Conclusion: Women with IIM reported significantly impaired sexual function and sexual quality of life compared to age-matched healthy controls. Worse scores in IIM were associated with disease activity, physical activity, fatigue, depression and quality of life.

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SAT0628-HPR "IT IS THE NEVER ENDING QUEST, HOW TO MOTIVATE PEOPLE" – HEALTH PROFESSIONALS' PERSPECTIVES ON SUPPORTING PHYSICAL ACTIVITY MAINTENANCE IN THOSE LIVING WITH AXIAL SPONDYLOARTHRITIS

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Background: Physical activity (PA) has been identified as a primary treatment option for people living with axial spondyloarthritis (axSpA) [1]. Yet, people living with axSpA can find it difficult to maintain PA at levels required to gain the evidenced benefits [2]. Intensive rehabilitation programmes harness the benefits of physical activity, but little is known about how to support PA maintenance when patients return to everyday life. The perspectives of health professionals involved in rehabilitation programmes can provide important and rich insights into how people living with axSpA could be helped to maintain their PA.

Objectives: To explore health professionals' experiences of supporting PA maintenance during and after a rehabilitation programme for those living with axial spondyloarthritis.

Methods: A qualitative study was conducted using semi-structured interviews. Nine health professionals (i.e., 4 physiotherapists; 1 clinical nurse specialist; 1 rheumatology SpR; 1 psychologist; 1 occupational therapist; and 1 podiatrist) who contribute to a rehabilitation programme were recruited from the Royal National Hospital for Rheumatic Diseases in Bath, UK (M time contributing to course = 6.79 yrs, range 1-19.25 yrs; contact time over course range = 1 to 45 hrs). Interviews were audio recorded, transcribed verbatim, and a thematic analysis employed [3].

Results: Maintaining a physically active lifestyle is a challenge for those living with axSpA and is an issue that is currently not being addressed. Health professionals' perspectives on supporting PA maintenance was illustrated through four main themes: (1) Social environment (group dynamic, importance of others with the same condition, immersion of the disease, external peer groups); (2) Re-framing (education, ownership, exercise off the pedestal, combating fear, routine and habit); (3) PA support (enjoyment and interest, PA as flexible, encouragement and importance, balance and realistic expectations, internal and external feedback); and (4) Challenges for health professionals (training, resources, knowledge of transition process to everyday life, difficulty motivating). The reasons why people engage in PA play a key role within each of these themes.

Conclusion: Results emphasize the current lack of support for the maintenance of PA and the complexities and challenges involved in maintaining PA for people living with axSpA. Interventions to support PA maintenance should pay particular attention to the importance of socially supportive environments, the need for enjoyment, and the use of internal and external feedback. The challenges faced by health professionals in motivating those living with axSpA to engage in PA regularly suggests a need for more training opportunities in motivation and health behaviour change.

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SAT0629-HPR FACTORS ASSOCIATED WITH USE OF BIOLOGICAL THERAPIES FOR AXIAL SPONDYLOARTHRITIS IN CANADA. RESULTS FROM THE IMAS SURVEY.

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Background: Biologics have revolutionized the treatment of axial spondyloarthritis (axSpA). However, there is limited knowledge about factors associated with their use in Canada.

Objectives: To evaluate sociodemographic, healthcare and patient-reported outcomes (PROs) associated with the use of biologics in Canadian axSpA patients.

Methods: The International Map of Axial Spondyloarthritis (IMAS) is a cross-sectional online survey of non-selected patients with self-reported axSpA, conducted in 21 countries and endorsed by the Axial Spondyloarthritis International Federation (ASIF). IMAS captures the patients' perspective of the burden of axSpA. The Canadian adaptation included a review of the survey by an advisory board of axSpA patients and a national steering committee composed of the Canadian Spondylitis Association, rheumatologists and patients. Participants were recruited between August 2018 and February 2019. Sociodemographic and healthcare-related variables, as well as PROs (disease activity [BASDAI, 0–10], spinal stiffness [3–12], functional limitation [0–54] and psychological distress [GHQ-12]) were collected. Respondents were divided in 2 groups 1) biologic and 2) NSAIDs or no treatment, based on reported pharmacologic treatments. Statistical analyses were performed to assess associations between variables and biologic use (bivariate) and the relative weight of these associations (multivariate).

