pessimism of doctors regarding the prognosis of pregnancy in SLE left many patients feeling confused and depressed. Changes in physical appearance such as alopecia, rashes and weight fluctuations were also a major concern affecting self-image and libido, often leading to strained relationships and breakups. Coping mechanisms included intense spiritual beliefs giving them the courage to 'push through the difficult times'. Use of alternative therapies was common, which they believed helped contain the symptoms of SLE. These included drinking 'blessed' water, traditional herbal remedies, and soothing leaf or pressure applications to painful joints. A poor understanding of SLE by the patients themselves, family and the community, coupled with the unpredictable course of the disease, exacerbated frustration and uncertainty. For many patients, limited income, lack of basic services like public transport, dependency of family members, and comorbid diseases, such as HIV and tuberculosis, exacerbated the negative daily experiences of living with SLE. Patients felt that patient-led support groups, better education by health professionals, and public awareness of SLE would help them cope with the disease.

Conclusions: Indigent South African women with SLE in SA have complex, chronic and challenging life experiences. A poor understanding and acceptance of SLE by patients themselves, compounded by a background of poverty and a perception of being misunderstood by family members, health professionals and the community at large had negative impact on multiple dimensions of patient's lives.

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AB1443-HPR EXPLORING THE RELATION BETWEEN IMPAIRMENT RATING BY DAS-28 AND BODY FUNCTION, ACTIVITY-PARTICIPATION AND ENVIRONMENTAL FACTORS BASED ON ICF IN THE PATIENT WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid Arthritis (RA) is the cause of functional loss and disability of individuals. It also results in negative effects on the emotional components as well as physical components related to health. If specific domains of medical condition criteria are systematically linked with relevant parts of ICF, we will have a common conceptual understanding of ICF and patient-oriented health criteria. It may also make clinical practices easy.

Objectives: The aim of this study was to link and allocate items of disability questionnaires with body function, activity participation and environmental factors based on ICF Hand Core Set. The other objective of this study is to examine the relationship between the impairment and the ICF components determined on the basis of disability questionnaires in participants with Rheumatoid Arthritis.

Methods: Impairment was evaluated by use of DAS28 and disability by Disabilities of Arm, Shoulder and Hand Questionnaire (DASH), Michigan Hand Outcomes Questionnaire (MHQS), Duruöz Hand Index (DHI), Arthritis Impact Measurement Scales 2 (AIMS 2) in participants with rheumatoid arthritis (n=100). Items of DASH, MHQS, DHI and AIMS 2 were linked and allocated with the ICF Hand Core Set as a result of three expert opinions. The data was analysed using Kappa index and Pearson's correlation coefficient.

Results: Based on expert distinction on DASH, MHQS, DEI and AIMS 2 items, MHQS covered the highest number of body function categories of ICF Hand Core Set with 8 and AIMS 2 covered the highest number of ICF Hand Core Set with totally 25 (body function=3, activity participation=20, environmental factors=2). While impairment (DAS28) had moderate correlation with subjective impairment (body function scores considered as subjective impairment) and activity participation for all assessment questionnaires (r=0.50–0.69); subjective impairment had high correlation with activity participation for DASH and MHQS (r>0.70) and also had moderate correlation with activity participation for AIMS 2 (r=0.50–0.69). Furthermore, subjective impairment had weak correlation with environmental factors (r=0.10–0.49).

Conclusions: We suggest that AIMS 2 is the most appropriate for clinicians and researchers who aim to perform a more comprehensive biopsychosocial assessment in patients with RA. In addition, the clinician's assessments and the impairment levels reported by the patients are inter-related and the impairment levels reported by patients is also affected by environmental factors.

REFERENCES:

- [1] Somers, T, Shelby R, Keefe F, Godiwala B, Lumley M, Mosley-Williams A, et al. Disease severity and domain specific arthritis self-efficacy: relationships to pain and functioning in Rheumatoid Arthritis. *Arthritis Care Res (Hoboken)* 2010; 62(6): 848–856.
- [2] Corbacho M, Daputo J. Assessing the functional status and quality of life of patients with Rheumatoid Arthritis. *Brazilian Journal of Rheumatology* 2010; 50(1): 31–43.
- [3] Cieza A, Brockow T, Ewert T, Amman E, Kollerits B, Chatterji S, et al. Linking health-status measurements to the international classification of functioning, disability and health. *J Rehabil Med* 2002; 34(5): 205–210.

