may be conditioned by a number of factors, among which adherence could be crucial.

Objectives: The aim of this study is to explore adherence to MTX in patients with rheumatic diseases, facilitators and perceived when taking and maintaining the prescription.

Methods: A qualitative study of content analysis was performed. Focus groups with patients taking either oral or subcutaneous MTX (being the main or coadjutant treatment) for any rheumatic disease was performed. The groups were moderated by a rheumatologist that was unknown for the patients. The speech was recorded and transcribed. Subsequently, an inductive coding was performed with the help of Atlas.ti and main themes and sub-themes were extracted, with examples of verbatim anonymized speech.

Results: Three focus groups were conducted, with a total of 12 participants, of whom eight were women, seven had rheumatoid arthritis, three had psoriatic arthritis, one had spondyloarthritis, and one had systemic lupus erythematosus. All patients reported an adequate adherence to treatment. The barriers identified were: information in the leaflet, technical language in the consults, difficult access to doctor's appointment, social environment, side effects and the subcutaneous device. As facilitators, the following aspects were discussed: good predisposition of the physician, reliable graphic information, role of associations and partners support.

The unmet needs detected were: problems with travelling, protocols for eventualities, absence of a plan of care, neglect of "non-physical" symptoms, disinformation on side effects and training in complementary aspects.

Conclusion: Getting reliable information was the main barrier identified. The environment and side effects may also negatively impact on adherence. Shared decision making is a goal to be achieved in the future in these patients.

Disclosure of Interests: Teresa Oton Consultant of: Novartis Farmaceutica, SA, Pfizer, S.L.U., Merck Sharp & Dohme España, S.A., Roche Farma, S.A, Sanofi Aventis, AbbVie Spain, S.L.U., and Laboratorios Gebro Pharma, SA (All through institution), Loreto Carmona Grant/research support from: Novartis Farmaceutica, SA, Pfizer, S.L.U., Merck Sharp & Dohme España, S.A., Roche Farma, S.A, Sanofi Aventis, AbbVie Spain, S.L.U., and Laboratorios Gebro Pharma, SA (All through institution), José Luis Andréu Sánchez: None declared

DOI: 10.1136/annrheumdis-2020-eular.4059

SAT0637-HPR IMPAIRED HEALTH-RELATED QUALITY OF LIFE AND PHYSICAL FUNCTION IN NORWEGIAN PATIENTS WITH TAKAYASU ARTERITIS.

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Background: Takayasu arteritis (TAK) is a rare vasculitis of large vessels in young women. We have previously reported a point prevalence of 25.6/10⁶. The disease most prevalently limited to the aortic arch and its branches (Type 1) among North Europeans.

Early symptoms of TAK include fever, myalgia and loss of appetite. Later, the inflammation of blood vessel may lead to irreversible vascular damage and ischemic symptoms with claudication of the extremities. We have recently found that TAK may reduce life expectancy, mainly due to cardiovascular complications. The median age among those deceased was only 58 years. These findings clearly indicate that TAK may have severe impact on the wellbeing of the patients and their physical capacity.

It is widely accepted to include patients' perspectives related to their health condition and treatment to better understand the burden of the disease and the impact on their daily life activities. However, studies of health-related quality of life (HRQoL) in TAK has rarely been undertaken, and we are not aware of any studies from the Northern part of Europe.

Objectives: (i) To compare HRQoL in Norwegian TAK with age- and sex matched Norwegian normative data. (ii) To assess patients reported disease symptoms (iii). To evaluate the impact of disease symptoms on HRQoL and functional status.

Methods: Patients with TAK from "The Norwegian Systemic Connective Tissue Disease and Vasculitis Registry" (NOSVAR) were included. All patients had to fulfill the American College of Rheumatology classification criteria and/or the modified Ishikawa diagnostic criteria for TAK and return three sets of questionnaires:

1) The SF 36 was applied to measure HRQL. Age- and sex-matched normative data were obtained from a former study and consisted of 2471 randomly selected Norwegian citizens (1162 women) who were >20 yrs. of age. 2) Questions from the Modified Health Assessment Questionnaire (MHAQ). 3) Patients answered questionnaires regarding disease symptoms, employment and assessment of general health status. Disease duration was defined as the time from diagnosis to date of registration. Pearson correlation tests were used to explore associations between disease symptoms and HRQL.

