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

Leticia Couto, Susan Yuan, Amelia Pasqual Marques. *University of São Paulo, São Paulo, Brazil*

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 ± 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

Thomas Davergne^{1,2}, Rikke Helene Moe³, Bruno Fautrel^{2,4}, Laure Gossec^{2,4}.
¹Sorbonne Université, Paris France, Paris, France; ²Institut Pierre Louis; ³Epidémiologie et de Santé Publique (iPLESP), UMR S1136, Paris, France; ⁴National Advisory Unit on Rehabilitation in Rheumatology (NKR) Dept. of Rheumatology, Diakonhjemmet Hospital, Oslo, Norway; ⁵Pitié Salpêtrière hospital, APHP, Rheumatology department, Paris, France

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.

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Table major barriers to physical activity in RA qualitative studies

Major themes	Barriers	N° of studies	Facilitators	N° of studies
Physical health	Symptoms of RA	8	stable symptoms and Effective medication	3
Psychological	Belief and fear (increasing symptoms), loss of motivation	7	Positive beliefs, knowledge about benefits of PA	5
			Positive emotion and experience of PA	5
Setting	Bad weather	3	heat, warm climate, warm water	2
	Inaccessible facilities	2	convenient setting: community or gym setting, outside hospital	4
Social environment	Lack of time	2		
	Contact with other	2	external monitoring, support adherence (reminder)	3
	Lack of support, of exercise knowledge, of confidence, conflict in advice from healthcare	4	group, socialization, influence of other, social support	8
			Support form healthcare (advise, psychological issues addressed, emphatic specialist)	3

Tables for the authors, not the abstract

Characteristics	
Year of publication, mean (SD) [range]	2012 (5.8) [1999-2018]
Published in UK/other Europe/Europe	6 / 3 / 1
Number of patients, N [range]	148 [6-19]
Methods: group / individual	4 / 6
General exercise / supervised program	6 / 4
Age, mean, SD, [range]	56.7 (4.3) [50.0-63.5]
% female	78%
RA duration, mean, SD, [range]	14.7 (5.6) [6.9-21.0]

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THU0717-HPR CLINICIANS' AND PATIENTS' UNMET NEEDS IN EHLERS DANLOS SYNDROMES, THE EXPERIENCE OF ERN RECONNET

Charissa Hermine Frank¹, Jürgen Grunert². ¹Bindweefsel.be, Koersel, Belgium;
²Deutsche Ehlers-Danlos Initiative e.V., Fürth, Germany

Background: The European Reference Network for rare and complex connective tissue and musculoskeletal diseases (ERN ReCONNET) is a European network of 26 healthcare providers (HCPs), that aims at developing a comprehensive and harmonized approach to 10 rare and complex connective and musculoskeletal diseases (rCTDs). The network gathers the community of health care professionals and patients'

representatives. The involvement of patients is structured thanks to the creation of the European Patient Advocacy Groups (ePAG). 3 ePAGs representing each disease pillar are members of the steering committee. The Ehlers-Danlos Syndromes (EDS) are represented in the ERN ReCONNET with the exception of vascular EDS represented in the VAS-CERN ERN.

Objectives: To raise awareness on the unmet needs related to EDS in the EU through attracting and engaging more experts, specialists and HCPs in order to address those needs.

Methods: At present, the EDS is represented by 2 HCPs and 2 official ePAGs, senior and junior disease coordinators have been identified both among HCPs and ePAG, in particular the EDS ePAGs intensively sought for unmet needs of EDS into their wider European Community. All needs identified by ePAGs were discussed with the senior and junior coordinators and their contribution was added in a dedicated paragraph of the article, acknowledging them as co-authors. Among other activities, a state of the art on clinical practice guidelines (CPGs) has been performed also for EDS¹, in which patients and clinicians highlighted the most important unmet needs.

Results: As the new 2017 International EDS nosology² was only published in March 2017, EDS still lack Clinical Practice Guidelines and recommendations. The main EDS unmet needs identified concern the need to develop data on prevalence and clinical features, the identification of reliable biomarkers and the implementation of advanced instrumental imaging techniques. The management of pain, fatigue and psychological support have also been identified as a major topic to be addressed. More efforts should be put also on the education of healthcare professionals in order to provide faster diagnosis and better care to EDS patients. A stronger representation of EDS centres of expertise in the ERNs is needed, especially considering the crucial added value represented by the possibility of discussing clinical cases in the Clinical Patient Management System provided by the European Commission.

Conclusion: The ERN offers a real opportunity to develop better standards of care taking into account patients unmet needs. It is critical to increase EDS awareness and to attract HCPs for the follow-up and care of patients to be able to meet the unmet needs of the EDS patient population and healthcare professionals.

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THU0718-HPR OVERVIEW OF THE MOST EFFECTIVE PHYSIOTHERAPY MANAGEMENT METHODS IN PEDIATRIC RHEUMATOLOGY

Emmanuella Ioannou. European University Cyprus, School of Sciences, Egkomi, Nicosia, Cyprus

Background: The majority of patients with pediatric rheumatologic conditions present with joint pain, morning stiffness and a high degree of fatigue which in turn affect their functional status, psychological wellbeing and activities of daily living (ADLs). Juvenile idiopathic arthritis - with a prevalence of 0.1-0.2/100 children- is the most common chronic pediatric rheumatic disease. When compared to healthy children, patients with juvenile idiopathic arthritis show decreased physical fitness, which necessitates systematic physiotherapy management.

Objectives: The current research was carried out to investigate the most reported physiotherapy methods for the management of common pediatric rheumatology conditions.

Methods: Pubmed and Google scholar databases were searched. Keywords were categorized into three groups. The first group included the most common pediatric rheumatologic conditions (juvenile chronic arthritis, juvenile spondyloarthropathy, juvenile psoriatic arthritis, dermatomyositis, systemic lupus erythematosus, vasculitis, scleroderma); the second group included physiotherapy management methods (physiotherapy, physical therapy, hydrotherapy, aquatic therapy); and the third group included outcomes (pain, pediatric pain, range of movement, quality of life, activities of daily living). Only primary research studies regarding patients with the aforementioned pediatric rheumatologic conditions were included.

Results: Notable variability was observed between studies as regards to applied methods and recorded outcomes. Additionally, results were not separately reported for the different diseases. Nevertheless, findings indicate that physiotherapy and hydrotherapy rehabilitation methods, focusing on reducing joint pain, joint protection, conservation of energy, and conservation of joint range of motion, achieved the treatment goals of