Objectives: The study included intergroup comparisons (Pre vs post-HSCT; Table 1) and intergroup comparisons (G1 vs G2; Table 2)

In the intragroup analyses, comparing pre and post-HSCT scores, there was general improvement in both disease groups, especially in G2. The intergroup comparisons indicate that before HSCT patients in G1 had better QoL scores in P (p = 0.4338), GHP (p = 0.0001) and MH (p = 0.0049). A significant difference was found between the two groups (p < 0.05), indicating that after HSCT patients in G2 had a better overall QoL than patients in G1.

Results: Twenty-one people with PsA-related foot problems and 17 experienced clinicians participated. Over 100 distinct ICF categories were linked to the interview and focus group codes. The most represented ICF categories were body functions (33%), disability (22%), and environmental factors (14%). The majority of codes were linked to the categories of pain and body functions, as well as to the categories of body image and social relationships.

Conclusion: Despite the localised anatomical focus of this study, the effect of foot problems in PsA was linked to all components of the ICF, confirming the profound impact on functioning and daily life. Difficulties with linking psychological concepts reflect deficiencies in the ICF and is a major limitation in defining foot disease burden. These findings offer new knowledge using patient and clinician perspectives that could inform the development of an instrument to measure the impact of foot involvement in PsA.

REFERENCES:

Disclosure of Interests: None declared

TRUNK MUSCLE ENDURANCE AND BALANCE IN WOMEN WITH FIBROMYALGIA SYNDROME

Background: Position sense plays a fundamental role in human movement which is crucial for daily activities, exercise and sports [1]. Trunk endurance and balance were also integrated part of normal functional movements. Decreased balance and trunk muscle endurance were reported in women with fibromyalgia syndrome (FMS) [2]. However, to our knowledge, the relationship between trunk position sense, trunk muscle endurance and balance has not been studied in women with FMS.

Objectives: This study aimed to determine the relationship between trunk position sense, trunk muscle endurance and trunk muscle balance in women with FMS.

Methods: Women with FMS (n: 25, age: 42.88±11.66 years, body mass index: 25.69±3.48 kg/m²) were recruited. Trunk position sense was assessed with digital inclinometer by trunk reposition errors in which higher scores indicates poor trunk position sense [3]. Trunk flexor and extensor muscle endurance tests [4] in seconds and balance with the Mini-Balance Evaluation Systems Test (Mini BEStest) [5] were assessed. Spearman’s rank correlation test was used for analysis.

Results: There were significant negative correlations between trunk position sense and trunk flexor, extensor, dominant and non-dominant lateral side muscle endurance (r = -0.61; p = 0.001; r = 0.49; p = 0.011; r = 0.48; p = 0.014; r = 0.048; p = 0.014, respectively). There were also high significant negative correlations between trunk position sense and Mini BEStest score (r = -0.73, p = 0.001).
Conclusion: It was found that there were moderate to high correlations between trunk position sense, trunk muscle endurance and balance. Therefore, addition of trunk position sense training to the rehabilitation programs might be effective in improving trunk muscle endurance and balance in women with FMS.

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THU0715-HPR

ASSESSMENT OF SELF-CARE AGENCY AND ITS ASSOCIATION WITH SYMPTOMS AND QUALITY OF LIFE IN INDIVIDUALS WITH FIBROMYALGIA: A CROSS-SECTIONAL STUDY

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Background: Fibromyalgia is a condition of high prevalence, which causes physical discomfort, mental distress and impairment of social relationships. Self-care may be a relevant factor to improve the quality of life in individuals with fibromyalgia, since it is related to the act of empowerment, leading individuals to have dominion over their own life.

Objectives: To assess self-care agency of individuals with fibromyalgia and verify its association with symptoms, quality of life and sociodemographic variables.

