AB1403-HPR INVESTIGATION OF SPINE POSTURE, MOBILITY AND POSTURAL COMPETENCY IN LOW BACK PAIN PATIENTS WITH MODERATE TO SEVERE DISABILITY: A CASE-CONTROL STUDY

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Background: Low back pain (LBP) is the most common musculoskeletal complaint especially in women that causing disability and growing as a global burden (1,2). Changes in spine structures and alignment have been important in the occurrence of LBP (3,4).

Objectives: This study aimed to investigate spine posture, mobility and postural competency in women with and without LBP.

Methods: Thirty-four women with LBP having moderate to severe disability (age: 50.509.26 years; body mass index (BMI): 34.765.42 kg/m²) and age-gender matched 37 asymptomatic healthy women (age: 48.948.99 years; BMI: 31.976.88 kg/m²) were included. Oswestry Disability Index (ODI) was used for disability assessment (higher scores indicated more severe disability (0-50)). Overall spine posture, mobility, postural competency and spine check scores were evaluated using the Spinal Mouse (Idiag, Fehraltorf, Switzerland) device in standing position. The scores were evaluated between as poor "0" and "100" as perfect. T test was used for analysis.

Results: The mean score of ODI was 32.258.27 (moderate to severe disability). The scores of spine posture, mobility, postural competency and total spine check of women with LBP were found 24.7615.65; 25.1114.60; 36.6421.58; 30.2612.06, respectively; while, the scores of asymptomatic women were found 34.6716.27; 34.4521.47; 38.2115.18; 38.7215.06, respectively. Lower posture (p=0.011), mobility (p=0.037) and total spine check scores (p=0.011) were found in women with LBP compared to the controls; however, the postural competency was similar (p=0.722).

Conclusion: Women with LBP had poor spine posture, mobility and total spine check scores, but similar postural competency in comparison to controls. In the clinics, considering these parameters might be important while planning the optimal treatment for LBP.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7324

AB1404-HPR JIA TEAMWORK FOR IMPROVING PATIENTS' ACCEPTANCE OF INTRAARTICULAR GLUCOCORTICOID INJECTIONS IN LOCAL ANESTHESIA IN OUTPATIENT DEDICATED SERVICE

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Background: The discomfort and anxiety related to the medical care of patients with juvenile idiopathic arthritis (JIA), hampered by frequent and ongoing visits, diagnostic tests, medications and hospital stays, can negatively impact on the compliance during examinations and procedures, particularly intraarticular glucocorticoid injections (IAGI) in local anesthesia. A dedicated personnel for supporting patients and their caregivers may provide them relief, thus contributing also to a more serene environment for operators.

Objectives: To identify an appropriate approach for the relief of JIA patients most critical issues related to IAGI in local anesthesia. To provide preliminary validation of the approach identified.

Methods: In the first part of the study the nurse of the IAGI outpatient service at the study center had conversation with all consecutive JIA patients and caregivers seen at the service, while preparing them to IAGI in local anesthesia and while on discharge. In agreement with the patient, the nurse synthesized in keywords and registered each patients most relevant feelings with regard to the IAGI procedure. Patients and caregivers were also asked to suggest feasible tools for a better acceptance of the procedure. The results were discussed within the JIA team, who selected in a questionnaire the most frequently reported keywords and identified the most feasible among the proposed supportive tools. Secondly, all consecutive JIA patients seen at the service were asked to complete the feeling-status questionnaire after the IAGI. As the tools were available, the questionnaire was completed after IAGI procedures tool-supported. Statistics included descriptive analysis and Students t-test for comparison between feelings rating by patients with and without supportive tools (significance: p-value<0.05).

Results: From the list of keywords obtained by the first 10 patients with the nurse, the most reported -stress, anxiety, fear, and anger- were included in a feeling questionnaire composed of a VAS 0-10 (0=none, 10=worst) for each keyword. Among the suggested supportive tools the JIA team identified as feasible: colored drawings/pictures in the procedure room and the availability of favourite songs/vidoeclips/cartoons on tablet just prior and during IAGI. Forty-one patients completed the questionnaire in a mean time of 22 seconds. Among them, 24 (59%) were supported by the selected tools, been meantime available, during IAGI procedure.

Abstract AB1404HPR Table 1. Mean of response to the feeling-questionnaire by JIA patients seen at the IAGI outpatient service without (A) and with (B) supportive tools

	Patients n.17 (A)	Patients n.24 (B)	P-value
Female/Male	16 (94)/1 (6)	20 (83)/ 4 (17)	
Age at IAGI, years, median (IQ range)	15,1 (12,8- 20,5)	13,5 (9,7- 17,8)	
Age at disease onset, years, median (IQ range)	4,9 (1,7 -11,2)	4,1 (1,9 -7,1)	
Stress*, mean (SD)	9 (1)	4 (2)	<0.005
Anxiety*, mean (SD)	9 (1)	4 (2)	<0.005
Fear*, mean (SD)	7 (4)	2 (2)	<0.005
Anger*, mean (SD)	5 (3)	1 (2)	<0.005

*VAS 0-10, 0=none, 10=worst

Conclusion: Our preliminary results highlight that a setting for IAGI more comfortable for patients provide an improvement in the JIA patients feelings rating undergoing injection procedures in local anesthesia. The nurses attitude to patients and the teamwork were fundamental in collecting the patients perspective and in adapting their suggestions to the IAGI outpatient service environment.

Acknowledgement: We acknowledge the Associazione Malattie Reumatiche Infantili (AMREI) Onlus for its support to the initiative

Disclosure of Interests: Aurora Pucacco: None declared, Hanan Jadoun: None declared, Angela Aquilani: None declared, Fabio Basta: None declared, Andrea Uva: None declared, Rebecca Nicolai: None declared, Fabrizio De Benedetti Grant/research support from: Abbvie, SOBI, Novimmune, Roche, Novartis, Sanofi, Pfizer, Silvia Magni-Manzoni Consultant for: Abbvie, Speakers bureau: Abbvie

DOI: 10.1136/annrheumdis-2019-eular.3566

AB1405-HPR REDUCED HAND FUNCTION AFFECTS ACTIVITY PERFORMANCE AND QUALITY OF LIFE IN PERSONS WITH SIBM

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Background: Reduced hand function is common in persons with (IBM) (1). Information regarding how hand function deficits affect activities of daily living and quality of life is limited (2,3). There is a need to improve treatment and increase knowledge on how to assess different aspects of SIBM.