Conclusions: The progressive resistance training program was effective in improving pain, quality of life, functional capacity and muscular strength of patients with fibromyalgia.

REFERENCES:

Disclosure of Interest: None declared

PATIENT REPORTED OUTCOMES AND SAFETY IN PATIENTS UNDERGOING SYNOVIAL BIOPSY: COMPARISON OF ARTHROSCOPIC, ULTRASOUND-GUIDED PORTAL-FORCEPS AND ULTRASOUND-GUIDED NEEDLE BIOPSY TECHNIQUES, IN FIVE CENTRES ACROSS EUROPE

S.A. Just1, F. Humpy2, H. Lindegaard3, L. Merci de Bellefon4, P. Durez5, E. Vieira-Sousa6, R. Teixeira7, M. Stoenoiu8, J. Werlinrud9, S. Rosmark10, P.V. Larsen11, C. Pitizes12, A. Filet13, 1Rheumatology, Odense University Hospital, Odense, Denmark; 2Experimental Medicine and Rheumatology, Queen Mary University London, London, UK; 3Rheumatology, Saint-Pierre University Hospital, Brussels, Belgium; 4Physiotherapy/Hydrotherapy, Solent NHS Trust, Portsmouth, UK

Background: Synovial tissue analysis could provide a step towards personalised medicine in daily clinical practice for patients with inflammatory arthritis. However, systematic reports comparing the patient perspective when undergoing synovial biopsy according to different synovial sampling techniques is currently missing from the literature. We here present a multicenter study across Europe, comparing patient reported outcomes (PRO) and safety data from patients undergoing synovial biopsy procedures using either ultrasound guided needle biopsy (US-NB), ultrasound guided portal and forceps (US-PF) or conventional arthroscopy.

Objectives: 1. Describe PRO data on joint indices of pain, stiffness and swelling, procedural discomfort and willingness to undergo a second biopsy for each biopsy technique.
2. Describe and compare safety data.
3. Evaluate how sequential biopsy procedures impacted on PRO and safety data.
4. Compare and contrast the utilisation of hospital hydrotherapy services for AS in the UK and capture the patients’ experience to inform future services and research.

Methods: An online survey was distributed to the National Ankylosing Spondylitis Society (NASS) patient membership between September and November 2017, with social media updates. The survey design included open and closed questions. Thematic analysis of the qualitative responses was conducted.

Results: 250 members completed the survey (40.4% male; average age 50.4 years; average delay to diagnosis 11.4 years). Utilisation: 157 (65.7%) accessed a hospital hydrotherapy service, 102 (63.0%) were referred by rheumatology, 28 (16.0%) via a specialist AS Physiotherapist and 3 (1.9%) self-referring via a tele-charge. 77 (50.7%) were advised to continue with hydrotherapy for self-management, 35 (21.6%) with 119 (77.3%) interested in doing so, 59 (26.9%) received written information, 4) Professional Support: Patients cited the benefit of hydrotherapy sessions led by a physiotherapist who shared their expertise and discussed problems. 5) Pool Environment: Patients described gains from non-impact exercise and discomfort during biopsy and 86.5% were positive or neutral to rebiopsy. Corticosteroid use, IM (n=62) or IA (n=38), did not result in more adverse events (p=0.81). However, it was associated with a reduction in post-swelling (p<0.005), but not pain or stiffness. Sequential biopsy procedures (n=103 patients), did not result in more adverse events (p=0.61) or worsening in PRO data between baseline and second biopsy procedure.

Disclosure of Interest: None declared

A NATIONAL SURVEY OF THE UTILISATION AND EXPERIENCE OF HYDROTHERAPY IN THE MANAGEMENT OF AXIAL SPONDYLOARTHRITIS: THE PATIENTS’ PERSPECTIVE

M Martin1, Z. Gilbert2, A. Jeffries3, 1Rheumatology/Physiotherapy, Guy’s and St Thomas’ NHS Foundation Trust; 2ASstretch, London; 3AKGilbert Ltd, Brighton; 4Physiotherapy-Hydrotherapy, Solent NHS Trust, Portsmouth, UK

Background: Hydrotherapy is recommended in the United Kingdom (UK) by the National Institute for Health and Care Excellence (NICE) as an adjunctive therapy in the management of Axial Spondyloarthritides (AS). Despite these guidelines, NHS hospital hydrotherapy services are in decline. The impact on utilisation and patient experience are poorly understood.

Objectives: To identify the utilisation of hospital hydrotherapy services for AS in the UK and capture the patients’ experience to inform future services and research.

Methods: An online survey was distributed to the National Ankylosing Spondylitis Society (NASS) patient membership between September and November 2017, with social media updates. The survey design included open and closed questions. Thematic analysis of the qualitative responses was conducted.

