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).