Results: 542 axSpA patients were recruited. Mean age was 44.3±13.9 years, 63.1% were female, 66.4% married and 81.0% educated to university/college level. 22.8% of patients lived >50 km from their rheumatologist. Mean BASDAI was 5.3±2.1 and mean GHQ-12 score (mental health) was 4.0±3.8. Nearly half (49.6%) were currently on a biologic. Reported incidence of side effects was lower for patients having biologics (42.5%) vs. a NSAIDs (53.7%) as part of their treatment armamentarium. Only 15.7% of patients had discontinued biologic therapy, the main reasons for withdrawal being physician recommendation (50%), side effects (50%) and personal choice (34%). Variables associated with biologic use included: membership of a patient support group (p<0.001), non-manual work (p=0.008), higher income level (p=0.039), having a combination of public and private insurance schemes (p<0.001) and diagnosis by a rheumatologist (p<0.001). Associated PROs were spinal stiffness (p=0.011) and diagnostic delay (p=0.030). In the multivariate analysis, all variables except income and diagnostic delay were associated with biologic use (Table 1).

Table 1. Analysis of sociodemographic and clinical variables in relation to pharmacologic treatment

Variable	Univariate linear regression		Multivariate stepwise linear regression	
	B	95% CI	B	95% CI
Income level	0.001	1.000–1.000	NA	NA
Employment—manual worker	–0.761	0.266–0.822	–0.838	0.228–0.820
Member of a patient support group	0.937	1.797–3.628	1.116	1.754–5.309
Health insurance scheme—combination	0.209	1.162–1.307	0.215	1.132–1.357
Diagnostic delay	0.009	0.993–1.026	NA	NA
Spinal Stiffness (3–12)	0.099	1.022–1.193	0.220	1.090–1.424
Diagnosed by rheumatologist	0.535	1.412–2.067	0.335	1.041–1.877

B, B coefficient; NA, [not applicable]

Conclusion: Canadian axSpA patients with greater social status, disease awareness, and insurance options are more likely to receive biologic therapy. Furthermore, Canadian physicians are more inclined to prescribe biologics to patients with increased spinal stiffness.

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EFFECTS OF GOLIMUMAB ON WORK PRODUCTIVITY AMONG WORK-ACTIVE ANKYLOSING SPONDYLITIS, NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS AND PSORIATIC ARTHRITIS PATIENTS IN GREECE: THE 'GO-UP' STUDY

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Background: Golimumab is a tumor necrosis inhibitor (TNFi) approved for the treatment of axial SpA (axSpA) and psoriatic arthritis (PsA), both falling under the Spondyloarthritis (SpA) domain. Real-world data regarding its effect on work productivity (WP) and activity impairment (AI) are limited

Objectives: To assess the impact of golimumab on WP and AI over 12 months of treatment in patients with SpA, overall, and in the axSpA and PsA subpopulations

Methods: A 12-month non-interventional, multicenter, prospective study performed in the routine clinical care. Data were collected at baseline (BL: prior to treatment onset), 3, 6 and 12 months. Adult work-active consented patients with axSpA [ankylosing spondylitis (AS) or non-radiographic axSpA (nr-axSpA)] or PsA, newly initiated on golimumab as per approved label, were consecutively enrolled by 20 sites. Patients prior in >1 biologic agent, or switched from another TNFi due to primary non-response or safety were excluded. WP and AI was assessed with the Work Productivity and Activity Impairment: Specific Health Problem (WPAI:SHP) instrument

