of art therapists using a variety of validated and non-validated outcome measures making it difficult to objectively evaluate outcomes.

Data	Service	Edinburgh	Glasgow	Combined
Total referrals	34*	65**	34% Edinburgh / 66% Glasgow	
Age bands*		0-6: 12%, 7-12: 50%, 13-18: 38%	0-6: 6%, 7-12: 75%, 13-18: 19%	0-6: 8%, 7-12: 67%, 13-18: 25%
Gender*		M: 15%, F: 85%	M: 17%, F: 83%	M: 16%, F: 84%
Reason for referral**		Coping with treatment: 16% Coping with diagnosis: 17% Coping with pain: 5% Coping with emotional impact: 62%	Coping with treatment: 22% Coping with diagnosis: 10% Coping with pain: 7% Coping with emotional impact: 61%	Coping with treatment: 19% Coping with diagnosis: 13% Coping with pain: 6% Coping with emotional impact: 62%
Diagnosis**		JIA: 50%, Other: 50%	JIA: 50%, Other: 50%	JIA: 50%, Other: 50%
Medication**		Methotrexate: 82% Other: 18%	Methotrexate: 82%, Other: 18%	Methotrexate: 82%, Other: 18%
Patient uptake**		88%	62%	75%
CAN/DNA**		12%	38%	25%
Sessions offered**		Average 20	Average 8 sessions	Average 14 sessions
Patients per week**		Average 8	Average 4	Average 10 patients per week
Waiting times**		1-2 weeks	8-12 weeks	Average 8 weeks waiting times
Clinical hours**		56%	56%	56%
Non-clinical hours**		44%	44%	44%
Outcome measures used*		PEDS QL: 60%, Other: 40%	PEDS QL: 60% Other: 40%	PEDS QL: 60% Other: 40%
Patient reported outcomes**		Increased confidence 34% Feeling calmer/less anxious 18% Better able to share feelings 33% Experience of fun in hospital 15%	Increased confidence 33% Feeling calmer/less anxious 17% Better able to share feelings 33% Experience of fun in hospital 17%	Increased confidence 34% Feeling calmer/less anxious 17% Better able to share feelings 33% Experience of fun in hospital 16%

Conclusion: This retrospective multi-site service review demonstrated that art therapy was well used by clinicians as an appropriate psychological support for children and young people with rheumatic diseases. Engagement with the service was good and feedback positive. The review highlighted the challenge of objectively assessing outcomes, with the need to use validated and standardised assessment tools to collect this systematically going forward. A standardised service evaluation framework will be developed to facilitate future service reviews and is hoped that this represents a first step in developing evidence-based research to investigate the impact and benefit of art therapy in supporting children and young people in paediatric rheumatology.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7073

HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

FRI0726B-HPR INVESTIGATION OF PHYSICAL ACTIVITY LEVELS OF PATIENTS WITH BEHCET'S DISEASE

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Background: Behcet's disease (BD), which is followed by a chronic course with attacks, is a significant cause of morbidity and mortality due to skin and mucosal lesions, joint involvement and eye involvement which can cause vision loss. It disrupts the physical and mental health of the individual as well as the disability of the physical functions and can affect the quality of life negatively (1, 2). There is strong evidence for the benefits of Physical activity (PA) on improvements on disease activity, activities and participation; however, people with rheumatic and musculoskeletal diseases (RMDs) are in general less active compared with healthy controls (3-5).

Objectives: The aim of the study was to evaluate PA in patients with BD and also to compare status of PA with healthy controls.

Methods: 67 patients (female=49, male=18) with BD and 66 healthy peers (female=43, male=23) were enrolled in the study. The subjects were recruited in a rheumatology clinic. They were diagnosed with BD by a rheumatologist based on the clinical diagnostic criteria. PA was evaluated with International Physical Activity Questionnaire-Short Form (IPAQ-SF) in all participants. Metabolic Equivalent (MET) values were calculated due to IPAQ-SF. In addition, the pain and fatigue status of patients with BD was asked.

