Objectives: To investigate how hand function can influence activities of daily living and quality of life in persons with sIBM.

Methods: Data collection has been performed in both USA and in Sweden. In total 62 persons with IBM participated in this study (USA n=36, Sweden n=26), median age were (IQR) 70 (66-75) years with a median disease duration (IQR) 6 (2-8) year. The majority were men n=39 (63%).

Hand strength was measured with the Jamar dynamometer and dexterity by the Purdue Pegboard. Activity limitation measured by the Disability of the Arm, Shoulder and Hand (DASH) and Myositis Activities Profile (MAP). Quality of life by SF-36.

Results: Hand strength and dexterity in IBM was reduced in both women and men (p<0.001). Percentage of reference values were (right hand/left hand) in Women 42%/25%, Men 30%/27%.

Persons with IBM had limitations in daily activities when compared to reference values (p<0.001). The most limited activities were: Activities of moving around (extremely difficult), Recreation (Very difficult), Movement (moderately difficult) and Household activities (moderately difficult)

Persons with IBM had reduced quality of life in SF-36 domains; Physical Function, Role Physical, General Health, Vitality, Social Function and Mental Health.

Hand strength correlated moderately with activity limitation measures by DASH (p<0.001) and MAP subscales; Movement, Activities of moving around, Personal hygiene, Housework, Social activities, Work/School and Recreation (p<0.001) and moderately to SF-36-dimension Physical Function (p<0.001).

Dexterity correlated moderately to DASH (p<0.001) and all subscales of MAP (p<0.001) and moderately to SF-36 dimensions Physical Function and Social Function (p<0.001).

Conclusion: Persons with IBM have reduced hand function and limitations in daily activities and quality of life. Suggesting the importance to include measures on both hand function, activity limitation and quality of life. The expertise on activity and occupational science of an occupational therapist may contribute to the assessment and treatment of persons with IBM.

REFERENCES

Disclosure of Interests: None declared

AB1407-HPR

DIET AND LUPUS: WHAT DO THE PATIENTS THINK?

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Objectives: The primary objective of this study was to learn about lupus patient experiences with diet including their opinion on considering diet as a therapeutic option. The secondary objective was to obtain this information in a cost and time effective manner.

Methods: A lay summary and a 15 question diet-based online survey was publicly available for 3 weeks. Social media was used to promote the survey through relevant charities, hospitals and research groups.

Results: 300 responses were received, 284 of whom had lupus. Patients reported that there was a lack of clinical counselling regarding diet with only 24% of patients stating that their doctor had spoken to them about diet. Despite this, 100% of patients stated that they would change their diet if they knew it would help their symptoms and 83% would take part in a future diet-based clinical trial. Text analysis of patient research suggestions identified a particular interest in using diet to treat fatigue and manage disease flares.

Conclusion: This project successfully gathered patient information regarding diet and lupus over a short timeframe using an anonymous social media platform. The survey provided evidence that patients support further research and potential diet intervention studies investigating the effect of diet on the symptoms of lupus.

REFERENCES

Acknowledgement: Lupus UK, Rosetrees Trust, Versus Arthritis, Survey Monkey

Disclosure of Interests: None declared