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.

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FRI0730-HPR CAROTID ATHEROSCLEROSIS AND CARDIOVASCULAR RISK FACTORS IN FEMALES WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Pts with systemic lupus erythematosus (SLE) have an increased risk for cardiovascular diseases (CVD) that cannot be explained by traditional risk factors only. Its relevant to search novel cardiovascular risk markers in those pts.

Objectives: We aimed to evaluate carotid atherosclerosis presence in females with SLE and its relationship with traditional and nontraditional cardiovascular risk factors.

Methods: 52 females with low-activity SLE (the median age – 48.2 [41.8; 52.9] years, the median duration of SLE 89.4 [68.9; 101.5] month) without verified coronary artery disease were enrolled. Control group included 30 pts without SLE compared by risk factors profile. The cardiovascular risk was calculated using SCORE. The total cholesterol (TC),

lipoproteins, triglycerides (TG) were measured in the blood. Carotid ultrasound, endothelial-dependent flow mediated vasodilatation (EDVD) by D. Celermajer method were performed. In all pts was calculated body mass index (BMI) and measured blood pressure (BP). All pts received steroid therapy.

Results: High levels of TC, LDL and TG were in 55.8%, 61.5% and 25% of pts with SLE (the median levels 5.9 [5.2; 6.4] mmol/l, 4.1 [3.7; 4.6] mmol/l and 1.8 [1.3; 2.4] mmol/l respectively). The obesity and hypertension were estimated in 51.9% and 63.5% respectively (median BMI – 31.6 [28.4; 33.2] kg/m², median systolic BP – 154.2 [138.4; 162.3] mm Hg, median diastolic BP – 90.2 [82.4; 93.7] mm Hg). EDVD was impaired in 32.6% pts with SLE and 16.7% control pts (p<0.05). Carotid atherosclerosis was established in 41 (78.8%) pts with SLE and 48 (54%) control group pts (p<0.05). The majority of pts with SLE have stable carotid atherosclerotic plaques - 32 (61.5%), unstable plaques - 6 (11.5%) pts, in control group – 10 (33.3%) and 2 (6.7%) pts respectively. In the same time the median cardiovascular level matched by SCORE was 2.1 [1.5; 2.9]% in females with SLE, in control group - 1.8 [1.3; 2.5]% (p>0.05). The presence of carotid atherosclerotic plaques in females with low-activity SLE was associated with endothelial dysfunction (OR=2.5, p=0.002), obesity (OR=1.5, p=0.004), duration of steroid therapy (OR=2.8, p=0.0005).

Conclusion: Females with low-activity SLE and moderate cardiovascular risk level are characterized by high frequency of carotid atherosclerosis. The carotid ultrasound may be useful additional tool for the evaluating of cardiovascular risk in these patients.

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