Abstract Table 2. Multivariate analysis. Variables associated to IEXPAC experience scores. Beta coeff. (SD): Beta coefficient (standard deviation). Positive coefficients indicate higher IEXPAC experience scores (better experience). SC: subcutaneous; IV: intravenous.

Parameter	Overall experience score		Productive Interactions (Factor 1)		New Relational Model (Factor 2)		Patient Self-management (Factor 3)	
	Beta coeff.	P	Beta coeff.	P	Beta coeff.	P	Beta coeff.	P
Sex (women vs. men)	-0.43 (0.28)	0.132	-0.65 (0.36)	0.073	-0.13 (0.30)	0.663	-0.46 (0.35)	0.189
Age (per year of increment)	0.00 (0.01)	0.715	0.01 (0.01)	0.682	-0.00 (0.01)	0.886	0.01 (0.01)	0.659
Educational level achieved (university or further)	-0.02 (0.19)	0.933	-0.28 (0.24)	0.251	0.52 (0.20)	0.112	-0.03 (0.25)	0.886
Follow-up in a region different from home region (vs. same region)	0.62 (0.54)	0.252	0.09 (0.68)	0.896	1.11 (0.57)	0.053	0.78 (0.67)	0.243
Barthel Index >80	0.28 (0.37)	0.45	0.26 (0.47)	0.578	0.48 (0.39)	0.226	0.27 (0.46)	0.554
Number of specialists visited in the last year (per unit of increment)	-0.11 (0.06)	0.080	-0.14 (0.08)	0.082	-0.05 (0.07)	0.447	-0.12 (0.08)	0.122
Follow-up by the same physician (vs. different)	0.84 (0.26)	0.001	1.17 (0.33)	<0.001	0.08 (0.27)	0.773	1.15 (0.32)	<0.001
Follow-up by a nurse (vs. no nurse follow-up)	0.10 (0.29)	0.738	-0.08 (0.37)	0.822	0.43 (0.31)	0.167	-0.04 (0.36)	0.914
Having help from others for care (vs. only self-care)	0.30 (0.30)	0.308	0.09 (0.38)	0.809	0.42 (0.32)	0.189	0.49 (0.36)	0.178
Number of different medicines (per unit of increment)	-0.03 (0.06)	0.580	-0.05 (0.07)	0.454	0.01 (0.06)	0.927	0.00 (0.07)	0.958
Being treated with SC/IV drugs (vs. no SC/IV treatment)	0.64 (0.27)	0.021	0.87 (0.35)	0.013	0.32 (0.29)	0.275	0.69 (0.33)	0.040

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AB1208 POINT PREVALENCE OF UVEITIS AND ARTHRITIS AMONG SCHOOL CHILDREN IN A DEVELOPING COUNTRY

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Background: Sight-threatening uveitis associated with pediatric rheumatologic diseases, especially juvenile idiopathic arthritis, often remains asymptomatic till late. On the other hand, children with indolent asymptomatic uveitis may later on develop the characteristic arthritis of juvenile idiopathic arthritis, especially the oligoarticular rheumatoid factor negative type. A multidisciplinary screening of children at the peak age of developing these potentially handicapping manifestations, allows active case finding and facilitates a comprehensive ophthalmic-rheumatologic management plan.

Objectives: A point prevalence study aiming at active case finding and describing the prevalence of uveitis and arthritis among school children between the ages of 4 and 9 years in 10 screened schools in Egypt.

Methods: All children between the ages of 4 and 9 years in 10 schools were screened for the clinical evidence of uveitis and/or arthritis. The children discovered to be suffering from uveitis and/or arthritis, were referred to the appropriate tertiary clinics for detailed evaluation and management

Results: A total of 6372 children were screened, 3418 of them were females (53.6%) and 2954 were males (46.4%). Thirty four children were found to have uveitis (0.5%). Of these, 26 children were females (76.5%) and 8 children were males (23.5%). Two female children were known uveitis patients and were on treatment. A hundred and eleven children had arthralgia. Of these, 56 children had clinically evident arthritis at the time of screening. Twenty eight children with arthritis were females (50%) and the other twenty eight children were males (50%). Three girls were previously known to be arthritis patients (2 with juvenile idiopathic arthritis and one with psoriasis). Sixteen children had both uveitis and arthritis. All cases detected to have uveitis, arthralgia, or arthritis, in the study were referred to tertiary clinics for further management.

Conclusion: Screening of school children for uveitis and joint manifestations in developing countries with a modest socioeconomic status, is a

method of active case finding that helps an, as early as possible, implementation of the proper plan of management.

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AB1209 THE RHEUMA-BUS-TOUR: TWO WEEK OPEN-ACCESS SCREENING FOR EARLY RHEUMATIC DISEASES

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Background: Early diagnosis is crucial for patients with rheumatic diseases. Studies show that early stage patients already show reduced mental and physical health [2, 3]. However, early diagnosis is often delayed due to the severe lack of rheumatologists in Germany.

Objectives: The cross-sectional study compares data on physical and mental health of known and suspected early rheumatic patients, collected from participants of the bus tour.

Methods: The Rheuma-Bus-Tour is an annual, two week open-access screening event in three states (Rhineland-Palatinate, Saarland, Lower Saxony) that raises awareness for rheumatic diseases and identifies people with potential early cases of RA, SpA and PsA.

All participants, regardless of their diagnosis status, completed a screening questionnaire about early symptoms, sociodemographic as well as physical and mental health parameters: Habitual Physical Activity Questionnaire (HPA) [1], Hannover Functional Ability Questionnaire (FFbH-R), Patient Health Questionnaire (PHQ-9), Well-Being Index (WHO-5). Additionally, a CRP on-site test and a medical consultation were offered.

Results: In total, 853 participants completed the questionnaire, 214 with a known rheumatic diagnosis and 626 without one. Of 533 conducted CRP tests, 107 were positive. After the consultation, 58 patients were referred for an immediate rheumatologist appointment through the Rheuma-VOR network, 16 of which were diagnosed with RA, SpA, or PsA. Tables 1 and 2 present the group differences between the already diagnosed and the not diagnosed groups, split by CRP results.

Abstract AB1209 Table 1. Basic characteristics of the participants

	Rheumatic disease (N=214)		No Diagnoses+CRP neg (N=426)		No Diagnoses+CRP pos (N=107)	
	Mean	SD	Mean	SD	Mean	SD
BMI	27.6	5.5	27.2	5.0	29.0	6.6
HPA Work Index	2.5	1.0	2.7	0.9	2.6	1.1
HPA Sports Index	2.4	0.9	2.4	0.8	2.2	0.9
HPA Leisure Time Index	3.0	0.8	3.1	0.8	3.1	0.9
HPA Index	7.9	1.9	8.2	1.7	7.9	2.0
FFbH-R	69.2	21.4	80.9	18.4	66.4	88.0
PHQ-9	17.3	6.7	16.3	5.5	15.6	6.6
WHO-5	16.9	7.4	15.9	6.1	15.2	7.2