demand and low decision-making latitude), iso-strain (job-strain and lack of social support), and low-strain (relaxed or low-load work).

Results: Among the 261 participants in the study, 67.43% were women. The average age was 39.80 ± 9.4 years. The average length of professional service was 8.91 ± 7.30 years [1 - 35 years].

Regarding the job stress, 65.14% of the healthcare workers followed at least 11 patients per day. 78.54% had more than 40 hours of weekly work and 46.36% carried heavy loads during work. Job-strain was found in 58.62% of the participants, iso-strain in 7.66% and low-strain in 5.36%. MSDs were described by 225 participants (86.21%). They were mainly low back pain (68.44%), neck pain (52%) and shoulders' pain (37.78%).

In multivariate analysis, only weekly work > 40 hours (OR = 2.59; 95% CI 1.11–6.02, $p = 0.026$) and job-strain (OR = 3.14; 95% CI 1.33–7.39, $p = 0.009$) remained associated with the presence of MSD.

Conclusion: The healthcare workers in our study are exposed to a high psychological and physical job stress, causing MSDs. Ergonomic programs should be designed for these workers.

Disclosure of Interests: None declared

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AB0966

PREVALENCE OF SARCOPENIA IN PATIENTS WITH RHEUMATOLOGICAL DISEASES

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Background: The presence of sarcopenia in rheumatological patients is an independent predictor of morbidity and mortality in this cohort of patients. Patients with sarcopenia are characterized by lower physical activity, a tendency to depression and poor social adaptation.

Objectives: To assess the prevalence of sarcopenia in rheumatological patients.

Methods: 317 patients were examined, including 79 with systemic lupus erythematosus, 98 with rheumatoid arthritis, 72 with systemic sclerosis, 68 with spondyloarthritis. Among them, 201 women and 116 men, the age of patients ranged from 21 to 58 years, the average age at the time of inclusion of patients in the study was 41.1 ± 7.3 years. Sarcopenia was diagnosed using the method recommended by The European Working Group on Sarcopenia in Older People2.

Results: The frequency of occurrence of a decrease in the total mass of skeletal muscle according to the skeletal muscle mass index (ISMM) was 31.2% (99 patients), a decrease in muscle strength according to the wrist dynamometry was observed in 44.5% (141 patients), low skeletal muscle performance according to the results NIH Toolbox 4 Meter Walk Gait Speed Test in 42.8% (135 patients). The prevalence of suspected sarcopenia (probable sarcopenia) was 13.3% (42 patients) and sarcopenia 31.2% (99 patients), no cases of severe sarcopenia were detected. Statistically significant differences were obtained between groups of patients depending on the duration of rheumatological disease and the prevalence of sarcopenia ($\chi^2=19.328$ $p=0.001$).

Conclusion: The prevalence of sarcopenia in rheumatological patients in the general population was 31.2%.

Disclosure of Interests: None declared

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AB0967

OBESITY IMPACTS SURGICAL REPAIR OF ROTATOR CUFF TEAR IN A LOW-INCOME POPULATION

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Background: Rotator cuff tears (RCT) rank high among causes of shoulder pain in primary care. Surgical repair of RCT is indicated when judged refractory to clinical treatment. Comorbidities and environmental issues may impact the surgical result of RCT repair.

Objectives: to determine the impact of Obesity and Smoking in the outcome of low-income patients subjected to RCT repair.

Methods: Low-income (<5500,00 US\$ annual *pib per capita**) patients living in Fortaleza-CE, Brazil were prospectively (2016-2018) evaluated in the Orthopedic and Rheumatology Services of the Hospital Geral de Fortaleza. Demographics and clinical data focusing Obesity (BMI ≥ 30) and Smoking status (present/absent) were registered. Pain (0 – 10cm VAS) and functional shoulder score evaluation by the University of California at Los Angeles Shoulder Score (UCLA) and American Shoulder and Elbow Surgeons (ASES) scoring systems following at least 2 years post-operative follow-up were recorded.

