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

Abstract AB1209 Table 2. Group differences of physical and mental health parameters

	Rheumatic disease vs. No Diagnoses+CRP neg	Rheumatic disease vs. No Diagnoses+CRP pos	No Diagnoses+CRP neg vs. No Diagnoses+CRP pos
BMI	0.374	0.087	0.012*
HPA	0.223	0.630	0.687
Work Index			
HPA	0.817	0.194	0.141
Sports Index			
HPA	0.184	0.442	0.889
Leisure Time Index			
HPA Index	0.121	0.867	0.300
FFbH-R	0.000*	0.014*	0.007*
PHQ-9	0.029*	0.023*	0.317
WHO-5	0.017*	0.034*	0.581

* Significant at $p \leq 0.05$.

Average age for all three groups falls in the 50-59 year range. Differences were found between PHQ-9, WHO-5 and FFbH-R, whereas none were found for HPA.

Conclusion: As expected, a difference in mental health parameters was found for the "known diagnosis" and "no diagnosis+CRP negative" groups. The results also show differences for daily functional tasks between all three groups. However, the lowest scores were found for the group "no diagnosis+CRP pos", i.e. people with strong indications for an early rheumatic disease. This further supports evidence of reduced functionality for early stage patients and the need for early diagnosis and therapy. The lack of significant differences for HPA patterns could be caused by generally very low physical activity for all three groups.

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AB1210 SOCIAL MEDIA USE IN RHEUMATOLOGY PATIENTS

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Background: The impact of social media on individual or institutional communication and knowledge acquisition is non-negligible. Whether patients (patients) with rheumatic diseases share information about their health on social media is unknown.

Objectives: We aimed to investigate how often and to what extent patients with a rheumatic condition use social media. We also wanted to know whether they communicate with their doctors through social media and what their expectations are.

Methods: Consecutive patients with diverse diagnoses attending a rheumatology outpatient clinic were studied. Patients completed a self-administered questionnaire (1) which was modified. Information on demographic features, educational status and diagnosis was also recorded.

Results: 397 patients completed the questionnaire (Table). 329 patients with devices, 40 (12%) of these patients were not using social media. 68 patients without devices, thus social media users reached 73% (289/397). While, Facebook users and non-users were similar according to age, gender or educational status, Twitter users were more likely to be male and more educated (Figure). 96% were willing to communicate with their doctors through one of the social media sources. 75% desired to be friends with their rheumatologist on the Facebook. When we asked, "why would you like to communicate with your rheumatologist?"; The majority (39%) responded that it would be easier to understand each other; 32 thought that they would feel more connected, 27 thought that their rheumatologist would be more responsible 21% thought that their disease will get better.

Conclusion: This survey showed that younger and more educated patients had significantly more communication devices. Facebook was the most preferred social media website. More educated patients prefer using Twitter, Instagram and Pinterest and younger patients Instagram and Pinterest. The majority thought that social media was a useful information source about health. While only 23% had an actual connection with their rheumatologist through social media, 75% desired to be friends on the Facebook.

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Table. General Features of Patients

Median Age [IQR]	45[34-56]
Female/Male Ratio	1.9
Diagnosis of the patients, n (%)	
Rheumatoid Arthritis	99 (25)
Spondyloarthritis	67 (17)
Connective Tissue Disease	60 (15)
Behçet's Syndrome	74 (19)
Familial Mediterranean Fever	57 (14)
Others*	9 (2)
Unknown	31 (8)
Education Status, n (%)	
Elementary School	171 (43)
High School	143 (36)
College	83 (21)
Having an internet connectable device, n (%)	
Smart phone	301 (77)
Laptop	105 (27)
Desktop	72 (18)
Tablet	68 (17)
None	68 (17)
Use Frequencies, n(%)	
Facebook	234 (81)
Instagram	202 (70)
Twitter	92 (32)
Pinterest	38 (13)

FIGURE. SOCIAL MEDIA USE FREQUENCY AMONG PATIENTS WITH INTERNET CONNECTABLE DEVICES

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