Results: A total of 33 female patients were included. Their mean age at diagnosis was 32 yrs. and they had a disease duration of median, 8.9 yrs. at inclusion. The SF-36 results adjusted for age, indicated significantly impaired HRQoL in the patients compared with normative data on 6 of eight subscales, with the largest

differences observed for role physical (51 vs. 80, p < 0.001) and general health (51 vs. 78, p < 0.001) (Fig. 1). Symptoms of claudication in legs correlated strongly to moderately with activities as running or jogging 3 km (.538, p<0.001), walking outdoor on flat ground (.542, p=0.002), climbing stairs (.564, p=0.001) and run errands and shop (.417, p=0.016) assessed by MHAQ. The most frequently reported symptoms were dyspnea at physical exertion (67%), claudication of arms (63%) and myalgia (55%). A moderate correlation was found between claudication of legs (-.572, p<0.001), pain (VAS) (-.585, p<0.001), fatigue (-.493 P<0.002), dyspnea (-.471, p<0.002) and physical function as reported in SF36. Similarly, a moderate negative correlation was present between pain (VAS) (-.553, p<0.001), fatigue (VAS) (-.482, p<0.002) and mental health in SF36.

At the time of diagnosis, 89 % were employed, compared to only 21% at registration. Patients self-perceived health status was reported in 39 %, compared to 79% in a share of the Norwegian population aged 16 or over (The data from the EU Statistics on Income and Living Conditions(EU SILC)).

Conclusion: Patients with TAK reported reduced QoL compared to data from our general population. The most frequently reported disease symptoms were dyspnea at exertion, claudication of arms and myalgia. Pain, fatigue and dyspnea at exertion had a significant impact on HRQoL. Claudication of legs correlated significantly with impaired walking activities reported in MHAQ.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3595

SAT0638-HPR CHARACTERIZING THE IMPACT OF AXIAL SPONDYLOARTHRITIS ON DAILY LIFE: GENDER AND PATIENT-REPORTED OUTCOMES ASSOCIATED WITH FUNCTIONAL LIMITATION IN CANADA. RESULTS FROM THE IMAS SURVEY

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Background: Understanding the most limiting daily activities reported by patients is important for a holistic healthcare approach.

Objectives: To evaluate the degree of functional limitation on daily activities and its association with PROs in Canada.

Methods: The International Map of Axial Spondyloarthritis (IMAS) is a cross-sectional online survey of non-selected patients with self-reported axSpA conducted in 22 countries and endorsed by the Axial Spondyloarthritis International Federation. 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 axSpA patients. Canadian participants were recruited from 2018 to 2019. Socio-demographics variables, BASDAI and mental health (GHQ-12) data were collected. Degree of functional limitation in 18 daily activities was evaluated using a 3-point Likert scale. Bivariate analysis was performed to assess activities associated with poorer BASDAI and mental health status.

Table 1. BASDAI and mental health (GHQ-12)- impact on daily activities (N = 542)

	BASDAI Mean ± SD			GHQ-12 Mean ± SD		
	Low limitation	Medium + High Limitation	p-value	Low limitation	Medium + High Limitation	p-value
Dressing / undressing	5.5 ± 2.0	6.4 ± 4.4	<.001*	4.4 ± 3.8	5.7 ± 4.0	.007*
Washing / personal grooming	5.6 ± 2.0	6.3 ± 2.0	.002*	4.7 ± 4.1	5.6 ± 4.1	.099
Taking a bath / shower	5.6 ± 2.0	6.6 ± 1.8	<.001*	4.2 ± 4.0	5.9 ± 4.0	.002*
Tying shoe laces	5.4 ± 2.0	6.1 ± 2.0	.005*	4.3 ± 3.8	5.2 ± 4.1	.044*
Walking / getting around the house	5.5 ± 2.0	6.4 ± 1.9	<.001*	4.2 ± 3.9	5.6 ± 4.1	.005*
Stair climbing	5.1 ± 1.9	6.3 ± 1.8	<.001*	3.4 ± 3.4	5.4 ± 4.0	<.001*
Lying down / getting up from bed	5.2 ± 2.0	6.3 ± 1.9	<.001*	3.6 ± 3.6	5.5 ± 4.1	<.001*
Going to the toilet	5.4 ± 2.0	6.7 ± 1.9	<.001*	4.3 ± 4.2	5.6 ± 3.9	.024*
Shopping	5.6 ± 1.8	6.2 ± 1.9	.003*	4.1 ± 3.7	5.3 ± 4.1	.025*
Cooking	5.6 ± 1.9	6.3 ± 1.8	.008*	3.7 ± 3.6	5.8 ± 4.2	<.001*
Eating	5.9 ± 2.1	6.9 ± 1.9	.024*	5.0 ± 4.4	5.8 ± 3.9	.282
Housework / cleaning	4.9 ± 2.0	6.0 ± 1.8	<.001*	3.7 ± 3.6	4.8 ± 4.0	.021*
Walking down the street	5.4 ± 1.9	6.1 ± 2.0	.005*	4.4 ± 3.8	5.1 ± 4.1	.228

