and motivation. Participants were enthusiastic about accessing several intervention techniques via an app, but warned that smartphones and technology can exacerbate mental fatigue and eye dryness. The invisible nature of symptoms, and highly visible nature of management techniques (e.g. applying eye drops), presented further self-management challenges relating to their interactions with other people.

Conclusion: Promising components to include in an SS app were identified but should be tested in an optimisation trial. The in-app delivery of component modules should be designed to support diverse self-management approaches, choice and autonomy, yet provide module recommendations and guidance when needed, and be simple to use to reduce mental fatigue and dry eye symptoms. A self-management app should also be designed to enable users to share information about SS with other people.

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HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

SAT0615-HPR FACTORS ASSOCIATED WITH PATIENT ACTIVATION IN PEOPLE WITH RHEUMATIC CONDITIONS

B. Jones^{1,2}, A. Hunt², S. Hewlett¹, D. Harcourt¹, E. Dures^{1,2}. ¹University of the West of England, Bristol, United Kingdom; ²University Hospitals Bristol NHS Foundation Trust, Bristol, United Kingdom

Background: Patient activation describes the skills, abilities and confidence someone uses to actively manage their health. Patient activation abilities in rheumatology are unclear, and there is little knowledge about factors that explain variation in patient activation. Therefore, understanding these factors can contribute to the development of appropriate, rheumatology-specific interventions targeting activation. The Patient Activation Measure (PAM) captures patient activation and provides people with both a score and a level to describe how able they are to actively manage their health.

Objectives: To explore longitudinal changes to patient activation (measured using the PAM) (Hibbard *et al.*, 2005), and the PAM's associations with related constructs (including self-efficacy, health literacy and health beliefs) in a sample of participants with inflammatory arthritis.

Methods: A postal survey was administered at two time points that were nine months apart. This survey captured the PAM and a range of clinical, demographic and psychosocial variables in a sample of rheumatology patients from 6 NHS sites in England. The measures included in the survey had been selected based on both theory and prior qualitative research and the survey pack was designed in collaboration with a patient partner. Following data collection, candidate variables for a multiple regression analysis were initially identified using univariable analysis. These variables were included in a forced entry multiple regression at each time point, and the variables that were statistically significant contributors at a 0.1 level were included in the final models. Changes to PAM scores over time were investigated using a Wilcoxon matched-pair signed rank test.

Results: 251 participants completed the first survey and 154 participants completed both full surveys. Self-efficacy, illness beliefs, health literacy and health locus of control were consistently associated with variance in PAM scores. The first three factors were also predictive of variance in PAM levels. With the 154 participants who fully completed both surveys, there was a statistically significant difference in participants' PAM scores between the two surveys.

Conclusion: The findings suggest factors that may be targets for interventions that aim to increase patient activation. The changes to PAM scores across the data collection period also suggest that when using the PAM as a clinical tool, healthcare professionals would benefit from incorporating regular reviews and preparations for any increases or reductions in patient activation.

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SAT0616-HPR IMPLICATED FACTORS IN THERAPEUTIC ADHERENCE OF PATIENTS WITH RHEUMATOID ARTHRITIS: THE PATIENT'S PERSPECTIVE

M. Ahijón¹, P. Carreira², C. De La Cruz¹, R. Veiga¹, C. Gutierrez¹. ¹Hospital Universitario Central de la Defensa Gómez Ulla, Rheumatology, Madrid, Spain; ²Hospital Universitario 12 de Octubre, Rheumatology, Madrid, Spain

Background: Therapeutic adherence has become a topic of growing interest for medical research. Studies have reported non-adherence rates of 20-50% in rheumatoid arthritis (RA) patients (1). Poor adherence has a negative impact on disease outcomes and implies an economic burden for the health system (2). Identifying the potential risk factors for non-adherence is essential to develop intervention strategies to solve this problem

Objectives: To establish the contribution of illness and medication beliefs to therapeutic adherence in RA. To explore the association of treatment adherence with other patient and disease factors.

Methods: RA patients ≥ 18 years old from a military hospital diagnosed with RA based on ACR/EULAR 2010 criteria were included in a cross-sectional study. Compliance Questionnaire Rheumatology (CQR) was used to assess treatment adherence. Unsatisfactory compliance was defined as taking correct dosing $< 80\%$. Illness and medication beliefs were evaluated using the "Brief Illness Perception Questionnaire" (IPQ-b) and the "Beliefs about medicine questionnaire" (BMQ). Demographic data and clinical characteristics were collected by standardized clinical interview and revision of medical records.

Results: 144 patients were included the study, 106 (73.6%) women, with a mean age of 62 years (SD 12) and median disease duration of 5 years (interquartile range 25-75: 2-11). 113 (78.4%) patients showed good treatment adherence. No differences were observed regarding demographics and clinical characteristics. Strong beliefs about drugs potential damage was associated with poor compliance (13 ± 5 vs. 11 ± 3 , $p = 0.013$), meanwhile increased belief in medication necessity was associated with good compliance (21 ± 3 vs. 20 ± 3 , $p = 0.015$). From the illness perception measures, adherent patients had increased feeling of treatment control (8.8 ± 1.5 vs. 7.7 ± 2.1 , $p = 0.008$) and greater emotional response (6.2 ± 3.1 vs. 4.8 ± 3.4 , $p = 0.042$). In a multivariate analysis was found that for each unit of increase in the score of BMQ's damage domain, adherence was reduced by 20% (CI 95% 0.7-0.9, $p = 0.001$); for each unit of increase in the treatment control item of the IPQ-b, adherence increased 1.42 times (CI 95% 1.1-1.8, $p = 0.006$); and for each unit of increase in the emotional response item of the IPQ-b, adherence increased 1.2 times (CI 95% 1.08-1.46, $p = 0.002$).

Conclusion: Illness and medication beliefs could influence compliance to treatment in patients with RA.

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SAT0617-HPR QUALITATIVE STUDY EXPLORING THE BARRIERS AND FACILITATORS TO HOME-BASED EXERCISE PROGRAMS ADHERENCE WITH KNEE OSTEOARTHRITIS: THE PERSPECTIVES PHYSIOTHERAPISTS AND PATIENTS.

H. Akgül¹, N. Serenli Aydın², Z. Sari², M. Birtane¹, E. Tonga². ¹Trakya University, Physical Medicine and Rehabilitation, Edirne, Turkey; ²Marmara University, Physiotherapy and Rehabilitation, Istanbul, Turkey

Background: Home exercise programs are widely used in the treatment of knee osteoarthritis (OA). However, adherence to these exercises decreases in the long term due to different factors. In recent years, new approaches are being developed to increase exercise adherence (EA) for patients with OA. Although it is known that EA is low in Turkish patients, there is no study that examines the