HPR Epidemiology and public health (including prevention).

SAT0695-HPR ASSOCIATION OF PHYSICAL FITNESS WITH HEALTH-RELATED QUALITY OF LIFE IN WOMEN WITH FIBROMYALGIA


Education Sciences, Department of Education, University of Almería, Almería, Spain.

Background: Physical fitness (PF) represents a marker of health and is associated with health-related quality of life (HRQoL). Different components of PF have shown to be consistently associated with lower symptomatology in people with fibromyalgia. Identifying which PF components are associated with HRQoL in people with fibromyalgia may contribute to the development of more specific therapeutic strategies.

Objectives: The aim was to examine the associations of different PF components with HRQoL in women with fibromyalgia.

Methods: This population-based cross-sectional study included 466 women with fibromyalgia. The Senior Fitness Tests battery plus handgrip test were used to assess PF and the 36-Item Short-Form Health Survey (SF-36) was used to assess HRQoL. Trender proximal, cognitive impairement, anthropometric measurements and medication usage were also measured and used as confounders. Firstly, multivariate linear regression assessed the individual relationship of each PF test with the eight dimensions of the SF-36. Secondly, a standardized composite score was computed for each component of PF (aerobic fitness, muscular strength, flexibility and motor agility). Forward stepwise regression was performed to analyse which components of PF were independently associated with the SF-36 physical and mental component scales.

Results: Overall, higher performance on PF tests was associated with higher levels of HRQoL in all SF-36 dimensions and subscales (all p<0.05 or p<0.001) except for associations between handgrip with social functioning, emotional role, mental health and mental component scale, as well as the chair sit-and-reach test with the general health dimension. The muscular strength composite score was independently (from other fitness components and confounders) associated with the SF-36 physical component scale (p<0.001), while the flexibility composite score and cardiorespiratory fitness were independently (from other fitness components and confounders) associated with the SF-36 mental component scale (both p<0.05).

Conclusion: High PF is consistently associated with better HRQoL in women with fibromyalgia. Muscular strength, flexibility and cardiorespiratory fitness are independent indicators of HRQoL in this population. These results might have implications for future intervention studies because it could facilitate the selection of the most suitable exercise interventions according to the clinical profile of each patient.

REFERENCES


Acknowledgement: This work was supported by the Spanish Ministry of Economy and Competitiveness [I+D+I DEP2010-15639, I+D+I DEP2013-40909-R to M.D.-F.; BES-2014-067612 to F.E.-L.]; the Spanish Ministry of Education [FPUE2014/02518 to MB-C; FPU 15/0002 to B.G.C]; the Consejería de Turismo, Comercio y Deporte, Junta de Andalucía [CTCD-20100001924-TRA to MD-F].

Disclosure of Interests: None declared


SAT0696-HPR THE PREVALENCE OF SEPTIC ARTHRITIS AT A LARGE UNIVERSITY TEACHING HOSPITAL

Caroline Atherton1, Kathryn McCall2, Neal L. Millar3, Yianni Joannidis3, Tom Evans1, Iain Moirnes1, 1Institute of Infection, immunity and Inflammation, University of Glasgow, College of Medical and Veterinary and Life science, Glasgow, United Kingdom; 2Queen Elizabeth University Hospital, Glasgow, United Kingdom

Background: Septic arthritis (SA) is a rheumatological emergency requiring early treatment to prevent lasting joint damage. Treatment outcomes depend on prompt diagnosis, which currently rests on clinical suspicion, raised non-specific inflammation markers and identification of a pathogen from synovial fluid.

Objectives: To establish the prevalence of SA in a large University teaching hospital. To review the microbiology results and identified pathogens in each positive case along with subsequent treatment regimes utilising outpatient parenteral antimicrobial therapy (OPAT) with adherence to local guidelines.

Methods: Retrospective data collection of all samples identified as synovial fluid or joint aspiration sent to microbiology lab between 1st January, 2016 and 31st December 2016. Electronic review of microbiology results to identify the causal pathogen and case notes to review treatment and outcomes.

Results: There were 364 samples identified as joint aspirate or synovial fluid. 54 of these grew a pathogen. Positive aspirates from native joints totaled 35 in 31 patients. Twenty-three of these patients accounting for 25 of the positive samples were treated clinically as SA. Sub analysis of this group revealed Staph. aureus was the most commonly identified pathogen in 14 cases (56%). There were however 8 other pathogens identified in the 25 positive samples. Fifteen patients (65%) underwent a joint aspiration in theatre, 7 of these patients had a positive culture. Treatment of antibiotic therapy was 5 weeks in 8 cases; 13 cases had therapy for >5 weeks and 2 cases with SA in the upper limb had treatment for < 5 weeks. There were 10 positive samples taken from 8 native joints that grew a pathogen and were not treated as SA. These were identified