Table 1. BASDAI and mental health (GHQ-12)- impact on daily activities (N = 542)

	BASDAI Mean ± SD			GHQ-12 Mean ± SD		
	Low limitation	Medium + High Limitation	p-value	Low limitation	Medium + High Limitation	p-value
Using public transportation	5.6 ± 1.9	6.1 ± 1.9	.180	4.4 ± 4.0	5.3 ± 4.0	.155
Driving	5.5 ± 2.0	6.1 ± 2.1	.021*	4.2 ± 3.9	5.3 ± 4.2	.050
Doing physical exercise	4.7 ± 2.1	5.8 ± 1.9	<.001*	3.4 ± 3.7	4.7 ± 4.0	.002*
Engaging in intimate relations	5.2 ± 1.9	6.0 ± 1.9	<.001	4.0 ± 3.8	5.1 ± 4.0	.015*
Caring for children / grandchildren	5.2 ± 1.9	6.0 ± 2.0	.003	3.7 ± 3.8	5.2 ± 4.1	.005

* p ≤ .05

Results: 542 axSpA patients participated. Mean age was 44.3±13.9 years and 63% were female. Mean BASDAI was 5.3±2.1, mean GHQ-12 score was 4.0±3.8 and 50% were on biologics. 94% reported ≥1 limitation in daily activities, of which physical exercise (30%), house cleaning (22%), intimacy (21%) and stair climbing (21%) were most commonly severely impacted (high limitation). Women reported significantly higher limitations in house cleaning, stair climbing, driving, moving around the house and caring for young children ($p < .05$ for all activities vs men). Compared with low limitation, medium-high limitation in most activities was significantly associated with higher disease activity and worsened mental health for the overall population (Table 1).

Conclusion: Canadian axSpA patients, particularly women, are limited in daily life activities beyond those captured by other validated scales. Strong association between functional limitation, disease activity and mental health emphasizes the need for holistic evaluation of axSpA patients.

Disclosure of Interests: Proton Rahman Grant/research support from: Janssen and Novartis, Consultant of: Abbott, AbbVie, Amgen, BMS, Celgene, Lilly, Janssen, Novartis, and Pfizer., Speakers bureau: Abbott, AbbVie, Amgen, BMS, Celgene, Lilly, Janssen, Novartis, Pfizer, Marco Garrido-Cumbrera: None declared, Sherry Rohekar: None declared, Michael Mallinson: None declared, Gerald Major: None declared, Algis Jovaisas: None declared, Nigil Haroon: None declared, Wendy Gerhart: None declared, Artur J. deBrum Fernandes: None declared, Martin Cohen: None declared, Jon Chan: None declared, Patrick Leclerc Employee of: Novartis, Julie Schneiderman Employee of: Novartis, Robert Inman: None declared
DOI: 10.1136/annrheumdis-2020-eular.4574

SAT0639-HPR HOW DO PEOPLE WITH AXSPA PERCEIVE THE IMPACT OF DISEASE AND PHYSICAL ACTIVITY?

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Background: The Ankylosing Spondylitis Association of Switzerland (SVMB) offers weekly group exercise therapy for people with axial Spondyloarthritis (axSpA) supervised by physiotherapists (PTs). Given the EULAR physical activity (PA) recommendations [1] and recent research [2, 3], the SVMB has implemented a new concept including assessments evaluating all fitness dimensions, daily PA and disease activity. Based on its results, individual exercise-coaching by the group PT is provided to support the adherence to exercising in correct mode and dose. PTs use the visual-tactile instrument PRISM (Pictorial Representation of Illness and Self Measure) [5] to explore patients' perceived burden of disease (BD) and importance of PA as starting-point for the exercise-coaching.

