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., sitting, 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 spondyloarthropathy. The average age for participants with peripheral disease was 53.2 (standard deviation (SD):12.9) and for those with axial disease was 45.3 (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 b: 13.0 hrs/week; 95% confidence interval: 0.4 to 25.6 hrs/week) after adjusting for socioeconomic and demographic factors.  

**Conclusion:** Patients with spondyloarthropathies 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.  

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**EPIDEMIOLÓGICO DEL PATIENTES CON FIBROMIALGÍA EN UN ESPECIALIZADO INSTITUTO EN MEDELLÍN, COLOMBIA 2010-2016**

**Marcela Henao Pérez,1 Diana Carolina López Medina,1 Alejandra Arboleda Ramírez2, Julian Zea Osorio, Arboleda Ramírez,2, Julián Zea Osorio,1 Sara Bedoya Monsalve,1 Infetare.1  
1Universidad Cooperativa de Colombia, Medellín, Colombia; 2Instituto Neuroológico de Colombia, Medellín, Colombia  
**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 technical level), 99% 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.  

**REFERENCES**