life including daily routine, footwear choice, family life, work and accessing health care (44%). Percentage coverage of items directly reflects the dominant concerns of people with PsA-related foot problems and clinicians. Whilst priorities for clinicians included the diverse expression of disease and determining the nature of foot symptoms as mechanical or inflammatory, a key theme from patients was the psychological impact of foot involvement on daily life coupled with self-management strategies (coping skills, self-care activities and availability of social support), which was poorly recognised by clinicians. Consequently, nearly a quarter of survey content was dedicated to these areas of impact highlighted by patients (23%). Engaging patients and clinicians in the survey development methods ensured that face and content validity were confirmed and cognitive and usability standards were achieved.

Conclusion: By incorporating the views of those with the disease and of clinicians into the survey development process, good conceptual coverage of items important to both patients and clinicians was achieved whilst minimising responder burden. This is the first study to develop a survey on foot involvement in PsA based on best practice methods in qualitative survey design, which may have utility in the future development of assessment or screening tools.

REFERENCES

Disclosure of Interests: None declared

SAT0708-HPR
DEVELOPING AN ALLIED HEALTH CORE OUTCOME SET FOR PAEDIATRIC RHEUMATOLOGY MUSCULOSKELETAL CONDITIONS

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Background: Musculoskeletal (MSK) conditions are prevalent within the general population, including children and young people (CYP) with MSK pain. There is evidence that MSK pain in CYP is an antecedent of adult MSK pain. Paediatric Rheumatology Allied Health Professionals (PRAHPs) are well placed to manage these CYP, but there is no current standardisation in treatment, services or outcomes.

Objectives: To develop a core outcome measure set for clinical use by PRAHPs to facilitate national collaboration and standardisation of care.

Methods: A modified Nominal Group technique study was undertaken by an expert panel of PRAHP’s working in 8 Tertiary Paediatric and Adolescent UK centres. Literature search and presentation of findings informed expert panel discussion with particular reference to the following criteria: paediatric population specific, ease of clinical use, cost, general availability to clinicians, reliability, validity, length to administer/perform and previous research use. Expert panel discussion and ranking identified eight domains. A survey was sent to the 12 members of the expert panel asking participants to choose two measures or none, based on criteria above. Consensus was pre-determined as agreement between experts of 60% or more.

Results: Survey response rate was 83% with consensus achieved for 6 outcome measures—see table. Consensus could not be reached for muscle strength, sleep, goal setting and hand function.

Conclusion: This study informs a pilot outcome measure set for PRAHPs in clinical settings when time, space, money and ease of use are paramount.

Outcome domain selected by expert panel

<table>
<thead>
<tr>
<th>Fatigue</th>
<th>Measure with consensus</th>
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<tbody>
<tr>
<td>Fatigue VAS</td>
<td>Fatigue Kendall scale</td>
</tr>
<tr>
<td>School attendance</td>
<td>PedQL pain and fatigue scale</td>
</tr>
</tbody>
</table>

Disclosure of Interests: None declared

SAT0709-HPR
SPINAL MOBILITY IN SPONDYLOARTHRITIS PATIENTS: DO THE BASMI-MEASUREMENTS CORRELATE WITH THE DAVID BACK DEVICES-MEASUREMENTS?

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Background: The BASMI is a common used and well established index to measure spinal mobility in spondyloarthritis (SpA)-patients, both in the clinic as well as for research. The David Back Devices (DBD) on the other hand, are used to measure and exercise lumbar and cervical mobility and strength in spine patients. The DBD might have the potential advance of not being operator dependent in contrast to the BASMI measurements.

Objectives: The aim of this study was to measure the spinal mobility in SpA-patients both by using BASMI measurements and by using the DBD and determine their relationship.

Methods: SpA-patients of the outpatient rheumatology department of the Ghent University Hospital (included in the Be-Giant cohort) were consecutively asked to participate in the study. After informed consent, BASDAI, BASFI and BASMI were evaluated. To measure mobility on the DBD both trunk and cervical range of motion for flexion, extension, lateral flexion and rotation were assessed. Spearman correlation coefficients were calculated for cervical rotation and lumbar lateral flexion.

Results: Thirty-one SpA-patients participated of which 18 were male (58%). Twenty-four (77%) were classified as axial SpA and 7 (23%) as peripheral SpA. Median time since diagnosis was 5 years. Mean age of the patients was 41 years (range: 21 – 58 years) and their BMI was on average 24 (range: 17-33). Averages for BASDAI, BASFI and BASMI were 2.6, 1.7 and 0.9 respectively.

There was a significant positive correlation between the cervical rotation measurement obtained by BASMI and DBD (r=0.84 for right and r=0.80 for left) as well as between the lateral flexion measurement obtained by BASMI and DBD (r=0.72 for right and r=0.65 for left). Due to the sitting position during testing the lumbar flexion by DBD, the range of motion was limited when the chest touched the thighs. Therefore, correlation could not accurately be determined between the modified Schöberindex and DBD lumbar flexion.

Conclusion: This study demonstrated that in SpA-patients, the BASMI measurements for cervical rotation and lumbar lateral flexion show high correlations when compared with the similar measurements on the DBD. The correlations for cervical rotation were better than those for lumbar lateral flexion.

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References:

Decision: Senior Level Tertiary PRAHP's

SBT Review 1, The British Society for Rheumatology, 2018