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AB1444-HPR UNDERSTANDING FATIGUE BURDEN AND COPING STRATEGIES IN RHEUMATOID ARTHRITIS USING QUALITATIVE RESEARCH

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Background: Fatigue is a major symptom of RA but is under-represented when considering an appropriate treatment and in the measurement of disease activity. At the same time, patients' perspectives on fatigue in the overall context of their RA and life have not been studied in detail before. To understand that perspective, we aimed to explore patients' lived experience with RA-related fatigue.

Objectives: We explored the narratives of patients with RA and their discourse on RA-related fatigue to assess the burden of disease and coping strategies.

Methods: Semi-structured interviews were conducted with adult patients with RA living in two geographical regions in the United States. Interviewees were asked to discuss their experiences with diagnosis, symptoms, physical and social limitations, coping with challenges, treatment and healthcare providers. The interviews were audio-recorded and transcribed verbatim. Transcripts were analysed for themes related to the burden of RA-related fatigue and coping strategies.

Results: Eighteen patients were interviewed, with ages ranging from 27 to 80 years and RA duration ranging from 4 to 40 years. Four themes emerged around the impact of RA-related fatigue, fatigue in context of RA symptoms, coping strategies and coping success (table 1).

Abstract AB1444HPR – Table 1. Burden of RA-Related Fatigue and Coping Strategies Themes

Theme	Details
Fatigue limits RA patients' ability to live their lives	<ul style="list-style-type: none"> Patients with RA have limited energy reserves to perform common activities of daily living Fatigue creates 'brain fog' that reduces RA patients' ability to focus and diminishes academic and job performance Patients with RA adjust their future career choices based on these limitations
Fatigue and pain are intertwined	<ul style="list-style-type: none"> Fatigue is strongly connected with pain and it is difficult for patients with RA to separate the two symptoms. Pain and active RA symptoms increase fatigue. Fatigue also amplifies pain Fatigue can be a bigger concern than pain. Patients with RA find it harder to manage fatigue compared with pain
Coping with fatigue is an internal struggle	<ul style="list-style-type: none"> Patients with RA are faced with the tough choice of giving in to the fatigue or pushing through and risk exceeding energy reserves Patients with RA who have difficulty coping with fatigue feel frustrated, embarrassed and inadequate
Acceptance of limitations leads to more effective coping strategies	<ul style="list-style-type: none"> Patients with RA use a variety of coping strategies, often in combination Coping strategies include pushing through the fatigue, using distractions, pacing oneself, sleeping, drinking coffee and using medication Patients with RA who accept their limitations are more likely to pace themselves, as opposed to pushing through their limits, and have fewer negative emotions when they give up

Conclusions: Fatigue is a major concern for patients with RA and can be more debilitating than pain. A patient's constant battle with fatigue can have physical, mental and emotional consequences.

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AB1445-HPR PATIENT SATISFACTION IN A RHEUMATOID ARTHRITIS OUTPATIENT CENTRE

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Background: Patient experience (PX) can be conceptualised as “the sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions, across the continuum of care” nowadays patient satisfaction is considered as one of the quality for performance in health systems.¹ Rheumatology is mainly an outpatient, multidisciplinary medical specialty, therefore care does not stop at the diagnosis it continues during a long-term with frequent monitoring and patient participation.²

Objectives: Describe the results of a patient satisfaction survey in a specialised centre in Colombia during 2017

Methods: In our RA specialised centre during a 12 month period we performed a satisfaction survey in order to evaluate the health services provided. We evaluated the waiting times, timing on attention, appointment assignment, and information provided, the treatment received by the healthcare team, facilities among others. Patients evaluated the services provided in a scale from 1 to 5 where 1 was very bad, 2 bad, 3 regular 4 good and 5 very good. Descriptive epidemiology was performed for each variable presented.

Results: We performed 4756 surveys during 2017, 4550 surveys were completed with a 95% rate response, out of total 80% of respondents were female and 20% male. 80% of patients reported to receive their appointments on time; regarding the service provided by our health care professionals 99% of patients understood the indications regarding their treatment, 98% understood about the administrative procedures to program future appointments and to how to access to their medications, also 98% had clearly understood the date and time of their consultation (rheumatologist, physical therapist, nutritionist, psychologist, infusion therapy, among others.) The mean score for the overall assessment of the services was 4.2/5.0 (table 1). The average time of stay at our centre was 60 min±33. The main aspects to improve our patient satisfaction were the telephone programming of appointments, and the compliance regarding the delivery of medications.