Results: Between Apr-2017 and May-2018, 121 (51: PsA, 70: axSpA) eligible patients (mean age: 45.4 years; 49.6% males; 69.0% overweight/obese; median disease duration: 11.3 months), (Figure 1), were enrolled. Median study duration participation: 11.9 months. Overall, 60.3% of the patients had previously received disease-modifying antirheumatic drugs and 16.5% biologics. At BL, the mean (standard deviation: SD) DAS28-ESR of the SpA population and PsA and axSpA subpopulations was 4.0 (1.3), 4.5 (1.2), and 3.6 (1.2), while the mean (SD) BASDAI score of patients with axSpA was 5.6 (1.9). At BL 94.1 and 96.7% of the SpA population reported WP loss and AI due to their SpA respectively, and at 3 months 87.3, and 88.0% respectively. In SpA population, the median BL WP loss and AI were 70.0% and 65.0% and decreased by a median of 31.4% and 40.0% at 3 months, by 44.2% and 40.0% at 6 months and by 50.0% and 50.0% at 12 months, respectively (Table 1). Improvements in WP loss and AI were noted in patients with PsA, axSpA, AS and nr-axSpA (Table 1). 12-month golimumab retention rate: 91.7%. No new safety signals emerged

Table 1. Decreases from BL at 3, 6 and at 12 months in WP loss and overall AI with the WPAI:SHP instrument

	WP loss (%)			AI (%)		
	Decrease from BL, median (n)			Decrease from BL, median (n)		
	3 months	6 months	12 months	3 months	6 months	12 months
Overall SpA population^a	31.4 ^a (n=102)	44.2 ^a (n=94)	50.0 ^a (n=87)	40.0 ^a (n=107)	40.0 ^a (n=101)	50.0 ^a (n=92)
PsA	31.4 ^b (n=46)	51.4 ^a (n=42)	53.6 ^a (n=40)	40.0 ^a (n=47)	50.0 ^a (n=44)	60.0 ^a (n=40)
axSpA	33.0 ^b (n=56)	30.4 ^b (n=52)	45.5 ^b (n=47)	40.0 ^a (n=60)	40.0 ^b (n=57)	40.0 ^b (n=52)
AS^c	25.1 (n=35)	29.9 (n=32)	39.8 (n=29)	20.0 (n=39)	30.0 (n=37)	30.0 (n=34)
nr-axSpA^c	47.4 (n=21)	55.4 (n=20)	53.2 (n=18)	50.0 (n=21)	55.0 (n=20)	50.0 (n=18)

^aSignificant decreases (p<0.001; Wilcoxon signed-ranked test)

^bSignificant decreases (p<0.001; t-test)

^cStatistical significance of the change from baseline was not examined due to the small observations' number

Conclusion: Patients in the SpA population and axSpA and PsA subpopulations treated with golimumab in a routine care setting experienced significant improvements in work productivity and daily activities at 3, 6 and 12 months after treatment initiation

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Figure 1. Study flow-chart and patient disposition per spondyloarthritis indication

AS, ankylosing spondylitis; axSpA, axial spondyloarthritis; nr-axSpA, non-radiographic axial spondyloarthritis; PsA, psoriatic arthritis; SpA, spondyloarthritis

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WHEN CAN I STOP MY STEROIDS? THE PATIENT PERSPECTIVE ON GLUCOCORTICOID USAGE IN ADULT INFLAMMATORY MYOPATHY

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Background: Glucocorticoids (GC) are long established as a first line treatment in patients with idiopathic inflammatory myopathy (IIM), in which high dose, long duration treatment is often required. GC usage is associated with a wide range of adverse effects (AEs). The patient perspective on the risks and benefits of GCs is not well studied and no prior studies assesses this issue in IIM patients (1).

Objectives: To describe the perspective of IIM patients on GC treatment.

Methods: We deployed an online survey distributed using the Myositis UK page on Healthunlocked.com, an online social network for health, with approximately 450 patients registered. Patients with diagnosed IIM were invited to take part on an anonymised basis. Respondents were asked to grade the severity on a Likert scale (1 to 5) of all AEs experienced in relation to GC. Additionally, respondents were asked to write about their concerns and to rate their overall experience with GC treatment.

Results: In total, 122 completed surveys were received. Forty five percent (55/122) of respondents had dermatomyositis, 27% (33/122) polymyositis, 10% (12/122) anti-synthetase syndrome, 18% (22/122) other inflammatory myopathies. Seventy-nine percent (96/122) of respondents were female and the mean age overall was 50 years (SD [standard deviation] 14).