Results: 250 members completed the survey (40.4% male; average age 50.4 years; average delay to diagnosis 11.4 years). Utilisation: 157 (65.7%) accessed a hospital hydrotherapy service, 102 (63.0%) were referred by rheumatology, 28 (16.0%) via a specialist AS Physiotherapist and 3 (1.9%) self-referring via a tele-charge. The most frequent service offered was six weekly sessions. 85 (62.5%) reported no access to hospital hydrotherapy when in flare. Barriers to access in a flare included long waiting times, a limit on the sessions offered and pool closures. ‘Pay as you Go’ hospital hydrotherapy sessions were accessed by 35 (16.1%) with 119 (77.3%) interested in doing so, 59 (26.9%) received written information, 4) Professional Support: Patients cited the benefit of hydrotherapy sessions led by a physiotherapist who shared their expertise and discussed problems. 5) Pool Environment: Patients described gains from non-impact exercise and discomfort during biopsy and 86.5% were positive or neutral to rebiopsy. Corticosteroid use, IM (n=62) or IA (n=38), did not result in more adverse events (p=0.81). However, it was associated with a reduction in post-swelling (p<0.005), but not pain or stiffness. Sequential biopsy procedures (n=103 patients), did not result in more adverse events (p=0.61) or worsening in PRO data between baseline and second biopsy procedure.

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weightlessness in the water. The warmer pool temperature was stated as a reason for the benefits obtained. Reported benefits of hydrotherapy are illustrated in graph 1:

**Conclusions:** This survey suggests variability in utilisation of hospital hydrotherapy services by a national AS patient group in the UK, with barriers to access, lack of promotion and pool closures. Similar benefits of hydrotherapy to those stated in the NICE guidance were experienced. Future service recommendations which focus on flexible access for flare management, ‘Pay as you Go’ schemes, group exercise and self-management may increase utilisation, optimise experience and reverse decline. Research to assess the benefits of these service recommendations in a clinical population is needed.

**REFERENCE:**

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**PHYSICAL ACTIVITY IN ESTABLISHED RA AND VARIABLES ASSOCIATED WITH PHYSICAL ACTIVITY MAINTENANCE OVER A SEVEN YEAR PERIOD**

A.Bremånder1, K. Malm2, M.L. Andersson1,2, on behalf of The BARFOT study group. 1Department of Clinical Sciences, Lund, Section of Rheumatology, Lund; 2RandsD Centre, Spenshult, Halmstad, Sweden

**Background:** Interventions to promote a healthy lifestyle also in patients with rheumatoid arthritis (RA) have been in focus over the last years. Physical activity (PA) defined as moderate-to-vigorous physical activity (MVPA) has the possibility to reduce disease burden in RA and may contribute to improved quality of life (QoL). It is well known that a large number of patients with RA have a sedentary lifestyle and are less active than their healthy peers. However, less information is known about the long term change of MVPA and possible associated variables.

**Objectives:** To study self-reported change of MVPA over seven years in a well-defined RA cohort.

**Methods:** A lifestyle questionnaire was sent twice to patients in the BARFOT cohort, in 2010 (n 1525) and in 2017 (n 1046) with a response rate of 73% and 950 patients responded to both questionnaires. All patients fulfilled the ACR criteria for classification of RA and had a disease duration at inclusion (1992 to 2006) of <12 months. Patients were dichotomized as being active on recommended levels of MVPA (MVPArec) and physically active on a moderate level (>150 min/week (MPA)) or an intense level (>75 min/week (VPA)) or not (sedentary). The patients reported body mass index, smoking habits, tender joints/entheses, health related QoL (EQ5D), comorbidities and medical treatment. Possible associated variables with meeting MVPArec at both occasions or not (dependent variable) was studied by using a logistic regression analysis and multinomial logistic regression was used to identify characteristics (i.e. beliefs on medicines, patient- and disease-related variables) associated with subgroup membership.

**Results:** A total of 1317 RA patients were invited to participate in this study with an overall response rate of 24.8% (n=326). Three subgroups with segment sizes of 46.5% (SG1), 24.6% (SG2) and 28.9% (SG3) were found. SG1 was most strongly influenced by chance of efficacy, which contributed for 43.6% in their choice of a DMARD. In contrast with SG1, route of administration, risk of cancer concerns) beliefs were significantly associated with assignment to SG2 (Relative Risk Ratio (RRR) 6.03, p=0.001, RRR=3.64, p=0.013 and RRR:14.91, p=0.003 respectively). Current and previous use of sulfasalazine, other cDMARDs, medium educational level and (early) retirement were significantly associated with assignment to SG3 (RRR:3.91, p<0.009; RRR:0.34, p=0.010, RRR:3.38, p=0.020, RRR:3.12, p=0.005 and RRR:3.56, p=0.034).

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