the total metabolic equivalent (MET) to incorporate the frequency, duration and intensity by different type of activities. Minutes spent in each level of activity (e.g., sedentary, light, moderate, and vigorous) were then summed for each week. Adjusted multivariable linear models estimated the relationship between physical activity levels and disease status.

Results: Overall, nearly 80% of the study sample had predominantly peripheral spondyloarthritis. The average age for participants with peripheral disease was 53.2 (standard deviation (SD):12.9) and for those with axial disease was 44.2 (SD: 12.4). Most of the study participants were men, white, non-Hispanic, married, and had attended at least some college, regardless of predominant joint distribution (peripheral versus axial). While the median for general attitude towards regular exercise in participants with peripheral disease was 88.5, the median score was 81.0 in participants with axial disease. The median score regarding benefits of exercise/physical activity to improve general function was 97.0 among participants with peripheral disease and 95.5 among those with axial disease; the median score for pain relief was 67.0 in participants with peripheral disease and 66.5 for those with axial disease. Regardless of predominant joint distribution, walking, bicycling, and swimming were the most common types of exercise. Compared to participants with predominantly peripheral disease, participants with axial disease spent more time per week engaging in light physical activities (adjusted β : 13.0 hrs/week; 95% confidence interval: 0.4 to 25.6 hrs/week) after adjusting for sociodemographic and clinical factors.

Conclusion: Patients with spondyloarthritis have positive attitudes towards physical activity/exercise, regardless of their predominant joint distribution, and believe that these activities improve general function and, to a lesser extent, relieve pain. However, patients with axial disease spend more time per week engaging in light physical activities than do those with peripheral disease.

Acknowledgement: This work was supported by a generous donation from Timothy S. and Elaine L. Peterson.

Disclosure of Interests: Shao-Hsien Liu Grant/research support from: Novartis, Divya Shridharmurthy: None declared, Kate Lapane Grant/research support from: Novartis, Merck, Pfizer, Janssen, Consultant for: Pfizer, Stephen Morais: None declared, Catherine Dubé Grant/research support from: Novartis, Jonathan Kay Grant/research support from: Gilead Sciences, Pfizer, UCB Pharma, Consultant for: AbbVie, Boehringer Ingelheim GmbH, Celltrion Healthcare, Merck Sharp & Dohme Corp., Novartis Pharmaceuticals, Pfizer, Samsung Bioepis, Sandoz, UCB Pharma
DOI: 10.1136/annrheumdis-2019-eular.4421

AB1280 EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH FIBROMYALGIA IN A SPECIALIZED INSTITUTE IN MEDELLÍN, COLOMBIA 2010–2016

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Background: Fibromyalgia is a common cause of chronic musculoskeletal pain in the world, with diverse clinical manifestations and with a ruinous effect on the quality of life of patients. The estimations of prevalence in the general population are very variable (0.2% - 6.4%) as well as the clinical presentation.

Objectives: This study aims to describe the sociodemographic and clinical characteristics of patients with fibromyalgia treated in a specialized institution between 2010 and 2016, in Medellín, Colombia.

Methods: We performed a retrospective, descriptive, secondary source study of patients diagnosed with fibromyalgia from a specialized institution between 2010 and 2016. Descriptive statistics and period prevalence tools were applied for the variables studied, among which was evaluated the use of the diagnostic criteria (1990 or 2010) of the American College of Rheumatology.

Results: We evaluated 1106 records of patients diagnosed with fibromyalgia. The median age was 54 years (IQR 16), the age of greatest presentation is between 40 and 65 years for both sexes, 95.1% were women and a 51.1% were married or living with their partner. 23.6% of the patients had a basic and middle level education (secondary and technological level), 93% of the population came from the department of Antioquia (for a prevalence for this institution in the period 2010 to 2016 of 0.017%), and 54% resided in the city of Medellín. The proportion of people with low and medium low socioeconomic status was 26.3%, while 41.4% reported being active in a job. The symptoms most frequently presented among the patients were myalgia (70.2%), sleep disturbances (59.9%), chronic fatigue (48.5%), headache (47.3%) and muscular weakness (40.5%). When analyzing by sex, headaches were more frequent in

women (48.8%) than in men (24.1%). The most commonly reported comorbidities were psychiatric disorders (31.1%, where depression was the most recorded with 24.1%), migraine (30.9%) and hypertension (27.9%). The most used criteria to make the diagnosis of fibromyalgia were those of 1990 with 62.2%. Regarding treatment, the most used were serotonin reuptake inhibitors and dual inhibitors (52.6%), along with acetaminophen (41.2%) and pregabalin (39%); only 8.2% of patients received non-pharmacological interventions (physical and psychological therapy).

Conclusion: Fibromyalgia is an important pathology in specialized medical consultation, accompanied by myalgia, sleep disturbances, chronic fatigue, headaches and muscle weakness. Psychiatric pathologies are the most frequently associated comorbidities and the 2010 criteria of the American College of Rheumatology are not yet widely applied. The treatment of fibromyalgia is complex and probably more effective with a transdisciplinary approach involving both pharmacological and non-pharmacological interventions.

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Acknowledgement: This study was financed with funds from CONADI of the Universidad Cooperativa de Colombia. [Reference: 2042]

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.1296

AB1281 USAGE OF PROOF-BP TO PREDICT HYPERTENSION IN MEXICAN-MESTIZO RHEUMATIC PATIENTS

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Background: Subjects with rheumatic diseases have an increased risk of cardiovascular morbimortality. Hypertension (HTN) is a key modifiable risk factor for cardiovascular events (1). A recently published and validated prediction model (Predicting Out-of-Office Blood Pressure, PROOF-BP) has been proposed as a tool to improve diagnosis of HTN, and detection of out-of-office HTN in subjects with a previous diagnosis, with a c-statistic (AUC) of 0.86 in non-rheumatic subjects (2). This model has not been explored in rheumatic patients.

Objectives: To evaluate the diagnostic performance of the PROOF-BP algorithm for the prediction of HTN in subjects with/without rheumatic diseases.

Methods: A cross-sectional, observational trial was designed. Subjects were recruited at a rheumatology outpatient clinic in northeastern Mexico. Subjects with/without rheumatologic conditions were recruited. Complete clinical history with somatometry of each subject was registered. BP was measured by a physician 3 times to each participant using current recommendations, with an OMRON HEM-7121 BP monitor. Calculations using the PROOF-BP online site were done, and risk categories were assigned to each subject using their predicted out-of-office BP: low (<130/80 mmHg), medium (130/80-145/90 mmHg) and high risk (>145/90 mmHg). Subjects in the medium and high risk strata were then asked to return for further evaluation and additional BP measurement, to define each diagnosis of HTN. We used frequencies (%) and median (q25-q75) for descriptive analysis. Diagnostic accuracy of each category was determined using 2 x 2 tables.

Results: A total of 217 subjects were included. Baseline characteristics are shown in Table 1. The most frequent rheumatic disease was RA (n=78, 35.9%). Using PROOF-BP, 84 (38.7%) subjects were stratified as medium or high risk. Of these, only 36 (42.8%) returned for evaluation. A final diagnosis of HTN was attained in 14 (38.8%) of those who returned. Diagnostic performances of the low and high risk categories are shown in Table 2. In 21 (67.7%) cases of the medium risk category the