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AB1438-HPR THE ASSESSMENT OF IMAGERY ABILITY IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Studies have shown that individuals with FMF are more restricted in terms of physical function than the normal population and that depression and anxiety are more common in these individuals. Catastrophizing is the strongest psychological factor associated with pain. Imagery is a cognitive process fundamental to motor learning and performance. It is also a mental technique that can be utilised in many ways. A main function of imagery is to aid self-regulation of thoughts, feelings, and behaviours. Studies have shown to be more effective for individuals displaying a higher level of imagery ability when using imagery to improve motor and motivational outcomes, including self-efficacy. Several studies suggest that pain-related imagery may help to reduce distress and increase behavioural flexibility in individuals suffering from chronic pain. However, there is no published imagery research in FMF patients.

Objectives: The aim of this study was to assess imagery ability and pain catastrophizing in patients with familial mediterranean fever.

Methods: Between October and December 2017, 30 participants diagnosed with FMF were recruited through the Division of Rheumatology Department of Internal Medicine Cerrahpasa Medical Faculty University of Istanbul. The Istanbul Medipol University Ethics Committee approved the study. Demographic and participant characteristic information were recorded. Clinical data collected were: Age onset of FMF, age of diagnosis were inquired. Pain catastrophizing was assessed with Pain Catastrophizing Scale (PCS) and imagery ability was assessed with Movement Imagery Questionnaire-3 (MIQ-3). A total PCS score of 30 represents clinically relevant level of catastrophizing. MIQ-3 is a 12-item questionnaire to assess individuals ability to image four basic movements: a knee lift, jump, arm movement, and waist bend. Ease of imaging is measured in both visual and kinesthetic modalities. For each item, participants read a description of the movement. Then, they physically perform the movement before assuming the same starting position to either visually or kinesthetically image the movement. Following this step, participants rate their ease of imaging on a 7-point Likert-type scale ranging from 1 to 7 (*very hard/easy to see/feel*). After the items for each subscale are averaged, a higher score represents a greater ease of imaging.

Abstract AB1438HPR – Table 1. Demographic and clinical characteristics of study population

Variables	Mean ± SD
	Median (min-max)
Age	32.37 ± 11 (18-56)
BMI (Kg/m ²)	24.39 ± 6.1 (17.3-40.3)
Age of Diagnosis	22.20 ± 14.7 (2-54)
Disease Duration	10.17 ± 7.6 (2-28)
Kinesthetic Imagery Ability	14.99 ± 4.5 (3.1-21.1)
Internal Imagery Ability	13.84 ± 5.3 (3.16-20.0)
External Imagery Ability	12.41 ± 4.7 (3.8-19.0)
Pain Catastrophizing Scale	23.27 ± 12.5 (6-44)

Results: The study included 27 female, 3 male. Mean age was 32 ± 11 years, mean BMI was 24 ± 6.1 kg/m²; (table 1). Kinesthetic imagery ability

was higher than internal and external visual imagery. There was no significant relationship between imagery and pain catastrophizing severity.

Conclusions: According to previous studies people with chronic pain had pain-related imagery, catastrophizing, and distress related in proportion with each other but in our study, we didn't find any significant relationship between imagery and catastrophizing. This may be due to small sample size or the pattern of pain in FMF which is periodic, intermittent, differently from chronic pain. Each patient with rheumatic disease should be addressed as a composite biopsychosocial being with unique characteristics and needs. Previous study have shown that imagery is an effective treatment for neuropathic and chronic pain. We suggest that imagery may be an effective method for management of pain in patients with FMF.

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AB1439-HPR THE EFFECTS OF DIFFERENT EXERCISE PROTOCOLS ON FUNCTIONAL STATUS AND AEROBIC CAPACITY IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Although there is the emphasis on the importance of life-long regular exercise to improve the efficacy of medication in the treatment of ankylosing spondylitis (AS) patients, there is a lack of information about the safe exercise dosage in clinical practice.

Objectives: In this study, we aimed to investigate the effects of different exercise protocols on functional status and aerobic capacity in patients with ankylosing spondylitis.

Methods: Thirty-one ankylosing spondylitis patients were evaluated and grouped according to their arrival order. Patients' spinal mobility (Bath Ankylosing Spondylitis Mobility Index), disease activity (Bath Ankylosing Spondylitis Disease Activity Index), flexibility (back scratch test), pulmonary functions (forced vital capacity with pulmonary function test, maximal inspiratory and expiratory pressures with respiratory muscle strength test), aerobic capacity (oxygen consumption test with submaximal modified Bruce protocol), fatigue level (Fatigue Severity Scale) and sleep quality (Pittsburgh Sleep Quality Index) were assessed. Group 1 (n=16) did both aerobic training and clinical pilates exercises, while group 2 (n=15) only did aerobic training. Patients did exercises for 8 weeks, 3 days a week under the supervision of a physiotherapist and then measurements were repeated.

Results: According to the measurements, it was found that disease activity level, respiratory muscle strength was improved (p<0.05) in both groups. When clinical pilates exercise was given additionally to aerobic training spinal mobility (BASMI score), upper extremities flexibility, forced vital capacity, fatigue severity and sleep quality (p<0.05) was also improved.

Conclusions: As a result of the study, it was noted that when clinical pilates exercises applied together with the aerobic exercise training in ankylosing spondylitis patients, effectiveness on functional status and aerobic capacity was increased.

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AB1440-HPR YOGA-THERAPY FOR RHEUMATOID ARTHRITIS: RAPID IMPROVEMENT IN PROMS

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Background: Rheumatoid Arthritis (RA) is associated with mood disorders and poor quality of life (QOL) Chorus et al., 2003 Yoga therapy (Y-T) has been used in several Long Term Conditions. Khalsa et al, 2016.

Objectives: This study investigated: a) impact of a 16 week Y-T intervention on functional outcomes and QOL in 10 adult-onset RA patients, b) acceptability and experiences of the intervention.

Methods: Ten adult RA patients (Ages: 29–71 Y; RA duration: 1–15 years) consented to 10 individual Y-T sessions (weekly ×4; biweekly ×6) with a yoga therapist in a standard consulting room. The intervention was tailored to the needs and abilities of each patient and included: breath-centred physical yoga postures, breathing and visualisation techniques, mantras and meditation, and Lifestyle/behavioural strategies. All participants completed measures to assess changes in health pre- and post-intervention (EQ-5D and HADS) and took part in a semi-structured