

with RA and a SMI experienced significantly greater levels of pain ($p=0.04$), functional disability ($p=0.01$), along with poorer disease activity ($p=0.03$) and poorer quality of life ($p<0.03$) than those with RA, but without SMI. There was however, no significant difference in the receipt of DMARDS or NSAIDS between the two groups ($p>0.12$).

Conclusion: Prevalence rates of SMI are no greater in RA than the general population. Those with RA and a SMI do however experience significantly poorer clinical outcomes than people with RA but without SMI despite being in receipt of similar medications. Further research is needed to explore why these health inequalities exist and how best to ensure more positive outcomes for this vulnerable population.

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SAT0704-HPR PREVALENCE OF RHEUMATIC PATHOLOGY IN CHILDREN IN THE CENTRAL FEDERAL DISTRICT OF THE RUSSIAN FEDERATION, STRUCTURE OF MORBIDITY AND THERAPY

Vladislav Sevostyanov, Elena Zholobova, Alla Golubeva, Olga Baranova, Kristina Poyemshina, Anna Polukhina. *I.M. Sechenov First Moscow State Medical University, Moscow, Russian Federation*

Background: Analysis of the incidence of rheumatic diseases in children can help to evaluate the real needs in treatment provision and improve medical service.

Objectives: To analyse the prevalence, structure of morbidity, and therapy of rheumatic pathology in children in the Central Federal District of the Russian Federation.

Methods: Statistical, sociological methods and content analysis were used. The study included generalised information on 3940 patients aged 1-17 years with various rheumatic diseases living in the 13 regions of the Central Federal District of the Russian Federation. The data is provided by the main paediatric rheumatologists of the regions.

Results: 5,999,124 children aged 0 to 17 years live on the territory of 13 regions of central Russia. In these regions, 3,940 patients with rheumatic diseases are observed. Our data allowed us to calculate the prevalence of rheumatic diseases per 100,000 children from 0 to 17 years. The prevalence of juvenile idiopathic arthritis (JIA) is 62.2, systemic lupus erythematosus - 0.7, juvenile dermatomyositis - 0.7, systemic scleroderma - 0.6. The overall incidence of the rheumatic disease is 65.7 per 100,000 children from 0 to 17 years. In the structure of rheumatic pathology, 94.7% are accounted for JIA, 1.1% for systemic lupus erythematosus, 1.0% for juvenile dermatomyositis, 0.9% for systemic scleroderma, 2.2% for other rheumatic diseases. 67.3% of patients receive disease-modifying anti-rheumatic drugs (DMARDS) ($n = 2650$), of which 80.1% receive methotrexate ($n = 2122$), 13.5% - sulfasalazine, 0.3% - leflunomide, 0.7% - cyclosporine A, 3.8% - corticosteroids, 0.7% - mycophenolate mofetil, 0.5% - hydroxychloroquine.

Biological therapy is received by 27.5% of patients suffering from JIA ($n = 1026$). The data differs depending on the region. In the Bryansk

region, the proportion of patients receive biological therapy is 45.8%, in the Yaroslavl region - 41.2%, in Moscow - 40.7%. More rarely, the biological therapy is initiated in Kostroma - 11.9% and Oryol - 15.3% areas. The structure of biological therapy is dominated by TNF-alpha inhibitors - 71.3%. 41.6% of all children undergoing biologic therapy were prescribed etanercept, 27.2% - adalimumab. 18.1% of patients receive tocilizumab, 7.2% - abatacept, 1% - infliximab, 2.5% - canakinumab, 1.5% of patients receive golimumab.

Conclusion:

1. The overall incidence rate of rheumatic diseases in central Russian regions is 65.7 per 100,000 children from 0 to 17 years.
2. The prevalence of juvenile idiopathic arthritis is 62.2 per 100,000 children from 0 to 17 years old.
3. 67.3% of patients receive DMARDS. In 80.1% of cases, the drug of choice is methotrexate.
4. 27.5% of patients suffering from JIA receive biological therapy; data vary by region (45.8% - 11.9%). The structure of biological therapy is dominated by TNF-alpha inhibitors - 71.3%.
5. At the level of various regions, countries, it is necessary to conduct research aimed at studying the causes influencing the overall incidence, the detectability of rheumatic diseases, and the structure of therapy.

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HPR Measuring health (development and measurement properties of PROs, tests, devices)___

SAT0705-HPR PATIENTS' EXPERIENCES OF REASONS TO BEING PHYSICALLY ACTIVE IN EARLY RHEUMATOID ARTHRITIS – A MIXED METHODS STUDY

Maria Qvarfordt¹, Maria Andersson^{2,3}, Ingrid Larsson^{1,3}. ¹School of Health and Welfare, Halmstad University, Halmstad, Sweden; ²Lund University, Department of Clinical Sciences, Department of Rheumatology, Lund, Sweden; ³FoU Spenshult, Halmstad, Sweden

Background: The importance of physical activity in rheumatoid arthritis (RA) is well known and patients are informed about the importance of being physically active. Despite this knowledge there is a lack of compliance to this advice. Studies comparing physical activity in different groups of patients with RA and reasons influencing physical activity are needed.

Objectives: The objectives were to compare physical activity (PA) in workers, retired and patients with sick-leave with early RA and further to explore reasons to being physically active in these patients.

Methods: A total of 66 patients with early RA were included in the study. A sequential explanatory mixed methods design was used. The groups were compared with clinical data as: disease activity (DAS28); pain (VAS 0-100, best to worst); health-related quality of life (EQ5D, -0.594-1 worse to best) and a physical function (HAQ, 0-3 best to worst). ESR and CRP. Patients were dichotomized as being active on recommended levels of PA (MVParec; physically active on a moderate level ≥ 150 min/week (MPA) or on an intense level ≥ 75 min/week (VPA)) or not (sedentary). The patients were grouped on self-reported working ability; workers, patients with sick-leave and retired patients.

Qualitative data was collected by a questionnaire with open-ended questions about reasons influencing PA. The qualitative data was analysed with a manifest qualitative content analysis to gain a greater understanding of patients' experiences of PA in early RA.

Results: There were no significant differences between the groups in disease activity, physical function, swollen joints, health-related quality of life