barriers of adherence to home exercise programs in patients with OA by qualitative research methods.

Objectives: Aim of our study was to investigate the barriers and facilitators for adherence of home-based exercises for knee osteoarthritis management from the perspective of physiotherapists and patients.

Methods: A Qualitative study by using focus groups discussions and semi-structured interviews were designed to investigate the barriers and facilitators to home-based exercise program adherence for OA. Two researchers facilitated focus group interview. Participants of focus group members were eight physiotherapists (PT) working with OA with different experience levels. Third researcher conduct the interviews which lasted 30-60 minutes with patients (patients with knee OA, n=5 ages>50). Data were audio recorded, transcribed verbatim and thematically analyzed with NVIVO 12 software. Three researchers conducted the thematic analysis to ensure the validity.

Results: In total, 25 main themes from the focus group discussions and interviews were determined. Major barrier themes from focus group were (a) beliefs to exercise benefits (b) patient education and (c) fear avoidance beliefs on exercise; from the interviews were (a) negligence of self-management (b) fatigue and (c) patient education. Patients and therapists all agreed for patient education is one of the most important factors for home EA. Patients wanted to get education on arthritis management. A patient said: "Actually, the clinicians should give information more deeply. I don't know which is correct for me after therapy, resting or moving?" Major facilitator themes from the focus group were (a) motivation from PT (b) client-centred exercise (c) digital technology; from interviews were (a) motivational approaches of therapists (wats-up messages) (b) having pain and (c) patient education for disease management. Therapists agreed on that personalized exercise is the most important facilitator. A therapist commented, "If the personalized exercise given the patient with correct intensity and repetitions, I don't think that patients would not do their home exercises."

Conclusion: This is the first qualitative study about exercise adherence in knee osteoarthritis in Turkey. It has been determined that the lack of education and motivation are the most important barriers. More studies are needed to examine the factors affecting EA for patients with OA. In future studies, implementations to increase home EA on Turkish patients with OA should be investigated by qualitative research methods.

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SAT0618-HPR

PATIENTS WITH INFLAMMATORY MYOPATHIES WHO DO NOT REACH HEALTH ENHANCING LEVELS OF PHYSICAL ACTIVITY REPORT HIGHER LEVELS OF ANXIETY AND DEPRESSION - A CROSS-SECTIONAL STUDY OF SELF-REPORTED DATA

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Background: The adult idiopathic inflammatory myopathies (IIM) comprise dermatomyositis (DM), polymyositis (PM), immune-mediated necrotizing myopathy (IMNM), antisynthetase syndrome (ASS), overlap myositis and inclusion body myositis (IBM). Impaired physical capacity, self-reported fatigue and pain are common features in IIM. Quality of life is reduced compared to population-based reference values. To our knowledge self-reported levels of physical activity has not been studied in patients with IIM. Further, anxiety and depression are common in other rheumatic diseases, such as SLE, but is less studied in IIM, and not previously in relation to levels of physical activity. There is evidence for symptom reducing effects of exercise for patients suffering from depression (1).

Objectives: The objective of this study is to assess the levels of self-reported physical activity, depression and anxiety amongst adult patients with IIM. A further aim is to evaluate differences in anxiety/depression based on levels of physical activity as well as to analyze relationships between physical activity and anxiety/depression.

Methods: All patients with IIM visiting the Rheumatology clinic at Karolinska University Hospital in Solna between February 2019 and January 2020 where asked to fill in questionnaires about their levels of physical activity for the last seven days using the International Physical Activities Questionnaire – short

form (IPAQ), and anxiety and depression using Hospital Anxiety and Depression Scale (HADS). The myositis team nurse distributed the questionnaires. Spearman's rho was used for correlation analysis. Kruskal-Wallis test and post-hoc adjustment with Bonferroni correction was used to analyze group differences. HADS is scored in two separate scales, one for depression (HADS-D) and one for anxiety (HADS-A). The cut-off value for probable depression or anxiety is ≥ 8 of a maximum of 21 per scale (2). IPAQ-results was scored as 1 (low, < 150 min/w), 2 (moderate, ≥ 150 min/w – health-enhancing levels of physical activity, HEPA, according to WHO) and 3 (high, ≥ 300 min/w).