Methods: The study included 40 women, aged between 19 and 59 years, with fibromyalgia according to the 2010 American College of Rheumatology diagnostic criteria, and elementary education. This study was approved by the Research Ethics Committee of the School of Medicine of the University of Sao Paulo. Informed consent was obtained from all study participants. Sociodemographic and clinical data (age, civil status, educational level, social status and disease duration) were collected. Self-care was measured with the Appraisal Self-Care Agency Scale-Revised, pain with the Visual Analog Scale (VAS) and the Widespread Pain Index (WPI), severity of symptoms with the Symptom Severity (SS) Scale, and quality of life with the Revised Fibromyalgia Impact Questionnaire (FIQR).

In data analysis, Pearson correlation coefficient was used for parametric data, and the Spearman correlation coefficient was used for non-parametric data. The level of significance adopted was 5%.

Results: Moderate values were found for self-care agency (52.75 ± 10.25), VAS pain (5.84 ± 2.16), WPI (13.32 ± 3.78) and SS (9.30 ± 2.08). Severe impact on quality of life was found with the FIQR (63.98 ± 13.17), VAS pain (5.84 ± 2.16), WPI (13.32 ± 3.78) and SS (9.30 ± 2.08). Additionally, significant correlations of self-care agency with quality of life (r=0.341), function (r=0.338), overall impact (r=0.315), symptoms domains (r=0.332) and total score (r=0.375) of the FIQR were observed.

Conclusion: The study suggests that individuals with fibromyalgia have a moderate level of self-care agency, and there is a weak association of self-care with quality of life and social status.

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THU0716-HPR

MAJOR BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY IN RHEUMATOID ARTHRITIS ARE RELATED TO PHYSICAL AND PSYCHOLOGICAL HEALTH, SETTING AND SOCIAL ENVIRONMENTAL FACTORS: A SYSTEMATIC LITERATURE REVIEW

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Background: physical activity (PA), including engagement in structured exercise, is a key element in the management of chronic inflammatory rheumatic diseases, in particular rheumatoid arthritis (RA) (ref). However, maintaining a physically active lifestyle is a challenge for people with RA. PA determinants in this population need to be understood better to be optimised through public health or healthcare interventions and social policy changes.

Objectives: to collect qualitative evidence on barriers and facilitators of PA for patients with RA through a systematic literature review (SLR).

Methods: A SLR of Medline, Web of Science and grey literature was performed from inception to January 2019; key search terms were exercise [MeSH], barriers [Title/Abstract], facilitators [Title/Abstract] and Rheumatoid [MeSH]. All qualitative reports of barriers and facilitators in RA, published in English were collected. A thematic synthesis was applied.

Results: Of 89 references, 10 (11.2%) studies were qualitative reports in RA and were analyzed: 3 (49 patients) were focus group and 7 (99 patients) were interviews. In all, 148 patients participated: mean age 57.4 years (standard deviation 11.2, range of means 50.0-65.5), mean disease duration 14.3 years (SD 5.2, range 6.9-21.0). Barriers and facilitators were reported for general physical activity in 6 studies and for supervised exercises (e.g. exercise program leads by physiotherapist) in 4 studies. Overall, 7 categories of barriers (mean 3.4 (SD 1.9) per study) and 8 categories of facilitators (mean 3.7 (SD 2.1) per study) were reported. These could be grouped in 4 major themes (physical health, psychological aspects, setting and social environment) (Table). The 3 most reported categories of barriers were symptoms of RA (8/10 studies), beliefs, fears and loss of motivation (7/10) and lack of support, exercise knowledge, confidence and conflict in advice from healthcare (4/10). The 3 most reported categories of facilitators were support of PA (8/10 studies), beliefs, fears and loss of motivation (7/10) and lack of support, exercise knowledge about benefits of PA (5/10) and positive emotions and experiences of PA (5/10).

Conclusion: Our findings emphasize the complex interplay of physical and psychological health, setting and social environmental factors, corresponding to the facilitation and hinderance of PA engagement.