(BETQ-BQ). This scale that assesses patients biopsychosocial status and includes the question about pain coping skill (3).

Objectives: The aim of this study is to the effectiveness of biopsychosocial exercise program on pain coping in with patients AS and FM.

Methods: Patients with AS and FM were included in the study and demographic data were recorded. Patients attended the BETY sessions for 8 weeks, 3 times a week for sixty minutes. BETY-BQ (3) was applied to individuals before and after 8 weeks. The answers to the question I don't know how to control my pain, which is the 5th question of the BETY-BQ scale, was recorded as 5-point Likert, ranging between yes-always to no-never.

Results: 47 women with AS (n = 30) and FM (n = 17) included in the study. The mean age was 41.83 11.24 and 43.35 8.86 and the body mass indexes were 26.385.15 and 26.325.15 for the AS and FM patients, respectively. There was a statistically significant difference in the ability of AS subjects to cope with pain before and after the BETY intervention ($p < 0.05$), there was no significant difference between individuals with FM before and after BETY intervention ($p > 0.05$) (Table 1).

Abstract AB1374HPR Table 1. Comparison of AS and FM patients before and after treatment

	AS (n=30)		FM (n=17)	
	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment
5th question (%)				
Yes, always	33.3	10	23.5	17.6
Yes, often	20	13.3	5.9	11.8
Yes, sometimes	16.7	30	17.6	23.5
Yes, rarely	10	13.3	41.2	11.8
No, never	20	33.3	11.8	35.3

Conclusion: Although both AS and FM are rheumatic diseases, it is known that FM patients experience more intense psychosocial stress. They are, therefore, resistant to change (4). We found that the positive change in pain coping skill seen in the AS group is not seen in FM group. It is concluded that FM patients regarding in pain coping strategies they need to attend exercise programs and need to be educated about pain coping skills for a longer period.

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AB1375-HPR EFFECT OF SCHROTH METHOD AND SCIENTIFIC EXERCISE APPROACH TO SCOLIOSIS (SEAS) ON THE COBB ANGLE AMONG THE ADOLESCENT WITH IDIOPATHIC SCOLIOSIS A COMPARATIVE STUDY

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Background: Scoliosis is a three-dimensional deformity of the spine and trunk leading to physical and functional disability. Among adolescent, idiopathic scoliosis is the most common (80% - 89%) form of scoliosis with prevalence ranging between 0.47% and 5.2% in general population¹. As the evidence on the comparative efficacy of various physical therapy in scoliosis is sparse, we conducted a comparative study assessing efficacy of Schroth method of exercise group (SEG)² and scientific exercise approach to scoliosis group (SEASG)³ in adolescents with idiopathic scoliosis.

Objectives: To compare efficacy of schroth method and SEAS among adolescent with scoliosis.

Methods: Thirty subjects, both male and female of the age group of 10 to 18 years, with mild-moderate idiopathic scoliosis defined as the spinal radiographic Cobb angle in the range of 20 to 45 and riser sign of 0-2 were randomly allocated to Schroth method of exercise group (SEG, n=15) and scientific exercise approach to scoliosis group (SEASG, n=15). Subjects with diagnosis of spinal injury, previous spinal surgery, gibbus, limb deformity, infection and malignancy were excluded. The SEG and SEASG performed Schroth and scientific exercise respectively, 5 times a week for 7 weeks. To quantify the magnitude of spinal deformity, Cobb angle measurements were obtained by using radiograph to gain pre-post interventional differences. (Figure 1)

Results: SEG showed the significant changes in pre (mean sd 31.2 5.20) and post (mean sd 27.4 5.17) Cobb angle measurements. SEASG also showed the significant changes in pre (mean sd 31.33 5.26) and post (mean sd 29.4 5.9) Cobb angle measurements (Figure 2). Comparing both the groups by unpaired t test suggested SEG to be more efficacious than the SEASG with the t value (4.22) for change in Cobb angle ($p < 0.0001$) (Figure 3).

Conclusion: The study establishes the role of physical therapy in idiopathic scoliosis of mild to moderate degree among adolescents with. Schroth method of exercise performs better compared to the SEAS in patients with mild to moderate scoliosis.

