most of the patients are moderately disabled, and about 10% of the patients suffered from severe disablement which brings the necessity of a caregiver to become the patient's companion due to its chronic disease.² The caregiving role can have an impact in the psychological and physical spheres of the caregiver's life.³

Objectives: The aim of this study was to explore demographical characteristics and caregiver burden through the Zarit Scale.

Methods: We conducted a cross sectional study in a meeting where caregivers in a rheumatoid arthritis specialised setting. We collected sociodemographic information, and applied the Zarit caregiver burden interview (ZBI) adapted to Spanish. The ZBI includes 22 questions which has 5 responses from 0 (never) to 4 (nearly always), where scores lower than 47 indicated little to no burden, 47 to 55 low burden and >55 intense burden. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We categorised age of caregivers and compared to it to ZBI score, we used X² to perform bivariate analysis.

Results: 115 caregivers were included in the study, 63% were female and 37% were male. Mean age was 49 years±18 and 35% were single. Regarding educational level 44% had college degree, most of caregivers 30% had a full time job, and also 45% had other family members as their responsibility. See table 1. Zarit mean score was 44±14, additionally 71% had a score lower than 47. See table 1. Regarding age groups 35% of patients were older than 60 years and 15% of them were considered with intense burden disease, there was no statistical association between age and disease burden, see table 2.

Abstract AB1451HPR – Table 1. Zarit score

Zarit Score		
<47	82	71
47–55	14	12
>55	19	17

Abstract AB1451HPR – Table 2. Zarit scale classification according to age groups

Variable	15–39 years n=36	40–60 years n=38	Older than 60 years n=41	P value
No burden	20	28	30	0.108
Low burden	8	5	5	0.375
Intense burden	8	5	6	0.436

Conclusions: Although a high proportion of caregivers reported to have not burden, it is important to develop strategies and activities in order to attend the necessities of the caregivers in order to reduce the overload of responsibilities among them. Also further research is needed in order to identify the risk factors or protector factors that can prevent disease burden in caregivers.

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AB1452-HPR WHICH ONE HAS A GREATER EFFECT ON FUNCTION AND THE PSYCHOSOCIAL STATUS IN JIA?: DISEASE TYPE OR THE PRESENCE OF PAIN

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Background: Juvenile idiopathic arthritis (JIA) is a chronic inflammatory childhood disease with symptoms such as joint inflammation, pain and

loss of quality of life.¹ Types of disease and the presence of pain can impact the child psychosocially, as well as affecting functional activity.²

Objectives: The aim of this study is to examine the results of functional and psychosocial status according to the disease type and the presence of pain symptoms in children with JIA.

Methods: The study included 71 children diagnosed with JIA who applied to the Hacettepe University İhsan Doğramacı Children's Hospital Rheumatology Department. Following the collection of demographic information, functional status was assessed with the Child Health Assessment Questionnaire (CHAQ) and psychosocial and functional status was assessed with the scale developed in Hacettepe University Faculty of Health Sciences Department of Physiotherapy and Rehabilitation for functional and psychosocial status of children with rheumatism by Edibe Ünal.³ Children were divided into groups according to disease type as oligoarthritis or polyarthritis and the presence or absence of pain.

Results: Table 1 shows the mean age and numbers of children. There was no difference between the groups according to disease type (p>0,05). On the other hand, comparing scores for the CHAQ total, CHAQ general VAS assessment, functional and psychosocial status according to the presence or absence of pain revealed significant differences (p<0,05).

Abstract AB1452HPR – Table 1. Assessment values and comparison statistics

	Disease Type			Pain		
	Oligoarthritis (n=51)	Polyarthritis (n=20)	p	Present (n=21)	Absent (n=50)	p
Age (years)	10,88±3,81	13,50±3,92	0016	11,71 ±3,77	11,58 ±4,12	0885
CHAQ Total	0,28±0,29	0,46±0,41	0127	0,51±0,4 ±0,27	0,26 ±0,27	0012
CHAQ (General VAS)	2,49±2,43	3,93±3	0068	4,46 ±2,86	2,24±2,3	0002
Function (range 0–30)	4,72±4,85	5,05±6,32	0766	7,85±6,6 ±4,02	3,54 ±4,02	0004
Psychosocial (range 0–30)	23±5,67	14,5±5,82	0363	16±5,74 ±5,4	12,34 ±5,4	0012

Function; Psychosocial; Functional and Psychosocial subscales of Ünal's scale.³

Conclusions: We conclude that pain has a greater effect on functional, psychosocial and overall disease assessment in children with JIA when compared to the disease type. Thus, it must be taken into consideration that child's ability to cope with pain should be improved.

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AB1453-HPR ARE DMARD THERAPIES EFFECTIVE ON QUALITY OF LIFE, ANXIETY AND DEPRESSION LEVELS IN PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease with persistent joint inflammation manifesting as joint pain, stiffness, and swelling. Treatment of rheumatoid arthritis (RA) should be aimed at achieving the lowest possible disease activity. Conventional DMARDs (eg, methotrexate [MTX], hydroxychloroquine, and sulfasalazine) are still widely used in newly diagnosed RA patients. On the other hand, the rate of biologic therapy use in clinical practice is rising as more agents become available in spite of efficacy of these treatments is broadly comparable. Depression is a common under-recognised co-morbidity in patients with RA accompanying with substantial disability, reduced quality of life.

Objectives: The aim of this study was to determine whether depression level is effected by response to therapy and compare the effectiveness of DMARD therapies in terms of quality of life, anxiety and depression levels in patients with RA.

