and contribute to raising awareness of SS and to participate in patient and public involvement and engagement (PPIE) events. The majority of patients interviewed were willing to take part in research by donating blood samples and/or filling in questionnaires (96%). 58% of patients who completed the survey would either definitely or probably take part in discussion groups helping researchers to design future studies in SS.

Conclusion: This survey highlighted patients' perception of the need for more meaningful research into the causes of SS, as their priorities were centred around finding a cure or better treatments for Sjögren's Syndrome. The survey also identified patients' lack of knowledge about their condition as well as their desire to help with shaping future research ideas and support funding for research. The results of this survey will be incorporated in our future PPIE events aiming at shaping our research strategy in SS.

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THU0724-HPR RELIABILITY AND VALIDITY OF AN ACTIVITY LIMITATION MEASURE IN PERSONS WITH INCLUSION BODY MYOSITIS (IBM)

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Background: Persons with Inclusion Body Myositis (IBM) are affected in their activities of daily living (1,2).

Objectives: The aim of this study was to test validity and reliability of the questionnaire Disability in the Arm Shoulder and Hand (DASH) for patients with IBM. A second aim was to describe activity limitation measured by the Canadian occupational Performance measure (COPM).

Methods: Persons diagnosed with IBM were identified through the Swedish Myositis Network (SweMyoNet) quality registry in Stockholm Sweden. A total of 36 persons with IBM were included in the registry and were invited to participate. A total of 17 men and 9 women agreed to participate. Median (Q1-Q3) age was 74 (70-79) years and the median (Q1-Q3) disease duration was 7 (3-8) years.

Activity limitation was assessed by the questionnaire Disability of the Arm, Shoulder and Hand (DASH) and the The Canadian occupational performance measure (COPM) which investigate patient derived areas of daily activities.

The data collection was performed at the Karolinska university hospital in Stockholm Sweden. At baseline both DASH and COPM were performed. The participants received a second DASH questionnaire to be answered within two weeks (Follow-up) and send back to the researcher.

Results: There were good correlations between baseline measure and follow-up on DASH (rs 0.997; p=0.01) Indicating that the DASH is consistent over a short period of time.

The results from COPM showed a variety of activities persons with IBM experienced problem with. Area with most activity limitations were basic self-care area such as dressing and grooming, fall, feeding, managing communication.

Instrumental activities such as managing instruments, shopping and meal preparation. Leisure activities such as playing an instrument, run, paint and social activities such as visit friends, social engagements.

Some of these activities were found in the DASH but not all. E.g. missing socializing with friends and family, problems swallowing or were environment dependent.

Conclusion: The results indicate that DASH have a good test re-test reliability DASH includes some of the activities that persons with IBM experience difficulties with but not all. The participants experienced difficulties in all areas of life.

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THU0725-HPR SCREENING OF SILENT MYOCARDIAL ISCHEMIA USING A STRESS TEST IN RHEUMATOID ARTHRITIS PATIENTS: ASSOCIATION WITH TRADITIONAL RISK FACTORS AND DISEASE ACTIVITY

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Background: The rheumatoid arthritis is responsible of an increased risk of cardiovascular (CV) morbidity and mortality.

Objectives: The aim of the study is to determine, in established RA patients, the presence of silent myocardial ischemia using a stress test and its association with the disease activity and the CV risk factors and scores.

Methods: It is a transversal and prospective study in a rheumatologic center in Charles Nicolle hospital in Tunisia. 103 RA patients, asymptomatic for CV disease were submitted to a stress test. Demographic data, cardiovascular risk factors and the disease characteristics were assessed for all patients and risk factors of silent myocardial ischemia in RA patients were identified.

The comparison of qualitative variables was performed with the Chi square test and the comparison of qualitative variable and quantitative ones was performed with the Student's test. The significance level was set at 0.05.

Results: There were 103 patients (sex-ratio=0.3) with a mean age of 53 ±10 years. The evaluation of the disease activity showed that the mean DAS28 CRP, CDAI and SDAI were 3.9±1.38, 17.17±11.4 and 33.39±26, respectively. A screening for CV risk factors revealed: 13% of patients had a cardiovascular inheritance, 25% of patients were either smokers or hypertensives, 18% had diabetes, 70% were obese or overweighted and 14 patients had dyslipidemia. The ischemic ratio (CT/HDL) revealed that 42% of patients had a moderate to high myocardial ischemic risk. Heart-SCORE was high in 35% of cases. A silent myocardial ischemia in the stress test was found in 11 patients (10.6%) and was associated with male sex (p=0.03), advanced age (p=0.04), erosive character (p=0.05), the advanced age of the rheumatoid arthritis diagnosis (p=0.01) and the ischemic ratio (p=0.06). No relationship was found with the majority of traditional CV factors nor with disease activity variables.

Conclusion: Our results corroborated the hypothesis that the stress test could reveal subclinical CV dysfunction, supported the utility of the Heart-score as a screening tool, and put in perspective the potential usefulness of complementary approaches in CV risk assessment in RA patients.

Disclosure of Interests: None declared

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THU0726-HPR THE COMPARISON OF ARTERIAL STIFFNESS, FUNCTIONAL EXERCISE CAPACITY AND PHYSICAL ACTIVITY IN SYSTEMIC SCLEROSIS AND HEALTHY INDIVIDUALS

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Background: Systemic sclerosis (SSc) is characterized by abnormal production of fibrotic tissue in the skin and internal organs. SSc has a effect on large and conduit arteries damage as well as microvascular damage (1). It is known that sedentary lifestyle may contribute to vascular dysfunction (2). Therefore, it is important to evaluate arterial stiffness, exercise capacity and physical activity in people with SSc.

Objectives: The aim of this study is to compare arterial stiffness, functional exercise capacity and physical activity in SSc and healthy individuals.

Methods: Fifteen SSc (53 years) and 15 healthy (48 years) women were included in this study. Arterial stiffness was evaluated with pulse wave velocity that was obtained by measuring the carotid-to-radial pulse wave transit time. Functional exercise capacity was assessed by 6-minute walk test (6MWT). Physical activity was questioned International Physical Activity Questionnaire (IPAQ)-short form. The differences between the groups were analyzed with Mann-Whitney U test.

Results: Age, weight, height and body mass index were similar in the groups (p>0.05). There was significant difference in pulse wave velocity and pulse wave transit time between the two groups (p<0.05). The