external validity was confirmed by correlation with the RAID score of 0.16 ($p=0.08$).

Conclusion: This study enabled the development and the validation of the RAKE, a Knowledge questionnaire for patients with RA, with a good acceptability, reproducibility and sensitivity to change. This KQ will be helpful to assess the process of knowledge acquisition in patient education approaches.

REFERENCES:

- [1] Hill and al., Br J Rheumatol. 1991;30 :45-9. Lineker and al., J Rheumatol. 1997, 24(4):647-53. Beauvais C, et al. ARD 2015; 74, suppl 2.

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FRI0721-HPR EFFECTIVENESS OF NON-PHARMACOLOGICAL AND NON-SURGICAL INTERVENTIONS ON THE IMPACT OF RHEUMATOID ARTHRITIS: AN OVERVIEW OF REVIEWS

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Background: Impact of disease persists in many patients with rheumatoid arthritis (RA) even after inflammatory remission is achieved, requiring the need for adjunctive interventions targeting the uncontrolled domains of disease impact. Several systematic reviews have addressed nonpharmacologic interventions, but there is still uncertainty due to scarce or conflicting results or significant methodological flaws.

Objectives: To determine the effectiveness of non-pharmacological and non-surgical interventions upon the impact of RA.

Methods: A comprehensive search strategy for 13 databases and grey literature was developed. This review included quantitative systematic reviews that examined the effectiveness of non-pharmacological and non-surgical interventions of any form, duration, frequency and intensity, alone or in combination with other interventions designed to reduce the impact of disease in adult patients with RA. The outcomes were pain, functional disability, fatigue, emotional well-being, sleep, coping, physical well-being and global impact of disease. Critical appraisal and data extraction were performed independently by two reviewers and summarized using a narrative synthesis approach.

Results: Eight systematic reviews were included (Figure 1), with a total of 91 RCT's and nine observational studies (6740 participants). Four systematic reviews examined the effects of multicomponent or single exercise/physical activity interventions, two examined the effects of hydrotherapy/balneotherapy, two evaluated the effects of psychosocial interventions and one assessed the effects of custom orthoses for the foot and ankle. Multicomponent or single exercise/physical activity interventions, psychosocial interventions and custom orthoses appeared to be effective in improving pain and functional disability. Fatigue also improved with the implementation of multicomponent or single exercise/physical activity interventions and psychosocial interventions. Only exercise/physical activity interventions appeared to be the effective in improving the global impact of disease. None of the included systematic reviews reported on emotional well-being, sleep, coping or physical well-being as an outcome

measure. Other types of interventions were not sufficiently studied and their effectiveness is not yet established.

Figure 1: Flowchart of the study selection and inclusion process

Conclusion: Only multicomponent or single exercise/physical activity interventions, psychosocial interventions and custom orthoses seems to be capable of reducing the impact of rheumatoid arthritis. Future evidence should be created and synthesized in the fields identified as knowledge gaps, namely emotional well-being, sleep, coping and physical well-being. Further investigation should be encouraged on the effects of interventions that have not been assessed at all or sufficiently to established their effectiveness, so that robust decisions and recommendations can be made.

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FRI0722-HPR THE INVESTIGATION OF THE RELATIONSHIP BETWEEN PSYCHOSOCIAL AND FUNCTIONAL STATUS OF CHILDREN WITH JIA

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Background: JIA is the most common rheumatic disease in children and may result in significant morbidity with joint deformity, growth disorder, and persistence of active arthritis to adulthood (1). According to the model of biopsychosocial pain, emotions affect the degree of functional impairment (2).

Objectives: The aim of this study is to investigate the relationship between the psychosocial and functional status of children with juvenile idiopathic arthritis (JIA).

Methods: 382 children with JIA were included in the study. Individuals were assessed with the Juvenile Arthritis Biopsychosocial Questionnaire (JAB-Q) (3) and Children Health Assessment Questionnaire (CHAQ) was applied for functional status (4).

Results: The mean age of the subjects included in the study ($n = 386$) was 12.48 ± 3.81 years. The median value of the JAB-Q functional status was 2 (min: 0 max: 34), psychosocial status was 10 (min: 0 max: 38). And the median value of the CHAQ was 0.25 (min: 0 max: 3). Correlation coefficients and statistical significance were calculated by using Pearson's test. There was a low positive correlation between BETY-BQ functional status and BETY-BQ psychosocial status ($r = 0.347$, $p < 0.001$), a low positive correlation between CHAQ and BETY-BQ psychosocial status ($r = 0.395$, $p < 0.001$). There was a good positive correlation between BETY-BQ functional status and CHAQ ($r = 0.678$, $p < 0.001$) (Table 1).