Results: A total of 61 patients answered the questionnaires. 52 (85 %) of the patients reported to reach HEPA and 24 of these patients reported to be active on a high level. 22 patients (36 %) scored probable anxiety or depression, with six scoring ≥ 8 for both depression and anxiety. Patients with low levels of physical activity (IPAQ-1) scored significantly higher anxiety and depression compared to those reaching HEPA (IPAQ-2 and IPAQ-3) $p < 0.0001 - 0.020$. The correlation between physical activity and depression (Fig. 1) was $r_s = -0.48$ (-0.66; -0.26) and between physical activity and anxiety (Fig. 2), $r_s = -0.27$ (-0.49; -0.02).

Conclusion: Self-reported data indicates that most patients with IIM in this sample reached HEPA level or higher. Patients who do not reach HEPA score significantly higher anxiety and depression compared to those reaching HEPA. However, levels of physical activity correlates moderately to depression and weakly to anxiety. The number of patients who reached HEPA is high compared to studies in rheumatoid arthritis or the general population. This could be explained by frequent visits to physical therapists early in the disease and yearly check-ups with a focus on exercise and physical activity. Further the inter-professional myositis team also has a focus on exercise and the importance of everyday physical activity. This is cross-sectional, self-reported data and longitudinal studies are needed also including objective measures. This is preliminary data with data collection ongoing throughout 2020.

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SAT0619-HPR

AN AUDIT OF GLUCOCORTICOID PRESCRIPTION IN PATIENTS WITH GIANT CELL ARTERITIS

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Background: Giant cell arteritis (GCA) is treated with high dose glucocorticoids

Figure 1. IPAQ level

1-low physical activity, not reaching health-enhancing levels of physical activity (HEPA), 2-moderate physical activity, reaching HEPA, 3-high physical activity, surpasses HEPA

and progressively reduced over months to years.

Objectives: We undertook an audit to evaluate self-reported adherence to the original recommended glucocorticoid course and explored reasons for any variation.

Methods: We recruited patients attending a single rheumatology department over 18 months. Respondents were given two self-administered questionnaires

Figure 2. IPAQ level

1-low physical activity, not reaching health-enhancing levels of physical activity (HEPA), 2-moderate physical activity, reaching HEPA, 3-high physical activity, surpasses HEPA

to record information regarding their use of glucocorticoids during the "last 7 days" and during the "last 6 months." We retrieved 132 questionnaires (of whom 6 were discarded as incomplete). All data was analyzed using SPSS Statistics v22. **Results:** Of the 126 patients (mean age 74.9 ± 7.7 years), 59% were female. The mean duration of disease was 22.5 ± 19.1 months in patients with GCA and 32.9 ± 29.9 months in those with GCA and polymyalgia rheumatica (PMR). The mean daily number of medications taken was 9.2 ± 5.2 (range: 1 - 30); the mean number of types of daily tablets taken was 5.0 ± 2.1 (range: 1 - 10). The mean daily number of glucocorticoid tablets taken was 3.2 ± 2.6 (range: 0 - 12), with a mean daily dose of 11.1 ± 10.3 mg (range: 0 - 60 mg). Overall, in the last 7 days, 22% and in last 6 months, 40% of patients were not following their original recommended steroid regimens (Table 1). The total mean glucocorticoid dose in the "last 7 days" group ($n=81$) was 77.8 ± 70.1 mg/week (11.1 ± 10.1 mg/day) whilst the total mean glucocorticoid dose in the "last 6 month" group ($n=45$) was 1782.0 ± 1543.3 mg/6 month (9.9 ± 8.6 mg/day). Most respondents stated their glucocorticoid non-adherence was due to medical advice; other reasons included forgetting, fear of side effects, or confusion about different preparations of prescribed glucocorticoids. The presence of PMR did not influence glucocorticoid adherence.