Abstract AB1445-HPR – Table 1

Question	MEAN (SD)	MEDIAN (MIN – MAX)
How was the quality of the service provided?	4.25 (0.51)	4 (3–5)
How was the service provided by our health care team?	4.31 (0.49)	4 (1–5)
How was the service provided y in the waiting room?	4.27 (0.49)	4 (1–5)
Facilities	4.31 (0.49)	4 (1–5)
Overall experience	4.32 (0.53)	4 (3–5)

Conclusions: This survey describes well-functioning multidisciplinary services for all patients who visit to our specialised centre. On the other hand although we found that our patients are highly satisfied, there is a large opportunity to improve our services and generate evidence regarding other aspects that involve the patient’s health determinants.

REFERENCES:

- [1] Th VP. Creating the ideal patient experience. *Journal of medicine and life*. 2016;9(4):380–5.
- [2] Vare P, Nikiphorou E, Hannonen P, Sokka T. Delivering a one-stop, integrated, and patient-centered service for patients with rheumatic diseases. *SAGE open medicine*. 2016;4:2050312116654404.

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AB1446-HPR INVESTIGATION THE EFFECT OF KINESOPHOBIA AND NECK DISABILITY LEVELS ON THE NECK AWARENESS IN CHRONIC NECK PAIN PATIENTS: PILOT STUDY

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Background: Chronic neck pain can cause patients to limit their activities due to kinesophobia. Patients may experience more disability during rest because of staying in the same position while restricting their activities, lacking exercise and muscles spasms. For these reasons, they may not be aware of many factors related to the position, movement, and shape of their necks.

Objectives: The aim of this study is to examine the effect of kinesophobia and neck disability levels on neck awareness in individuals with chronic neck pain.

Methods: Forty-two patients who have chronic neck pain and aged 18–65 years were participated in this study. The demographic characteristics of the patients were recorded, kinesophobia levels with Tampa Kinesiophobia Scale (TKS), neck disability level with Neck Disability Index (NDI) and neck awareness with Fremantle Neck Awareness Questionnaire (FNAQ) were evaluated. Correlation analysis were performed with Pearson correlation coefficients for parametric conditions and the Spearman correlation coefficients for nonparametric conditions.

Results: The mean age of the patients participating in the study was 42.4±13.47 years (7 men and 36 women). There was a moderate statistically significant positive correlation ($r=0.462$, $p<0.01$, $p=0.002$) between FNAQ and NDI, indicating that individuals with chronic neck pain had kinesophobia reduced neck awareness. It was found that there was a very good relationship between FNAQ and NDI ($r=0.602$, $p<0.001$) and neck awareness decreased as the neck disability level increased. There was a moderately significant relationship between TKS and NDI ($r=0.567$, $p<0.001$), levels of kinesophobia increased as neck disability increased.

Conclusions: It has been shown that the high level of kinesophobia and neck disability results in a negative effect on neck awareness and that these three variables are interrelated as a result of our work on neck awareness, which has been rarely studied in the literature. Therefore, increasing the activity and movement will reduce the level of neck disability and increase awareness. For this reason, patients with chronic neck pain need to be directed in terms of activity and movement.

REFERENCES:

- [1] Hudes, K. (2011) The Tampa Scale of Kinesiophobia and neck pain, disability and range of motion: a narrative review of the literature. *The Journal of the Canadian Chiropractic Association*, 55 (3), 222–232.
- [2] Nederhand, M.J., Ijzerman, M.J., Hermens, H.J., Turk, D.C., Zilvold, G. (2004) Predictive value of fear avoidance in developing chronic neck pain disability: consequences for clinical decision making. *Arch Phys Med Rehabil*, 85 (3), 496–501.
- [3] Dragesund, T., Ljunggren, A.E., Kvåle, A., Strand, L.I. (2010) Body Awareness Rating Questionnaire—Development of a self-administered questionnaire for patients with long-lasting musculoskeletal and psychosomatic disorders. *Advances in Physiotherapy*, 12 (2), 87–94.

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AB1447-HPR BIOPSYCHOSOCIAL STATUS OF JIA PATIENTS: PERSPECTIVES OF DAILY LIVING ACTIVITIES, DISEASE ACTIVITY AND FAMILY IMPACT

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Background: Juvenile Idiopathic Arthritis (JIA) is the most frequent chronic rheumatic disease during childhood. It can result in disabilities, loss of quality of life and mood changes.¹ Furthermore, literature reviewing the effects of arthritis on children and family is inconsistent, with studies showing significant difference or not, compared to healthy children.²

Objectives: The purpose of this study is to present results regarding the functional status, psychosocial status and disease activity of children with JIA and their effects on the child’s family. The second aim is to present the correlations between these parameters.