Results: The mean age of the patients was 42.95±10.60 years. The mean disease duration was 14.14±9.13 years. The means of physical activity MET scores were 699.74±508.09 and 2006.75±1162.16 in patients with BD and healthy peers, respectively. It was found that the means of PA MET scores in BD was significantly decreased comparing with

healthy peers (p<0.001). While 53.7% of patients with BD had low levels of PA and 46.3% had moderate levels of PA, 9.1% of healthy subjects had low level of PA, 47% of them had moderate levels of PA and 43.9% high levels of PA (p<0.001). 86.6% of patients with BD reported pain, 73.1% of them also reported fatigue.

Conclusion: This study is the first study to evaluate PA in patients with BD. The level of PA was significantly lower in patients with BD compared to their healthy peers. Decreased PA may be associated with pain and fatigue frequently seen in patients with BD. In future studies, it is recommended to investigate the factors affecting PA in patients with BD.

*The co-author Ela Tarakci was supported to participate to EULAR 2019 by Turkish Academy of Sciences as a winner of the Young Scientists Award Programme (GEBIP) 2018.

*Ela Tarakci's doctorate student Nejla Uzun was supported to participate to EULAR 2019 by Turkish Academy of Sciences as of the Young Scientists Award Programme (GEBIP- 2018).

REFERENCES:

- [1] Uguz F, Dursun R, Kaya N, Cilli AS. Behçet hastalarında ruhsal belirtiler ve yaşam kalitesi. *Anadolu Psikiyatri Dergisi* 2006;7:133-139.
- [2] Cingu AK, Onal S, Urgancioglu M, Tugal-Tutkun I. Comparison of presenting features and three-year disease course in Turkish patients with Behcet uveitis who presented in the early 1990s and the early 2000s. *Ocul Immunol Inflamm* 2012;20:423-8.
- [3] Hernández-Hernández V, Ferraz-Amaro I, Díaz-González F. Influence of disease activity on the physical activity of rheumatoid arthritis patients. *Rheumatology* 2014;53:722-31.
- [4] Swinnen TW, Scheers T, Lefevre J, et al. PA assessment in patients with axial spondyloarthritis compared to healthy controls: a technology-based approach. *PLoS One* 2014;9:e85309.
- [5] de Groot IB, Bussmann JB, Stam HJ, et al. Actual everyday PA in patients with end-stage hip or knee osteoarthritis compared with healthy controls. *Osteoarthritis Cartilage* 2008;16:436-42.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7731

HPR PATIENTS' PERSPECTIVES, FUNCTIONING AND HEALTH (DESCRIPTIVE: QUALITATIVE OR QUANTITATIVE)

FRI0727-HPR PREDICTORS OF FUNCTIONAL CAPACITY AT 24 MONTHS FOLLOW-UP IN CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS

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Background: Juvenile idiopathic arthritis (JIA) is the most common rheumatic disease in childhood and it causes short and long-term disability. Periodic assessment of functional capacity is important to determine the presence or absence of physical disability.

Objectives: To identify predictive factors of absence of functional disability after 24 months follow-up in a cohort of children with JIA treated at a tertiary referral hospital.

Methods: Longitudinal, retrospective, analytical, and observational study. Patients who met the following criteria were included in the study between 2013 and 2016: 1 to 16 years old, diagnosis of JIA according to the International League of Associations for Rheumatology (ILAR); recently initiated (3 months) care at our clinic, complete C-HAQ (Childhood Health Assessment Questionnaire) records throughout the follow-up period. Patients were treated according to current guidelines for pharmacological and physical therapy. Functional capacity was assessed according to the C-HAQ every 3 months. For the analysis, the C-HAQ scores were divided into 3 categories: 0 - 0.49 (absence of disability), 0.5 - 1.5 (mild to moderate disability), and 1.51 - 3 (severe disability). Univariate comparisons were made to determine the relationship between different variables with the dependent variable "absence of functional disability at 24 months of follow-up". Independent variables included: disease activity, functional capacity, and treatment-related outcome measures. Those with p values <0.05 were included in a multiple logistic regression analysis. The model was adjusted for basal functional capacity and inflammatory activity at 24 months. Items with a p value <0.05 were considered significant. Adjusted odds ratios (adjOR) and 95% confidence intervals (95% CI) are reported as a measure of association. The precision of the model was analyzed through the Area under the Curve (AUC).