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%

* Complete sample ** Cross sample *Data collection period 2014-18 **Data collection period 2012-18

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.

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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.

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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).

Results: Of a total of 148 patients, 122 met the inclusion criteria. Median age: 7.4 years (1-16), 69 female (56.6%). Most patients had Polyarticular (44 patients, 36.1%) or Oligoarticular (33 patients, 27%) JIA. At the beginning of the study, 36 patients (29.5%) did not show functional disability; 70 (57.4%) exhibited mild-moderate disability and 16 (13.1%) severe disability. At 24 months, 73 patients (59.84%) had no disability, 37 (30.33%) moderate/mild disability, and 12 (9.84%) severe disability. In the multiple logistic regression model, performing regular physical therapy (PT) (adjOR 6.83 [95% CI 2.26 - 20.61], $p = 0.001$), starting PT within 12 months after diagnosis (adjOR 5.45 [95% CI 1.83 to 16.18], $p = 0.002$), baseline pain Visual Analogue Scale (pVAS, 0-10) less than 3 (adjOR 4.55 [95% CI 1.58 to 13.12], $p = 0.005$) and adherence to pharmacological treatment (adjOR 15.23 [95% CI 1.86 to 124.8], $p = 0.011$) were independent factors for not presenting functional disability at 24 months. The area under the model curve was 0.92 (95% CI 0.88 to 0.97).

Conclusion: The findings of this study reinforce the need of early and regular PT and medical treatment in children with JIA, in order to maintain or improve functional capacity over time. These results are not only statistically significant but clinically relevant since they reflect impact in functional skills in this population. Further studies are needed to confirm these outcomes in larger cohorts with longer follow-up.

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FRI0728-HPR PERCEPTIONS OF PHYSICAL ACTIVITY IN INDIVIDUALS WITH RA – A QUALITATIVE THEMATIC SYNTHESIS

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Background: The effects of physical activity (PA) in rheumatoid arthritis (RA) are well documented and PA is besides pharmacological interventions considered a cornerstone in the treatment. Despite this, many individuals with RA does not reach recommended levels of PA. To highlight aspects involved in supporting a positive PA behavior it is important to understand the patients' perceptions of the phenomenon. Several qualitative studies have been conducted throughout the years, describing perceptions on physical activity in RA.

Objectives: The aim of this study is to review and synthesize the qualitative literature on physical activity in rheumatoid arthritis.

Methods: A purposive search in electronic databases (MEDLINE, CINAHL and Pedro) using combinations of terms such as "qualitative methods, qualitative study, interviews, physical activity, exercise and rheumatoid arthritis", from inception to July 2018 was carried out. Title/abstract and full-text screening were conducted independently by 2 researchers. Further, back-tracking of reference list of retrieved articles was made, and contacts were taken with known experts in the field. Studies were eligible if they qualitatively explored perceptions of different aspects of PA in individuals with RA. Eligible articles were appraised using the McMaster Critical review form. All relevant data were extracted from eligible articles and analyzed inductively using thematic analysis.

Results: 11 primary studies met the inclusion criteria. Studies were conducted in Denmark, Ireland, New Zealand, Sweden, United Kingdom and the United States of America. The sample includes 170 individuals with rheumatoid arthritis (129 women, 41 men, aged 21-83).

Across the studies, preliminary themes were found: worries and fear (increasing symptoms, worsen the disease, safety), awareness of PA (knowledge, information, discussion), social support (competence, guidance, demands, joy), effects on health (retain independence, decrease symptoms, coping with the disease), body awareness (adaptation, pacing, listen to the body, self-efficacy) and determination (motivation, focus, goals, priorities, responsibility). A preliminary thematic map, interpreting the continuous interrelation between the themes and the disease itself was described.

Conclusion: It is important that the promotion of PA in individuals with RA is in line with individual challenges and resources, in order to

enhance adoption and maintenance of PA behavior. In RA, the disease seems to pervade all aspects related to the individuals' perception of physical activity. Strategies to enhance this behavior should therefore include minimizing negative perceived consequences of physical activity by raising both cognitive and physical awareness. Another strategy could be focusing on finding proper social support either within health care or preferably outside of health care but with a sense of affinity. Finally, strengthening the individual's ability to use self-regulation strategies to overcome barriers should be emphasized.

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FRI0729-HPR LIVING EVERY-DAY LIFE IN THE SHADOW OF PAIN OR LIVE EVERY-DAY LIFE WITH THE PAIN IN THE SHADOW – A CONSTANT BALANCING

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Background: Approximately 10% of the population report chronic widespread pain (CWP), the condition is more common in women than in men. Long-term pain is a public health problem. For most women, the pain interferes with many aspects of every-day life and implies large consequences. Thus, knowledge about how to facilitate life for these women is important.

Objectives: To explore women's experiences of how CWP influence their daily life

Methods: The study has a latent qualitative content analysis design¹. Individual interviews were conducted in 19 women 45-67 of age, who had reported CWP in a survey 2016. CWP was defined according to the 1990 ACR criteria for fibromyalgia. Pain that had lasted for more than three months, during the last 12 months, was considered chronic. A latent qualitative content analysis was used to analyze the main questions "Can you describe your experiences of living with CWP?" and "How do the CWP influence your life today?" The interviews were recorded, transcribed verbatim and coded into eight subcategories and three categories; represent the manifest content, and a latent theme exploring the interpreted content of women's experiences of how CWP influence their every-day life.

Results: The interviewed women expressed a life with CWP as "Living every-day life in the shadow of pain or live every-day life with the pain in the shadow" including three categories; the experience of alienation, limitations and plasticity. 1) The experiences of alienation appeared in the subcategories; suspicion and loneliness. Suspicion meant a feeling of not being taken seriously by healthcare and authorities and loneliness meant not being able to participate in social contexts. 2) The experiences of limitations in daily life includes the subcategories; barriers, stress, and dependence on other people. Barriers meant that fatigue limits the activities in every-day life, stress that constitutes limitations in life and dependence on other people's support. 3) The experiences of plasticity referred to the subcategories resignation, adjustment and resistance. Resignation meant refraining from activities that could affect the pain, such as gardening, walking and dancing. Adjustment were manifested by making the best of the situation, and resistance meant to resist letting the pain set the terms, to give the pain a fight.

Conclusion: Women with CWP have to deal with their physical, mental, social and spiritual environment in every-day life. They express a constant balancing in their life between mastering the pain in order to continue living as normal, and allowing the pain to set the terms, i.e. living every-day life in the shadow of pain or live every-day life with the pain in the shadow. Healthcare professionals may consider supporting the patients in finding their individual counterweight to manage life in order to reach better treatment outcome.