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GRAPHICAL PRESENTATION OF WITHIN GROUP ANALYSIS

GRAPHICAL PRESENTATION OF BETWEEN GROUP ANALYSIS

Disclosure of Interests: None declared

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AB1376-HPR ROLE OF NURSE-LED TELEPHONE FOLLOW UP TO ENHANCE AND SUBSEQUENTLY MAINTAIN HIGH LEVEL OF ADHERENCE TO OSTEOPOROSIS PROPHYLAXIS MEDICATIONS: A PROSPECTIVE COHORT STUDY OF PATIENTS WITH POLYMYALGIA RHEUMATICA AND GIANT CELL ARTERITIS

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Background: Poor adherence to the osteoporosis prophylaxis medications has been reported before, which may result in treatment failure.^{1,2} However findings of previous studies are controversial.^{1,2}

Objectives: To investigate the role of nurse-led telephone follow-up to increase the level of adherence to osteoporosis prophylaxis medications in patients with newly diagnosed Polymyalgia Rheumatica/Giant Cell Arteritis (PMR/GCA).

Methods: This is an ongoing 1-year prospective cohort study. 37 consecutive steroid treated patients with newly diagnosed PMR/GCA were included. Patients were seen by the physicians at baseline, 1st and 4th month, where they were interviewed about their compliance towards osteoporosis prophylaxis medications, i.e. Calcium/Vitamin D supplements and Bisphosphonates (if Tscore ≤ -1), using a standardized questionnaire. Patients were therefore categorized as 100%, 50-100%, <50% adherent or non-adherent to the prescribed drugs. Every individual patient were contacted by our nurses one week after treatment initiation, and subsequently one month after physician visit to evaluate the effect of treatment, compliance to the medications and possible drugs side effects.

Results: 85.3% and 75.8% of the patients were completely adherent to their osteoporosis medications at 1st and 4th months of treatment initiation, respectively. (figure 1) The difference between level of adherence to the osteoporosis medications at 1st (=week 4) and 4th month (=week 16) was not statistically significant. (P value:0.369). Decreased adherence in the patients was mainly due to forgetfulness.

Conclusion: Compared to the earlier findings we found a higher level of adherence in this group of patients. Nurse-led telephone follow up as well as educating the patients respecting the importance of the osteoporosis medications for preventing steroid related side effects, may enhance and subsequently maintain high level of adherence to the osteoporosis medications. Our findings are in line with our earlier study indicating a high level of adherence to the osteoporosis medications in PMR/GCA patients.²

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AB1377-HPR PATIENT ACTIVATION MEASURE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The Patient Activation Measure (PAM) is a 13-item measure that assesses patient knowledge, skill, and confidence for self-management. The measure was developed using Rasch analyses and is an interval level, unidimensional, Guttman-like measure. The current analysis is aimed at reducing the number of items in the measure while maintaining adequate precision(1). A Spanish adaptation of the scale was performed in 2017.

Objectives: To determine the level of activation, knowledge and skills for self-management in patients with Rheumatoid Arthritis

Methods: We performed a quantitative, observational, cross-sectional, and questionnaire-based study, convenience sampling was used. Participants were recruited in a specialized RA center, during a patients meeting. We applied the PAM-13 scale validated in Spanish. The scale has a score from 1 to 4 divided in four levels where level 1 represents a disengaged patient and suggests that the doctor is in charge of their health; level 2: the patient becomes aware but struggling; level 3: The patient is taking action and considers himself as a part of the healthcare team, and level 4 represents a patient that maintains behaviors and pushes forward. The maximum score is 52 points.

Results: 322 patients participated, 23 patients generated incomplete PAM scores (response rate 92%) and were excluded. From total 93% of patients were women. Mean age was 60 years 10; mean PAM-13 Was 19.83 6.16. In our study 68% of patients were in level 2 according to PAM-13 scale which means that they are becoming aware of their knowledge, skills and self-management but are still struggling. See table 1. In average 80% of patients answered each question to be in level 1 or 2, 15% in level 3 and only 5% in level 4.

LEVEL	n	%
Level 1	59	19.73
Level 2	204	68.23
Level 3	34	11.37
Level 4	2	0.67

Conclusion: This is the first study in our country where the Patient Activation Measure is applied in patients with rheumatoid arthritis. Thus, it might be useful to implement patient activation monitoring, since the level of activation is low in patients with RA.

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