Conclusions: Because of the preliminary report and less number of patients; drawing definitive conclusions is not possible. It seems that, short-term conventional physiotherapy program decreased only pain, but did not improve strength, physical performance, functional disability and kinesiophobia. Also, we thought that short-term NMES application which added to conventional physiotherapy program did not provide superiority over treatment outcomes.

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AB1467-HPR MEASUREMENT OF CERVICAL PROPRIOCEPTION IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

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Background: Axial spinal inflammation and spinal posture disorders in axial spondyloarthritis (axSpA) may deteriorate proprioception which may be caused by pathologic involvement of spinal entheses containing proprioceptive afferents.¹ Cervical spine is one of the main inflammation area in axSpA.² Impaired cervical proprioception has negative effects on postural control system.³ The cervicocephalic relocation measure by laser pointer is found a reliable method to measure cervical sensory function in healthy participants in a recent study.⁴ And there is limited data that regarding cervical proprioception in axSpA.

Objectives: To examine the differences in cervical joint proprioception between patients with axSpA and healthy subjects.

Methods: The cervical joint position errors (JPE) were measured to evaluate proprioceptive function accuracy in patients with 29 axSpA and 21 healthy subjects by laser pointer with cervical application. Neutral head position method was used to evaluate proprioception in flexion, extension, rotation and lateral flexion in right and left movement directions at sitting position (figure 1).⁵ Three measures were performed, and the average of the three trials was used for analysis. The distance between zero spot and joint position which patient had been reconstructed was measured by centimetre. Spinal mobility evaluated by BASMI, function evaluated by BASFI and HAQ-S; disease activity defined by BASDAI, pain and fatigue were evaluated by VAS.

Abstract AB1467HPR – Figure 1

Results: There were 29 patients (21 men, mean (±SD) age; 41.4±10.9 years) and 21 healthy subjects (15 men, mean age 41.1±11.3 years). BASMI, HAQ-S and fatigue score were significantly higher in patients (BASMI values were 3.9±2.3 vs 1.3±0.7, p<0.001; HAQ-S values were 2.1±0.8 vs 0.8±0.2, p<0.001; fatigue values were 37.2±23.3 vs 16.2±14.9, p=0.001). The comparison of cervical JPE showed significantly larger errors (p<0.05) in patients with axSpA, except right rotation (p=0.166) (table 1).

Abstract AB1467HPR – Table 1

Comparison of joint position errors between patients with axSpA and healthy subjects			
Variable (cm)	AxSpA patients (n=29) (mean±SD)	Healthy subjects (n=21) (mean±SD)	P value
JPE in flexion	9.88±6.70	4.66±3.57	0.001
JPE in extension	12.99±8.99	5.55±2.98	0.001
JPE in right rotation	11.10±6.56	8.62±4.41	0.166
JPE in left rotation	10.59±6.51	7.02±5.78	0.011
JPE in right side bend	11.32±6.53	6.39±3.54	0.001
JPE in left side bend	9.62±6.18	6.14±4.46	0.036

JPE=Joint position error, p values are based on Mann-Whitney U test.

Conclusions: Cervical joint position sense is impaired in subjects with axSpA. Proprioceptive training may help to boost the effectiveness of rehabilitation.

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AB1468-HPR SATISFACTION WITH THE bDMARD ETANERCEPT BIOSIMILAR (SB4) PRE-FILLED PEN AMONG RHEUMATOID ARTHRITIS AND SPONDYLOARTHROPATHY PATIENTS; A GERMAN OBSERVATIONAL STUDY

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Background: The TNFα inhibitor etanercept was the first targeted biological disease modifying anti-rheumatic drug (bDMARD) approved for treatment of RA; the first etanercept biosimilar (SB4) was authorised in the EU in January 2016. Various administration devices have been developed for convenient subcutaneous self-injection of bDMARDs including pre-filled pens.

Objectives: This study aims to document general patient satisfaction in day-to-day use of the SB4 pre-filled pen. Patients' experience regarding handling, convenience, other features and the associated training on self-injection is also evaluated.

Methods: This non-interventional, cross-sectional study is enrolling patients who are treated according to usual medical practice. Patients had experience with the SB4 pre-filled pen in accordance with the prescribing information for at least 3 months prior to completing the onetime standardised patient questionnaire. This study started in August 2017, is ongoing and plans to enrol 500 patients in total from 50 centres across Germany. Subgroup analyses by previous therapy, modality of administration and by indication group are pre-planned.

Results: By November 2017, completed surveys from 142 patients were available for interim analysis. Mean age was 55 years, 61% were female

and the median duration of the disease was 6 years. The indications were rheumatoid arthritis in 63% (median disease activity score DAS28: 2.4), psoriatic arthritis in 19% (median DAS28: 2.5) and axial spondyloarthritis in 18% of patients (median BASDAI: 3.0). 68% of patients were new to bDMARD therapy. Previous therapies included conventional synthetic DMARDs (67% of patients), steroids (49%), non-steroidal anti-inflammatory drugs (43%) and bDMARDs (32%). Patient satisfaction response rates are shown in table 1.

