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 São 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 ± 1.68). Severe impact on quality of life was found with the FIQR (63.98 ± 17.26). Additionally, significant correlations of self-care agency with social status (r=0.391), 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 Arthritis, 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, SD 3.9, range of means 50.0-63.5), 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 majors 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 group socialization, influence of others, social support (8/10), positive beliefs, 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 hindrance of PA engagement.