Objectives: To measure to what extent the perceived BD and importance of PA, measured with PRISM, change over time and to evaluate if the PRISM results are associated with established measures of disease activity and daily PA across four pilot groups including four PTs and 30 people with axSpA.

Methods: Each participant had three exercise-coaching sessions within six months. Each session was started by applying the PRISM, which is a white A4 board with a yellow disk at the bottom right hand corner. The participant was asked to imagine that the board represented his/her life and the yellow disk represented his/her "Self". Then, a red disk, representing axSpA, and later a blue disk, representing PA, were handed and the participant was asked to place the disks where they represented best their importance in the participant's life. The distances between Self and the red and blue disk respectively were measured in centimeters to quantify BD/importance of PA, and correlated with the Bath Ankylosing Spondylitis Disease Activity Inventory, BASDAI (measuring disease activity) and weekly METs (measured with the International PA Questionnaire, IPAQ) by means of spearman rank correlation. The analysis was based on the

first session at baseline (T0) and the third session after six months (T1) and paired t-test was applied, to identify changes between sessions.

Results: Complete data were available for 23 participants. Neither BD (distance to Self at T0: 13.7±7.2cm; T1: 12.1±6.2cm; $t=0.386$, $p=0.703$) nor importance of PA (distance to Self at T0: 7.3±5.3cm; T1: 7.0±4.5cm; $t=0.246$, $p=0.808$) changed within six months. The perceived importance of PA correlated with IPAQ measured METs at T1 ($r=0.572$, $p=0.00$), no correlation between BD and METs was found.

Conclusion: The stable perceived BD could be explained by long disease duration of participants and established disease management. The stable importance of PA could be due to the sample, as for group exercise participants PA may already be important. The correlation between importance of PA and MET at T1 could indicate that people learned more about the meaning of PA leading to a better understanding of the importance of PA. Future research should evaluate factors influencing the perceived importance of PA as well as further explore the use of PRISM in the context of exercise-coaching.

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Acknowledgments: We thank Beatrice Walker and René Braem from Swiss Ankylosing Spondylitis Association.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5385

SAT0640-HPR RHEUMATOLOGY CARE OF MIGRANTS FROM SUB-SAHARAN AFRICA: A QUALITATIVE PILOT STUDY OF PATIENTS' PERSPECTIVES

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Background: Rheumatological diseases are common in Sub-Saharan Africa [1] but specialist healthcare is limited and there are less than 150 rheumatologists currently serving 1 billion people in Sub-Saharan Africa [2]. Rheumatologists practising in the UK NHS are likely to be exposed to migrant patients. There is therefore, an unmet need for health care providers to understand the differences in rheumatology healthcare provision between Sub-Saharan Africa and the UK and the barriers which migrants face in their transition of rheumatology care.

Objectives: To gain an understanding of the experiences of patients with rheumatological conditions, about their past healthcare in Sub-Saharan Africa and their transition of care to the UK.

Methods: A qualitative study using semi-structured interviews was conducted. Participants were recruited from two rheumatology outpatient clinics in London. Thematic analysis was applied to identify key themes.

Results: Seven participants were recruited. Five had rheumatoid arthritis, one had ankylosing spondylitis and one had undifferentiated inflammatory arthritis. Participants described the significant impact their rheumatological conditions had on their physical and emotional wellbeing, including their social and financial implications. Compared to the UK, rheumatology healthcare in Sub-Saharan Africa was characterised by higher costs, limited access to specialists, lack of investigations and treatments, the use of traditional medicines and poor communication by clinicians. Barriers to transition of rheumatology care to the UK were: poor understanding of rheumatological conditions by the public and primary care providers, lack of understanding of NHS entitlements by migrants, fear of data sharing with immigration services and delayed referral to specialist care. Patient, doctor and public education were identified by participants as important ways to improve access to healthcare.

Conclusion: This study has described, for the first time, patients' perspectives of rheumatology health care in Sub-Saharan Africa and the transition of their care to the UK. These initial findings allow healthcare providers in the UK to tailor management for this migrant population and suggests that migrants need more information about their NHS entitlements and specific explanations on what non-clinical data will be shared with immigration services. To increase access to appropriate care, a concerted effort by clinicians and public health authorities is necessary to raise awareness and provide better education to patients and migrant populations about rheumatological conditions.

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Acknowledgments: We are grateful to the patients involved in this study for their time and involvement.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2789