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.

REFERENCES:

Acknowledgements: Thanks to Rebecca Stack for sharing their survey and to patients, nurses and secretaries at the departments participating in the study.

Disclosure of Interest: None declared


AB1421-HPR

IS THERE ANY CHANGE IN THE DEMOGRAPHICS OF RA PATIENTS CANDIDATE FOR BDMAARD 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 area. 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).


Abstract AB1421-HPR – Table 1

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

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


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: Langamankondere and Christianankondere. 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<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.

REFERENCES:

Disclosure of Interest: None declared


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.

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-
Correlates of Sleep in Rheumatoid Arthritis: A Systematic Review

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Background: Over 50% of those with a diagnosis of Rheumatoid Arthritis (RA) experience poor sleep quality. Scott et al. 2010 This may result in altered health-related quality of life in addition to decreased daytime function.

Objectives: The aim of this systematic review is to identify and compile an account of the correlates of poor sleep in those with RA.

Methods: Two reviewers carried out literature searches of nine electronic databases. Literature was chosen based on the application of eligibility criteria, implementation of quality assessment and in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Moher et al. 2009

Results: Fifteen full-text studies were included in the review – fourteen of cross-sectional design, and one randomised controlled trial (RCT). This included 3283 participants with a diagnosis of RA in accordance with the American College of Rheumatology criteria. The outcome measures included in the literature were largely heterogeneous in nature and therefore a meta-analysis was deemed to be unsuitable.

Conclusions: There is evidence within the literature to suggest that interventions between pain, fatigue, depression and functional ability play a role in sleep quality in those with RA. However, longitudinal data is required in order to determine the directionality of these relationships. The most prominent correlate of poor sleep is pain, with twelve studies identifying a positive association between the two variables. Conflicting evidence exists with regard to the association between sleep quality and disease activity, RA medications and patient demographics.

References:

Disclosure of Interest: None declared


HPR Interventions (educational, physical, social and psychological)

AB1425-HPR

The Effects of Aerobic Exercise Training on Pain and Disability from Osteoarthritis of the Knee in Postmenopausal Women

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Background: The prevalence, incidence and severity of osteoarthritis (OA) increases in women after menopause. It was indicated that, loss of oestrogen at menopause period was related to the increase in the risk of OA development. It was well documented that aerobic exercise training has positive effects on knee osteoarthritis symptoms and menopausal symptoms however we did not found study on the effects of aerobic training in postmenopausal women with knee osteoarthritis.

Objectives: Objective of this study was to evaluate the effects of aerobic exercise training on pain and disability in postmenopausal women with knee osteoarthritis.

Methods: The study was approved by the Kırıkkale University Ethics Committee. 50 voluntary postmenopausal women aged 48–78 years, with stage 2–3 knee OA according to the Lawrence classification were recruited to the study. The clinical information (age, menopause age, duration of OA, etc.) of the patients were questioned. The cases were randomly divided into two groups as control which was performed combination physiotherapy and treatment group. Combine physiotherapy lasted three weeks and included hot pack, short wave diathermy, transcutaneous electrical nerve stimulation (TENS) and home exercises. After completed treatment, physiotherapist asked the patients to perform home exercises two times every day in three weeks period. In the treatment group, in addition to combine physiotherapy, walking training on the treadmill performed 5 days/week during 6 weeks. The training intensity was 50–70 maximal heart rate (220-age), 40 min total exercise duration, consisted of a five minute warm-up and cool-down, 30 min brisk walking. Both groups were evaluated before and after 6 weeks the treatment. Visual Analogue Scale (VAS) was used to the pain evaluation. Functional ability was assessed by Western Ontario and McMaster Osteoarthritis Index (WOMAC). Statistical analysis were performed using SPSS version 16 software.

Results: It was not observed significant difference on age, body mass index, menopause age, menopause duration and VAS value, WOMAC scores (subcales of pain, stiffness and physical function) before the treatment. (p>0.05).

After the treatment, VAS value, WOMAC all subscales’ scores were significantly different in favour of treatment group (p<0.05). It was found that, VAS value and WOMAC all subscales’ scores improved in both groups after the treatment (p<0.05).

Subscales of WOMAC scores and VAS value showed a significant increase that corresponds to a large effect (d=0.8) in the treatment group. In the control group, only VAS value showed a significant increase that corresponds to a large effect (d=0.8), other increases on WOMAC subscales that corresponds to small and moderate effects (d=0.38–0.58).

Conclusions: Aerobic exercise training which added to the combined physiotherapy may contribute to decrease of pain and disability in postmenopausal women with knee osteoarthritis.