Methods: A total of 105 patients (Conventional DMARDs, n=67; Biological Therapy, n=38) with RA participated to the study. Disease activity was assessed using the Disease Activity Score in 28 joints (DAS28). Remission was defined as the absence of disease activity (i.e. tender joint count [TJC]=0+ swollen joint count [SJC]=0+ESR <10 mm/hr). The Hospital Anxiety and Depression Scale (HADS) was used to measure both anxiety and depression level. The Rheumatoid Arthritis Quality of Life (RAQoL) questionnaire was applied to assess quality of life. The drug therapy groups were compared using the Kruskal-Wallis test and the Chi-square test. Correlation between the scales was evaluated by Spearman's correlation coefficient.

Results: There was no statistical difference in terms of RAQoL scores, disease activity and anxiety/depression scores between conventional DMARDs (RAQoL=16.78; DAS Remission=%46.3; Anxiety score=9.31; Depression score=7.34) and biological therapy (RAQoL=13.87; DAS Remission=%36.8; Anxiety score=8.24; Depression score=9.13) (p=0.096; p=0.816). RAQoL scores were significantly higher in patients with higher disease activity treated with conventional DMARDs (conventional DMARDs, DAS Activity=%43.3; biological therapy, DAS Activity=%39.5; RAQoL=17.54; p=0.006). RAQoL scores were statistically lower in patients with lower disease activity (p<0.001). Depression levels were statistically higher than anxiety levels (p=0.008).

Conclusions: Our results demonstrated that the presence of depression coexisting with RA independent from disease activity may result in poorer clinical response to standard therapies. According to recent ACR recommendations, RA patients who may be candidates for biologics (eg, infliximab, etanercept, adalimumab) include patients with high disease activity, and those who have previously failed to respond adequately to conventional DMARD therapy. However, the results of the study suggest that different pharmacological therapies are not enough to improve quality of life in patients with RA. There is a need for certain non-pharmacological treatments integrated with medication management based on bio-psycho-social approaches to cope with depression in RA patients.

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AB1454-HPR INTERACTIONS BETWEEN WOMEN WITH RHEUMATOID ARTHRITIS AND NURSES IN NURSING CONSULTATIONS – BALANCING ILLNESS, MOTHERHOOD AND WORK LIFE

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Background: Patients with rheumatoid arthritis (RA) are offered outpatient follow-up in nurse-led consultations.¹ RA affects almost every aspect of daily life.² Many women with rheumatoid arthritis find it challenging to be mothers and simultaneously participate in paid work.³

Objectives: To investigate how women's understanding of RA, motherhood and working life are parts of the interactions with nurses during nursing consultations.

Methods: Participant observations were conducted during 10 women's attendance in nursing consultations and subsequently the women were interviewed about their experiences. Data generation and analysis were carried out according to the principles of constructivist grounded theory.⁴

Results: A core category was developed: "Cooperation through mutual recognition" which describes how women and nurses through verbal and non-verbal communication confirm their common understanding of the

content and form of nursing consulting. Furthermore, three sub-categories were identified:

- 1) "On safe ground" illuminates, that biomedical aspects of the disease such as blood tests results, examination of the joints and pharmacological treatments represent the foundation of the dialogue. This interaction has elements that may be characterised as ritualised behaviour.
- 2) "Taking risks" documents how both parties are more aware of the counterparts' reaction when it comes to dialogue concerning how the women manage illness in everyday life along with motherhood and paid work.
- 3) "Gentle correction" shows how the nurses gently express when they find the women's talk is too far out.

Conclusions: The biomedical aspects of the disease (disease perspective) constitute the starting point for a discussion and allow both parts to initiate conversations on the women's subjective understanding (illness perspective) of how illness, motherhood, and work are managed.

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AB1455-HPR THE EXPERIENCE OF LIVING WITH FATIGUE AMONG PEOPLE WITH RHEUMATOID ARTHRITIS – A QUALITATIVE META-SYNTHESIS

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Background: People with Rheumatoid Arthritis (RA) experience fatigue as the most significant symptom of their illness. Despite a substantial body of knowledge about fatigue, there is a need for an overall comprehensive understanding of the experience of living with fatigue among people with RA

Objectives: To identify, appraise and synthesise qualitative studies on experiences of living with fatigue in people with RA

Methods: We conducted a qualitative meta-synthesis, inspired by Sandelowski and Barroso¹. This included a systematic literature search conducted in February 2017, for studies published in the past 15 years, in the databases PubMed, Cinahl, Embase, SveMed, PsychInfo and Web of Science. To be included the studies had to include findings regarding the experience of adults with RA living with fatigue. The international Critical Appraisal Skills programme was used to assess the quality. The analysis and synthesis were inspired by Malterud's systematic text condensation²

Results: Eight qualitative articles were included. The synthesis resulted in an overall theme 'fatigue: the vicious cycle of an unpredictable symptom'. In addition, the analysis derived five subthemes, 'being alone with fatigue', 'necessary prioritising in everyday life', 'when time gets a different meaning', 'language as a tool for increased understanding' and 'strategies to manage fatigue'. Fatigue affects all areas of everyday life for people with RA. They strive to plan and prioritise, pace, relax and rest. In addition, they try to make use of a variety of words and language to help others understand that the RA-related fatigue they experience is not 'normal' fatigue. People with RA-related fatigue experience feeling alone with their symptom, but they develop their own strategies to manage fatigue in their everyday life

Conclusions: The unpredictability of RA-related fatigue is dominant, pervasive and is experienced as a vicious cycle, which can be described in relation to its physical, cognitive, emotional, social and behavioural impact.