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


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

FR10726B-HPR
INVESTIGATION OF PHYSICAL ACTIVITY LEVELS OF PATIENTS WITH BEHCET’S DISEASE

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Background: Behçet’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 disability 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 peers.

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 42.5±10.60 years. The mean disease duration was 14.1±9.13 years. The mean SF-36 physical health score was 55.1±21. The mean SF-36 mental health score was 53.9±15.2. The mean physical activity score was 4.6±2.1. The mean physical activity score was 4.6±2.1. The mean physical activity score was 4.6±2.1.

Conclusion: The study was 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.

Disclosure of Interests: None declared


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

FR10727-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 1.5 - 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).

Disclosure of Interests: None declared
