, percentage of patients on remission).

Results: 103 (incl. 15 men) biologic naive patients (age: 56±13.1) are treated with ADA at time of the study. In 3 years cohorts (2006–2008; 2009–2011, 2012–2014, 2015–2017) we found no change of age, but a slight decrease of disease duration as well as DAS28 at bDMARD initiation.

Abstract AB1421-HPR – Table 1

Cohort	n	Age at bDMARD initiation	Disease duration at bDMARD initiation	DAS28 at bDMARD initiation
2006–2008	24	50±10.1	10±7.1	6.1±0.84
2009–2011	10	42±15.1	14±15.1	5.2±0.72
2012–2014	20	49±13.1	6±6.7	5.5±1.09
2015–2017	49	55±13.5	7±7.8	5.0±1.35

51%(53) of the 103 RA patients on ADA therapy were in remission.

Conclusions: In our study population on ADA treatment we didn't find significant shift toward younger patients, but the disease duration and activity of disease at the start of the ADA treatment slightly decreased. By means of bDMARD's half of the patients achieved remission.

Disclosure of Interest: None declared

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AB1422-HPR PREVALENCE AND RISK FACTORS OF LOW BACK PAIN IN THE INDIGENOUS POPULATION OF GALIBI IN SURINAME: A CROSS-SECTIONAL COMMUNITY-BASED STUDY

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Background: Musculoskeletal disorders are regarded as the fourth greatest burden on world health. Among these disorders, low back pain (LBP) ranks first for disability and sixth for overall burden¹. However, there is a large range in prevalence in the general population (1.0% to 58.1%) due to environmental and individual factors². There is limited data on prevalence and risk factors for LBP in developing countries, especially for vulnerable groups. This includes indigenous populations. Therefore a study was done regarding LBP in an indigenous population in Suriname, a South-American middle-income country.

Objectives: The objective of the study was to determine prevalence of self-reported LBP and possible relationships with several risk factors (gender, age, education level, body mass index (BMI), and smoking) in an indigenous community.

Methods: Data on LBP in Galibi was acquired through the COPCORD (Community Oriented Program for the Control of Rheumatic Diseases) stage 1 method. Galibi is located in the rural eastern coastal area of Suriname and consists of two indigenous villages: Langamankondre and Christiaankondre. The Ministry of Health provided ethical approval. Indigenous persons above 15 years, who were present in the village at the time of the study, were eligible for participation. After informed consent all participants were interviewed, and their anthropometric measurements were taken (height, weight, waist circumference). Association between LBP and risk factors were analysed with the chi square test. Significance level was set at $p \leq 0.05$.

Results: From 4–11 December 2016, a total of 153 persons participated in the study. There were 79 (52%) male and 74 (48%) female respondents. Mean age was 50.9 years (standard deviation 18.1 years; age range 16–92 years). A total of 80 respondents (52.2%) indicated that they had experienced at least one episode of LBP during their life time. Prevalence for males was 53.2% and 51.4% for females. The highest prevalence was among persons in the age group 55–74 years (60.3%). The lowest prevalence was found among persons who at least finished secondary school (41.2%). Smokers had a higher prevalence for LBP (60.7%) compared to non-smokers (50.4%), and LBP prevalence increased as BMI increased. None of the variables were significantly associated with LBP.

Conclusions: The life time prevalence of LBP among the study population was 52%. No significant difference in prevalence between genders was found. There was a higher prevalence for smokers, persons with a lower education level and those with an increased BMI. However, significant associations between LBP and risk factors were not found in this study. Further research in a larger population is recommended.

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AB1423-HPR IMPACT OF OSTEOARTHRITIS ON WORK PARTICIPATION: A SYSTEMATIC REVIEW

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Background: Osteoarthritis (OA) is a common musculoskeletal condition in working age adults and linked to substantial reduction in work productivity and increased risk of work loss.^{1,2}

Objectives: This systematic review aimed to investigate the impact of OA on the individual's work participation to identify targets for interventions and reduce the risk of future work loss.

Methods: Database searches included the Cochrane Library, Medical Lit-