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, 61.5%) 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, 36 patients (29.5%) or 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 1.93 to 16.18], p = 0.001), starting PT within 12 months after diagnosis (adjOR 5.45 [95% CI 1.86 to 124.8], p = 0.011), 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.

REFERENCES:

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FR0729-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 design. 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 of other people. Barriers meant that fatigue limits the activities in every-day life, stress that constitutes limitations in life and dependence on other people support. 3) The experiences of plasticity referred to the subcategories designation, 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.