Table 1. Glucocorticoid used compared to original regimen in GCA

	Last 7 days (%)	Last 6 months (%)
Higher than prescribed	16	22
Lower than prescribed	6	18
Same as prescribed	78	60

Conclusion: There is significant variation in the use of glucocorticoids compared to the original starting regimen in patients with GCA, with or without PMR. However, the amount of the discrepancy is small. The commonest reason for non-adherence was medical advice received from either primary or secondary care.

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SAT0620-HPR INACTIVITY BEHAVIOR AND EXERCISE BARRIERS IN PATIENTS WITH BEHÇET'S DISEASE

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Background: Behçet's Disease (BD) is a chronic, inflammatory, rheumatic disease that is characterized by mucocutaneous lesions and can be seen major organ involvement such as eyes, musculoskeletal system, gastrointestinal system and central nervous system. Impaired quality of life, aerobic capacity, respiratory function and life satisfaction, sleep disorders, depression, anxiety and fatigue are seen commonly in BD patients like the other rheumatic diseases. Considering that regular physical activity effects survival for patients and healthy people, it is important to determine the factors affecting physical activity level and exercise barriers.

Objectives: The aim of this study is to investigate physical activity level and exercise barriers in patients with BD.

Methods: 45 patients were included in the study. Physical activity level, exercise barriers, fatigue, depression, pain, quality of life and aerobic capacity were evaluated with International Physical Activity Questionnaire (IPAQ), Exercise Barriers and Benefits Scale (EBBS), Fatigue Severity Scale (FSS), Beck Depression Inventory (BDI), Visual Analog Scale (VAS), Behçet's Disease Quality of Life Questionnaire (BDQoL) and 6 minutes walk test, respectively. Spearman's Correlation Coefficient were used to investigate the relationships between exercise barriers and other parameters.

Results: IPAQ demonstrated that 22 (48.8%) of the patients had low level physical activity. Additionally, physical activity levels significantly correlated with both exercise barriers ($\rho = -0.345$) and exercise benefits ($\rho = 0.320$) ($p < 0.05$). BDQoL scores also correlated significantly with exercise barrier scores ($\rho = 0.338$), ($p < 0.05$). No significant relationships were observed for other parameters.

Conclusion: Exercise and physical activity are of great importance because of its positive contribution to the musculoskeletal system for BD patients' rehabilitation. Thinking of negative effects of physical inactivity, patients with Behçet disease should be encouraged to exercise. Also, reasons of physical inactivity should be investigated and treated.

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SAT0621-HPR EVALUATION OF THE SOCIAL IMPACT OF THE DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS, ANKYLOSING SPONDYLITIS, AND SYSTEMIC LUPUS ERYTHEMATOSUS.

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Background:

Objectives: To describe the impact of the disease on patients with rheumatoid arthritis (RA), systemic lupus erythematosus (SLE) or ankylosing spondylitis (EA) on the social health of people who suffer from it.

Methods: Cross section of a consecutive sampling of patients with AS, RA or SLE. Selection criteria: age ≥ 18 years with AS (ASAS criteria), AR (EULAR / ACR 2010 criteria) and SLE (ACR-EULAR criteria) able to understand and willing to perform the questionnaires. Protocol: All patients who attended a consultation between October and December 2019 were offered to participate in the study. After their approval and verification of the inclusion criteria, they conducted a battery of PROMIS platform questionnaires focused on assessing their social health. Likewise, data on their disease, comorbidities and socio-labor profile were collected. All participants signed an informed consent and the study was approved by the CEIC of the referral hospital.

Main outcomes: The variables collected by the questionnaires evaluate social health in several areas: mobility, depression, satisfaction with social relationships, social isolation, company, ability to participate in social activities, emotional support, instrumental support and support through information. Statistical analysis: Descriptive, bivariate analysis using t-student, ANOVA and χ^2 , followed by multivariate linear regression (RLM) (Vd: ability to participate in continuous social activities 7-35).