anti-CarP IgA isoform was >125 U/mL, for the IgG isoform was >90 U/ mL, and for the IgM isoform was >300 U/mL. The FDRs were classified as: suspicious arthralgia for progression was for RF/ACPA 4.48%, RF/anti- CarP 2.7%, FR 64.5%, ACPA 1.3%, ACPA/anti-CarP 0.69%, anti-CarP 3.4%, and no RF/ACPA/anti-Carp was observed.

The group of suspicious arthralgia for progression had 2 subjects positive for IgG anti-CarP, the group of UA had 1 subject positive for IgA anti-CarP, albeit no anti-CarP for the RA group was present. Soft tissue rheumatic diseases group had 5 subjects positive for IgG anti-CarP, while the asymptomatic group had 2 subjects positive for IgA anti-CarP.

### Table 1

<table>
<thead>
<tr>
<th></th>
<th>Population, n (%)</th>
<th>Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years), median (IQR)</td>
<td>45.25 (18.76)</td>
<td></td>
</tr>
<tr>
<td>Weight (kg), median (IQR)</td>
<td>70 (42-117)</td>
<td></td>
</tr>
<tr>
<td>Height (meters), median (IQR)</td>
<td>1.61 (1.44-1.88)</td>
<td></td>
</tr>
<tr>
<td>BMI, median (IQR)</td>
<td>26.19 (16.7-47.3)</td>
<td></td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>119 (82%)</td>
<td></td>
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<tr>
<td>HAQ, median (IQR)</td>
<td>0.29 (0-2.15)</td>
<td></td>
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<tr>
<td>IQR: interquartile range, Kg: kilograms; BMI: body mass index, HAQ: Health Assessment Questionnaire</td>
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</table>

### Conclusion

Even though we used the 3 isoforms of anti-CarP antibodies, the prevalence of these antibodies in our cohort showed less positivity than other cohorts, who only detected the IgG isoform, worldwide.

### REFERENCES


### Disclosure of Interests

None declared

### DOI


### AB1278

**ANNOUNCEMENT OF CHRONIC RHEUMATIC INFLAMMATORY DISEASE: THE RHEUMATOLOGIST’S POINT OF VIEW**

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### Background

The onset of a chronic rheumatic inflammatory disease (CRD) is a turmoil in a patient’s life. The announcement, first step of information (a legal and ethical necessity), will leave a lasting impression in a patient’s history.

### Objectives

Determine the rheumatologist’s methods to reveal a potentially disabling disease with an uncertain prognosis. Compare, in the discussion chapter, the rheumatologist's vision and the patient’s experience at the time of the announcement.

### Methods

39 private practice rheumatologists from the CREER group. 52% women, mean age 59 years. 222 CRD including 56% rheumatoid arthritis (RA), 27% spondyloarthritis (SPA), 17% others. Survey including 31 questions. Direct eye contact 89%, gesture 56%, modulated tone 49%, silence 36%, compassionate approach 26%. Gaining confidence by: availability, listening to, explanations, empathy, frankness.

The rheumatologist thinks that he is reassuring and comforting 100%, empathic 98%, transparent 72%. He calms 42%, supports, is optimistic because he is sensitive to the patient’s reactions 61%, but sometimes destabilized by a treatment refusal. He mentions life quality 51%, invites him to question it 58%, encourages him on a mutual management of the CRD 92% and insists on treatment compliance. He gives few documents, rarely mentions patient organizations, speaks about chronic disorder status, informs the treating physician and is always available.

### Results

The announcement is different depending on: the type of CRD (59%), its presentation, the prognosis (29%), the induced emotion, the patient’s profile, 82% (intellect 41%, personality 22%, age 16%), the information to provide (course of treatment). Duration of consultation: long 51%, doubled 64%. Time given to assimilate the information 93%, to discuss 90%. Explanations given 100%, rephrased 32%, repeated 27%, verified 9%. Announcement unchanged if patient alone or accompanied; handling adapted to its degree of worry. If patient is anxious, depressive, rebellious or denying: see him again 29%, re-explain 22%, listen to, adapt.

### Conclusion

When comparing the rheumatologist's and the patient’s assessment about the announcement, there is globally an agreement, but it’s less affirmative for all the items. However, the patient thinks his rheumatologist more frank than he really is. Indeed, he announces with feeling and spends time on it, but not enough for the patient. He is less comforting, reassuring and explaining what he believes. He mentions the treatment inconvenience and life quality, which is well perceived. But he should guide more to annex treatments. For all the suggested items, the SPA patients are less optimistic than the RA patients.

### Disclosure of Interests

None declared

### DOI


### AB1279

**PHYSICAL ACTIVITY LEVELS AND ATTITUDES IN PATIENTS WITH AXIAL AND PERIPHERAL SPONDYOARTHRITIS**

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### Background

Spondyloarthritis is one of the common inflammatory rheumatic diseases in adults, with an overall prevalence of 0.5 to 1%. Based on clinical manifestations and the Assessment in Spondylarthropathies Internatio nal Society (ASAS) criteria, spondyloarthritis can be distinguished as predominately axial or peripheral. Despite the health-related benefits of regular physical activity, patients with spondyloarthritis, are generally less active than those without disease. Studies evaluating the differences in physical activity levels and attitudes towards exercise of patients with axial and peripheral spondyloarthropathy limits.

### Objectives

To characterize and compare self-reported physical activity levels and attitudes towards exercise among patients with axial and peripheral spondyloarthritis.

### Methods

We used baseline information from an on-going, longitudinal, single-site, prospective cohort study consisting of 244 patients with spondyloarthropathies including psoriatic arthritis, anklyaolgosis, and other spondyloarthropathies. Attitudes and beliefs towards exercise were assessed from 5 domains including: 1) general attitude towards exercise; 2) support from other people; 3) benefits in exercise/physically active; 4) concerns about being active; and 5) exercise/physically active behavior. A continuous scale range: 0-100 was used to evaluate attitudes and beliefs towards exercise. High scores indicated that the individual found exercise to be beneficial and/or liked engaging in physical activity.

### Disclosure of Interests

None declared

### DOI