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

Methods: Data collection have 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) n=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

- [1] Lindberg C, Oldfors A. Prognosis and prognostic factors in sporadic inclusion body myositis. *Acta Neurol Scand.* 2012;125(5):353-8.
- [2] Eriksson M, Lindberg C. Hand function in 45 patients with sporadic inclusion body myositis. *Occup Ther Int.* 2012;19(2):108-16.
- [3] Cox FM, Titulaer MJ, Sont JK, Wintzen AR, Verschuuren JJ, Badrising UA. A 12-year follow-up in sporadic inclusion body myositis: an end stage with major disabilities. *Brain.* 2011;134(Pt 11):3167-75.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6854

AB1406-HPR DIET AND LUPUS: WHAT DO THE PATIENTS THINK?

George Robinson^{1,2}, Thomas McDonnell², Chris Wincup², Lucia Martin-Gutierrez^{1,2}, James Wilton¹, Anastasia Kalea³, Coziana Ciurtin¹, Ines Pineda Torra⁴, Elizabeth Jury², Jury Lab, Jury Lab. ¹University College London, Centre for Adolescent Rheumatology, London, United Kingdom; ²University College London, Rheumatology, London, United Kingdom; ³University College London, Institute of Liver and Digestive Health, London, United Kingdom; ⁴University College London, Metabolism and Experimental Therapeutics, London, United Kingdom

Background: Cardiovascular disease (CVD) is the leading cause of mortality in patients with systemic lupus erythematosus (lupus). Therefore, using diet to control blood lipid levels and modify CVD risk could be a promising therapeutic strategy to control disease symptoms.

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

- [1] Bernatsky S, Boivin JF, Joseph L, Manzi S, Ginzler E, Gladman DD, et al. Mortality in systemic lupus erythematosus. *Arthritis & Rheumatism.* 2006;54(8):2550-7.
- [2] McDonnell TCR, Wincup C, Rahman A, Giles I. Going viral in rheumatology: a rapid, cost-effective method of obtaining patient opinion about mechanistic research in SLE and APSA. *Rheumatology.* 2018;57:1.

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

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5669

AB1407-HPR NEUROLOGICAL MANIFESTATIONS DURING THE BEHCET DISEASE

Skouri Wafa¹, sameh sayhi¹, Najah Boussetta², Rim Dhahri¹, Faida Ajili³, Louzir Bassem⁴. ¹military hospital, tunis, Tunisia; ²military hospital, tunis, Tunisia; ³autoimmune Disease Unit Research : UR17DN02, tunis, Tunisia; ⁴MILITARY HOSPITAL, tunis, Tunisia

Background: behcet disease MB is a systemic inflammatory disease whose common histopathological substratum is a vasculitis that can reach all vessels. Neurological impairment is one of the diagnostic criteria for MB. A serious condition affects the functional and vital prognosis.

Objectives: The aim of our work was to study the epidemiological, clinical, therapeutic and evolutionary characteristics of patients with BD with neurological involvement.

Methods: This was a retrospective, monocentric, descriptive study of NB from the adult population collected from a population of 150 patients monitored for MB. The study was conducted in the Neurology and Internal Medicine departments over a period of 19 years, from January 1997 to December 2015. Patients meeting the criteria of the international Study Group of the MB of 1990, those of the criteria of the International Criteria for Behcet Disease (ICBD) and the diagnostic criteria of Neuro-behcet defined proposed by the international consensus of experts of 2014.

Results: We collect 35 patients. The gender ration was at 6 with 30 men for 5 women. The mean age of our population was 34+- 1.92 years. The neurological manifestations had inaugurated the MB in 55% of the cases. Ninety-four percent of patients had central nervous system involvement, while two patients had peripheral polyradiculoneuritis. Central involvement was parenchymal in 85% of cases, nonparenchymatous in 3% of cases and fixed in 6% of cases.

Cerebral imaging showed predominant demyelinating lesions in periventricular and brain stem in 15 patients, a pseudo-tumor appearance in 3 patients, and vascular lesions with arterial aneurysm and cerebral thrombophlebitis in 2 patients. Therapeutically, all patients received corticosteroid therapy with immunosuppressive therapy for 15 patients. Three patients had received an immunomodulatory treatment of anti-TNF a Type. The evolution was by push in 60% of cases, primary progressive in 20% of cases and secondarily progressive in the rest of the cases. Three-quarters of patients with parenchymal brain injury had a favorable outcome. The Outcome was unfavorable in all patients with diffuse disease, brain stem damage, spinal cord injury, angio-behavior, polyradiculoneuropathy and mixed impairment. The change in visual impairment (NORB) was favorable in one case in two.

Conclusion: Neurological manifestations of MB are serious complications, and are typically poor prognosis both on a vital and functional level. Mortality remains high and neurological sequelae (motor and neuropsychological) are heavy. The prognosis in all the worse because the treatment is instituted late, hence the interest of an early and well conducted treatment

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.8082