frequency, intensity and duration/repetitions, and regular evaluations (1). The 2018 EULAR recommendations for PA (2) state that this is also effective, feasible and safe for people with rheumatic diseases. Therefore, the Ankylosing Spondylitis Association of Switzerland (SVMB) has started to implement assessments of all four fitness dimensions in their exercise groups (n=68). Criteria for selection of an assessment were its psychometric properties and feasibility for group setting, i.e. low costs and material requirements: Chester step test (CST) for cardiorespiratory fitness (3); adapted Core Strength Endurance test battery (CSE) for muscle strength (4); Bath AS Metrology Index (BASMI) for flexibility (5); Single-Leg-Stance test (SLS) for balance (as proxy for neuromotor activities) (6). For all assessments, except CSE, norm values for healthy people are available.

Objectives: To assess the fitness status of people with axSpA across four volunteering pilot groups and evaluate if between-subject variables of interest are associated with fitness status.

Methods: Participants were assessed at baseline and after 6 months on all four fitness dimensions. For each dimension, a linear mixed model with random intercept was fitted to the data with the within-subject variables time and measurement condition and the between-subject variables age, disease duration, disease activity (Bath AS Disease Activity Index, BASDAI) and PA level (weekly Metabolic Equivalent of Task MET) as explanatory variables.

Results: Of 30 patients assessed, 10 (33%) were women, mean age was 58.8 (SD 9.68) years, mean disease duration was 32.6 (SD 9.68) years, mean disease activity was 3.1. (SD 2.36) and mean PA per week was 5013 (SD 3479.77) METs. Mean estimated VO₂max for cardiorespiratory fitness was 35.2 (SD 6.59). Disease activity was negatively (slope=-1.49, p=0.01) and PA level positively (slope=3.28, p=0.01) associated with cardiorespiratory fitness. Mean core muscle strength endurance was 78.8 (SD 51.98) seconds. PA level was positively associated with core muscle strength (slope= 8.62, p=0.05). Mean flexibility score was 3.1 (SD 2.36), with age being positively associated with flexibility (slope=0.100, p=0.04). Mean balance was 43.1 (SD 21.09) and 7.7 (SD 5.84) seconds with open and closed eyes respectively. Age was negatively associated with balance (slope = -0.84 (p=0.00)).

Conclusion: The SVMB has made an important step by implementing regular fitness evaluations in their axSpA exercise groups. The test scores of the assessed people with axSpA were lower than in healthy people but within the norms. PA level was positively associated with cardiorespiratory fitness and core muscle strength. Disease duration and disease activity were negatively associated with cardiorespiratory fitness only, but not with the other fitness dimensions, which may be different from what is usually assumed.

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OP0273-HPR FUNCTIONAL EXERCISE FOR ADULTS WITH CHRONIC NON-SPECIFIC LOW BACK PAIN: A RANDOMIZED CONTROLLED TRIAL

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Background: Exercise therapy is part of the recommendation for the treatment of chronic non-specific low back pain (LBP). Functional exercise may be an alternative for the treatment, no studies assessing its effectiveness were found.

Objectives: To assess the effectiveness of the functional exercise program for pain, functional capacity, general health, kinesiophobia and perceived exertion in adults with chronic nonspecific LBP.

Methods: A randomized controlled clinical trial with intention-to-treat analysis and 24-week follow-up was performed. Eighty-four patients were randomly assigned to an experimental group (EG) or control group (CG). The EG participated in the functional exercises program performed twice a week for twelve weeks. The functional exercise program was composed by global exercise that worked the group of muscles of the trunk and lower and upper limbs with

progression every 4 weeks. The two groups received an informative class on the disease and were advised to use analgesic if necessary. Primary outcome was LBP measured by numeric rating scale (NRS). Secondary outcomes included was functional capacity by Oswestry and Roland Morris questionnaires, 6-minute walk and TUG tests, kinesiophobia (FABQ), general health (SF-36), perceived exertion (BORG). Evaluations were performed at baseline, after 6, 12 (end of intervention) and 24 weeks by a blind evaluator.

Results: The groups were homogeneous for all parameters at baseline. Compared with the CG, the EG statistically improved pain, functional capacity, kinesiophobia, some domains of general health and perceived exertion - Table 1.

