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-