Abstract AB1468HPR – Table 1. Patient-assessed satisfaction with SB4-pre-filled pen by previous treatment (Full Analysis Set)

	New to bDMARD (n=96)	Switch from syringe (n=22)	Switch from pen (n=21)	Switch from intravenous bDMARD therapy (n=2)	Total* (n=142)
General satisfaction:	79 (82%)	19 (86%)	17 (81%)	2 (100%)	118 (83%)
(very) satisfied					
Ease of execution:	90 (94%)	18 (82%)	17 (81%)	2 (100%)	128 (90%)
(very) simple					
Satisfaction with training on injection with the training pen**:	81/85 (95%)	20/21 (95%)	16/19 (84%)	2/2 (100%)	120/128 (94%)
(very) satisfied					

*Missing responses are not included in calculations; total includes one patient with unknown previous therapy.

**Number of (very) satisfied patients/total number of patients who received injection training

Conclusions: High level of patient general satisfaction as well as satisfaction with the ease of use were reported with the etanercept biosimilar (SB4) pre-filled pen for patients who were new to bDMARDs or who had switched from other bDMARDs.

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AB1469-HPR A STUDY TO INVESTIGATE WHETHER IF ANY BARRIERS IN ETHNIC MINORITY PATIENTS MAY IMPACT ON RESEARCH PARTICIPATION IN A DISTRICT GENERAL HOSPITAL (2011)

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Background: A literature review of the current evidence suggests that research barriers exist within a diverse and ethnic population and that these barriers are often perceived to be cultural, behavioural, structural, organisational or clinical. Though a number of studies have been done showing the impact the above, these cannot be generalised at a local level. Hence, it is of vital importance that those involved in undertaking clinical studies locally are aware of the factors which may be preventing them from recruiting ethnic patients in their respective specialist area. There is a need to evaluate systems currently in place and to investigate whether factors such as attitudes, beliefs, health care professionals approach and patient experience may have an impact on recruitment.

Objectives: The aim of this study is to investigate whether any barriers exists within a small sample of ethnic minority patients who have been previously approached to participate in a clinical trial in a local hospital.

Methods: A qualitative study involving semi-structured interviews with both consultants active in research and patients with a background of inflammatory conditions invited to participate in a study locally. Purposive sampling was applied in all three groups. Participant information sheets and invitation letters was sent to all participants with a two week follow up by telephone for patients. Consent was taken from all participants, open-ended questions used during the interviews, the data collected by hand notes and then analysed using the five stages of the framework approach. Data was analysed in 3 groups:¹ investigators,² consented patients and³ unconsented patients.

Results: A total of 24 patients were invited and twelve agreed to attend for individual interviews. Out of twelve investigators approached, eight responded to the invitations. Investigators displayed positive attitudes towards recruitment, reported language and some cultural barriers along

the informed consent pathway and a gap in support systems within research. Patients from both groups reported a lack of awareness in clinical trials. Fears of study drug and a lack of trust to commit were the main themes that emerged from the unconsented group. Cultural barriers did not have an impact on the informed consent process in both groups.

Conclusions: This study is among the first that has been conducted in our trust and focused on main areas of qualitative research looking at patients' responses when invited to participate in a trial and complexities of recruitment from a healthcare professional perspective. The findings provide evidence of research barriers that exist within the trust perceived by investigators and patients. Unfortunately, few studies have focused on various background of ethnicity within different specialties. This could be because it is difficult to carry out studies without focusing specifically on a certain area of disease or a particular group of patients. These findings can only be generalised to areas of research locally upon further exploration of these barriers, which may have a significant impact on the recruitment of ethnic minority patients.

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AB1470-HPR BELIEFS AND SATISFACTION WITH GOLIMUMAB AS SECOND ANTI TNF-ALPHA OF PATIENTS WITH SPONDYLOARTHRITIS. GO-BEYOND

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Objectives: In patients with spondyloarthritis (SpA: axial SpA or psoriatic arthritis [PsA]), treated with golimumab as second biological therapy (after failure or withdrawal of a first anti TNF- α drug), we describe patients' insights with regard to their beliefs and their satisfaction with golimumab therapy.

Methods: Patients on golimumab from GO-BEYOND, a retrospective study undergone in 20 Spanish rheumatology clinics, were requested to respond to the *Beliefs About Medicines Questionnaire* (BMQ). Statements of the BMQ include a 5-item necessity and a 5-item concern scale with Likert response options from "strongly agree" to "strongly disagree". Patients also responded to questions on their satisfaction and experience with golimumab self-injection. Descriptive data are displayed, and responses to the BMQ in axial SpA vs PsA patients were compared with the chi-square test.

Results: 123 patients on golimumab as second anti TNF- α responded (81 axial SpA and 42 PsA, mean age 49 years [SD=11], 40% women). Patients showed strong beliefs in the necessity of golimumab for the treatment of their SpA (percentages of "agree" or "strongly agree" to the necessity statements: 50%–80%), but also concerns: half the patients agreed/strongly agreed to be worried about long term effects of golimumab, and $\approx$ 30% about becoming too dependent on the drug (table 1). Responses were similar in axial SpA and PsA patients (table 1). 111 patients declared to self-inject golimumab. Of these, 22.7% considered the experience with self-injection as very positive, 66.4% as positive, 10.0% neutral and only 0.9% unfavourable, and the use of the device very easy (37.3%), easy (57.3%), neutral (3.6%) and only 1.8% difficult. Finally 36.4% and 49.1% were very satisfied or satisfied with the interval of administration of golimumab, 11.8% were neutral and only 1.8% and 0.9% declared to be dissatisfied or very dissatisfied.