Conclusion: The functional exercise program was effective to improve pain, functional capacity, kinesiophobia, general health and perceived exertion in adults with chronic nonspecific LBP.

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Abstract OP0273HPR Table 1. Between-groups evaluations

	T0		T6		T12		T24		p Value (GLM)
	EG	CG	EG	CG	EG	CG	EG	CG	
NSR	6.2 (1.3)	6.0 (1.7)	3.1 (1.8)	5.5 (1.7)	2.3 (1.9)	5.5 (1.8)	2.3 (1.8)	5.5 (1.6)	<0.001*
ODI	20.7 (10.8)	25.5 (11.3)	12.0 (7.0)	22.1 (10.3)	9.5 (6.3)	22.5 (10.5)	8.9 (6.4)	22.8 (10.9)	<0.001*
RMDQ	6.9 (5.0)	8.4 (5.3)	4.1 (3.3)	7.6 (4.7)	2.8 (2.6)	7.3 (4.7)	2.6 (2.4)	8.1 (5.2)	<0.001*
TUG	8.3 (1.1)	8.7 (2.6)	8.27 (1.94)	8.69 (1.90)	7.84 (1.08)	8.99 (2.14)	7.86 (0.83)	9.08 (2.49)	0.005*
FABQ work	18.6 (15.7)	17.6 (12.0)	12.4 (9.0)	16.8 (12.0)	10.5 (9.3)	16.6 (11.1)	7.5 (7.4)	17.6 (11.4)	<0.001*
FABQ phys	11.9 (6.2)	13.0 (6.3)	7.1 (6.5)	13.0 (7.1)	7.0 (6.0)	13.2 (7.3)	6.9 (6.1)	13.0 (7.5)	<0.001*
SF-36									
Physical functioning	66.1 (21.3)	60.1 (25.7)	77.7 (16.5)	61.8 (24.2)	83.8 (13.8)	58.2 (26.4)	82.4 (14.3)	60.1 (26.7)	<0.001*
Role physical	55.4 (40.8)	45.8 (39.8)	78.1 (31.2)	48.8 (38.2)	86.3 (24.8)	49.4 (42.9)	87.7 (17.6)	47.0 (39.9)	0.046*
Bodily pain	45.8 (17.0)	40.0 (14.9)	65.1 (19.8)	55.7 (20.4)	76.7 (16.0)	62.0 (21.7)	66.7 (21.6)	61.1 (24.7)	<0.001*
General health	64.8 (21.3)	62.0 (20.1)	68.3 (18.9)	65.6 (17.2)	77.2 (15.6)	62.0 (17.2)	76.0 (15.2)	62.0 (17.4)	<0.001*
Vitality	46.4 (19.1)	48.0 (22.3)	58.8 (17.2)	46.5 (21.2)	64.1 (15.4)	48.6 (18.9)	62.7 (17.6)	47.6 (19.9)	<0.001*
Social functioning	68.6 (24.7)	65.7 (41.8)	80.2 (18.6)	64.8 (25.0)	87.5 (17.0)	69.6 (26.9)	87.4 (17.1)	68.3 (27.1)	<0.001*
Role emotional	55.4 (41.5)	61.7 (41.8)	72.1 (36.8)	55.5 (42.1)	82.4 (29.8)	56.3 (46.3)	82.2 (27.0)	64.2 (43.2)	<0.001*
Borg (0-10)	2.4 (0.9)	2.4 (1.5)	2.17 (1.06)	2.38 (1.01)	1.9 (0.76)	2.60 (1.40)	1.88 (0.77)	2.62 (1.96)	0.012*

Data expressed as mean (standard deviation); GLM, Generalized Linear Models;

*Statistically significant p value (<0.05).

Disclosure of Interests: None declared

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OP0274-HPR DEVELOPMENT OF GENERIC CORE COMPETENCES OF HEALTH PROFESSIONALS IN RHEUMATOLOGY: A SYSTEMATIC LITERATURE REVIEW INFORMING THE 2018 EULAR RECOMMENDATIONS

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Background: Acquisition and maintenance of competences by Health Professionals in Rheumatology (HPRs) is important to ensure the best care for people with