can offer health professionals in rheumatology some theory and evidence-based methods to support PA maintenance in practice.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8517

SP0060 TOWARDS OPTIMAL INTENSITY

George Metsios. *University of Glasgow, Institute of Infection, Immunity, and Inflammation, Glasgow, United Kingdom*

Background: There is ample evidence now to suggest that exercise can help ameliorate RMD symptoms and comorbidities. Similar to the prescription of medication, the dosage of exercise should be optimized to achieve the best health benefits. However, a consensus on the dosage of exercise prescription for RMD patients is currently missing.

Objectives: This talk will explore the data required from RMD patients to develop the best exercise prescription, exercise principles and current state-of-the-art, as well as how we can use the current evidence to identify the optimum dosage for the exercise prescription in people with RMDs.

Methods: Suggestions have been synthesized using existing evidence-based resources, including recent systematic reviews and meta-analyses (EULAR, Cochrane Library and peer-reviewed journals publications) as well as randomized controlled trials. Data for the effectiveness of exercise dosage on various different outcomes has been extracted and will be explored.

Results: Different dosages of exercise have differing effects on symptoms of RMDs. The optimal dosage depends on various factors and on the outcome that the exercise prescription aims to improve.

Conclusion: Despite the increasing research on exercise in RMDs, a currently a consensus for the optimal exercise dosage is currently missing. More interdisciplinary research, with a heavy patient involvement, is required in the area.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8537

THURSDAY, 13 JUNE 2019

13:30:00 – 15:00:00

Getting a grip on the co-morbidities in gout

SP0061 GOUT AND ASSOCIATED CO-MORBIDITIES – RELEVANCE TO CLINICAL PRACTICE

Edward Roddy. *Keele University, Research Institute for Primary Care and Health Sciences, Keele, United Kingdom*

Patients with gout very commonly have multiple co-existent comorbidities. Associations between gout and hypertension, obesity, chronic kidney disease and cardiovascular disease have long been recognised whereas several new comorbid disease associations, such as sleep apnoea and mental health problems, have been described more recently, including lower risk of neurodegenerative diseases. These associations are complex with some comorbidities such as obesity and sleep apnoea predisposing to the development of gout, whereas gout is a risk factor for incident cardiovascular disease and erectile dysfunction. The management of gout is often more complex in the presence of comorbidity and can present a significant therapeutic challenge. This talk will provide an update on the comorbidities that are associated with gout and discuss their implications for the management of gout, in particular for long-term urate-lowering therapy.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8572

SP0062 CARDIOVASCULAR MORBIDITY AND GOUT – FROM EPIDEMIOLOGY TO THERAPY

Mariano Andrés. *Hospital General Universitario de Alicante-ISABIAL, Sección de Reumatología, Alicante, Spain*

Gout is an independent cardiovascular risk factor. Patients suffering from gout show a higher incidence of all forms of the atherosclerotic disease, as well as cardiovascular and all-cause mortality. This associates with both comorbidities and urate crystal-led inflammation. Thus, gout, along with being the most common form of inflammatory arthritis in rich countries, carries with significant morbidity and mortality. Proper management is essential. The purpose of this lecture is to analyze the potential strategies aimed to control the cardiovascular risk in patients with gout.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8419

THURSDAY, 13 JUNE 2019

13:30:00 – 15:00:00

Treatment is more than drugs

SP0063 NUTRITION AND RHEUMATIC DISEASES

Elena Philippou. *University of Nicosia, Life and Health Sciences, Nicosia, Cyprus*

Background: Nutritional therapy could be a promising adjunct to pharmacological therapy in rheumatic disease (RMD).

Objectives: The aim of this talk is to provide evidence and recommendations on dietary management of rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, psoriatic arthritis and osteoarthritis.

Methods: Research studies, systematic reviews and recommendations associating diet and RMDs were identified through MEDLINE.

Results: Maintenance or achievement of a healthy body weight is central to RMDs since weight gain is common and often results as a side-effect of pharmacotherapy, further increasing inflammation. Adherence to the Mediterranean diet (MD) by consumption of plant-based foods such as wholegrains, legumes, fruit, vegetables, daily consumption of extra virgin olive oil, and reduced (monthly) consumption of red meat and desserts, is beneficial for all RMDs. The MD should be supplemented with extra omega-3 polyunsaturated fatty acids (PUFAs) and thus consumption of 'fatty fish' such as seabream, seabass, trout, salmon, sardines or mackerel ≥ 2 /week, and walnuts, flaxseeds and chia seeds, daily is recommended, all providing different kinds of omega-3 fatty acids. The MD not only provides all the necessary vitamins and minerals with a balanced ratio of MUFA: PUFA to reduce inflammation, but also has long term benefits on the cardiovascular system. Additional recommendations to manage high cholesterol, include the consumption of plant stanols/sterols, oats, unsalted nuts and soy protein and limiting intake of foods high in saturated and trans fats. It is also recommended that plasma Vitamin D concentration, important for bone and cartilage health, is assessed and a daily supplement is taken if necessary especially during the winter months. Additionally, it is important to consume enough calcium daily, this being equivalent to 3-4 glasses of milk or slices of cheese (preferably low in fat). Finally, evidence on possible relationships between RMDs and diet is limited and inconclusive and dietary restrictions are not recommended. In psoriatic arthritis, a gluten-free diet is recommended only in patients who test positive for serologic markers of gluten sensitivity. Use of unnecessary supplements should be avoided.

Conclusion: In conclusion, adherence to a healthy diet can aid in disease management in RMDs by reducing inflammation and the risk of cardiovascular disease.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8559

SP0064 AKTIV-HOCH-R – COMBINING EXERCISE AND FUN

Nicole Stefan-Schick. *Deutsche Rheuma-Liga Bundesverband e.V., Physical activity, 53111 Bonn, Germany*

Treatment is more than drugs: People with rheumatic diseases know about the health benefits of physical activity. But many studies show that integrating regular exercise into daily life is not always as easy as it seems, especially while experiencing rheumatic pain and feeling physical limitations.

Therefore the German Rheumatism League developed in association with leading experts in sports science and rehabilitation, at the Erlangen-Nürnberg University in Germany, "aktiv-hoch-r".