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 coadjuvant 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 Otton Consultant of: Novartis Farmaceutica, SA, Pfizer, E. Merck Sharp & Dohme España, S.A., Roche Farma, S.A, Sanofi Aventis, AbbVie Spain, S.L.U., and Laboratorios Gебro 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 Gебro Pharma, SA (All through institution), José Luis Andrés Sánchez: None declared

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**SAT0638-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 25.6/100,000. 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 sclerosis 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, ADH, 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 HRQoL. Age- and sex-matched 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 (53, p=0.001), walking outdoor on flat ground (582, p=0.002), climbing stairs (584, p=0.001) and run errands and shop (.417, p=0.016) assessed by MAHQ. 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).

**Conclusions:** 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. Claustrophobia on legs correlated significantly with impaired walking activities reported in MAHQ.

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

<table>
<thead>
<tr>
<th>Limitation</th>
<th>BASDAI Mean ± SD</th>
<th>GHQ-12 Mean ± SD</th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>5.6 ± 1.9</td>
<td>4.4 ± 4.0</td>
</tr>
<tr>
<td>Medium</td>
<td>6.1 ± 1.9</td>
<td>5.3 ± 4.0</td>
</tr>
<tr>
<td>High Limitation</td>
<td>7.0 ± 4.0</td>
<td>6.0 ± 4.0</td>
</tr>
</tbody>
</table>

**Driving** 5.5 ± 2.0 6.1 ± 2.1

**Using public transportation**

**Using group exercise**

**Caring for children/grandchildren**

Results: 542 axSpA patients participated. Mean age was 44.3±13.9 years and 63% were female. Mean BASDAI was 5.3±2.2, 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 driving (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.

**Acknowledgments:** 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.

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 of disease (BD) and importance of PA as starting-point for the exercise-coaching.

**Presentation of Illness and Self Measure** [5] to explore patients’ perceived burden and 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: 73.7±5.3cm; T1: 70.4±4.1cm; p=0.386, p=0.703) nor importance of PA (distance to Self at: T0: 73.5±5.3cm; T1: 70.4±4.1cm; p=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=0.000), 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.

References:

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