Results: Thirty-nine individuals, 60.9 ± 7.1 years-old, 30 female (68.3%) with 5.1 ± 1.9 years follow-up were evaluated; 21 (44.7%) were Smokers and 12 (25.5%) Obese (BMI ≥ 30). Other comorbidities included 16 arterial hypertension, 18 dyslipidemia, 17 osteoarthritis, 4 rheumatoid arthritis, 1 gout. Pain VAS values were 5.1 ± 2.6 vs 3.1 ± 2.8 in Obese vs Non-Obese ($p=0.03$) and 4 ± 2.8 vs 3.37 ± 2.99 in Smokers vs Non-Smokers ($p=0.26$), respectively. UCLA was 22.4 ± 8.2 vs. 28.79 ± 5.6 in

Obese vs Non-Obese ($p=0.004$) and 26.2 ± 6.5 vs. 27.75 ± 7.18 ($p=0.25$) in Smokers vs. Non-smokers, respectively. ASES was 47.89 ± 28.3 vs. 68.1 ± 25.78 ($p=0.021$) in Obese vs. Non-obese and 58.98 ± 26.69 vs 65.3 ± 28.1 ($p=0.243$) in Smokers vs Non-Smokers, respectively.

Conclusion: Using Patient Reported Outcome instruments, these long-term data show that Obesity negatively impacts the outcome of surgical repair of RCT in low-income patients. Smoking status was apparently irrelevant but the number of cigarettes smoked daily was not considered. Emphasis on weight reduction is a practical, affordable though hard to implement measure that could improve surgical results when repairing RCT.

References: *https://pt.wikipedia.org/wiki/Lista_de_munic%C3%ADpios_do_Brasil_por_PIB

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AB0968

DIAGNOSIS OF INFLAMMATORY BACK PAIN (IBP) IN A LOW-INCOME POPULATION USING ASAS IBP DEFINITION

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Background: Inflammatory back pain (IBP) is an important entry criterion for identifying patients with axial spondyloarthritis. Due to the very frequent prevalence of chronic non-inflammatory back pain (CBP), IBP is difficult to differentiate and recognize in many clinical practices. CBP is a frequent diagnosis in populations with low socioeconomic status.

Objectives: To investigate whether IBP ASAS definition help discriminate from CBP in a low-income population.

Methods: A total of 202 consecutive individuals were directly interviewed in Fortaleza/Brazil, for the prevalence of IBP (ASAS definition), monthly family income (US\$), school education [≥ 8 school-years(SY)], and smoking habit (present/absent). People from all social levels were included.

Results: Mean age was 38.9 ± 12.9 years, 100 (49.5%) were male and 36 (17.8%) were smokers; 135 (66.8%) declared less than 730US\$ family earnings per month and 71 (35.1%) had less than 8 SY. Although 122 (60.3%) declared lumbar pain, in comparison, 29 (14.3%), 22 (10.9%) and 59 (29.2%) fulfilled ASAS, Berlin, and Calin's IBP criteria, respectively. There were 39 (58.02%) vs. 83 (61.5%) with vs. without CBP and 9 (13.4%) vs. 20 (14.8%) fulfilling vs. not fulfilling the ASAS IBP definition among those with more or less than 730US\$ earnings ($P>0.05$), respectively.

Conclusion: This is the first report on the prevalence of IBP in a very low-income population. Over one-third had less than 8SY, revealing very low literacy. Smoking prevalence was also low if compared to 28% smoking prevalence WHO estimates across Europe*. These IBP prevalence data are similar to those reported in wealthier populations, living in higher latitude. Data suggest that ASAS IBP definition may be used to discriminate patients with IBP from those with CBP, regardless of income and literacy. **References:** This is the first report on the prevalence of IBP in a very low-income population. Over one-third had less than 8SY, revealing very low literacy. Smoking prevalence (17.8%) was also low if compared to 28% smoking prevalence WHO estimates across Europe*. These IBP prevalence data are similar to those reported in wealthier populations, living in higher latitude. Data suggest that ASAS IBP definition may be used to discriminate patients with IBP from those with CBP, regardless of income and literacy.

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AB0969

GAINED WEIGHT DURING PREGNANCY AND LOW BACK PAIN: IS IT REALLY ASSOCIATED?

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Background: Back pain is known to be a common complaint during pregnancy explained by gained weight in this period. Besides, the incidence of low back pain (LBP) in postpartum has also been quoted to be non-negligible even after delivery.

Objectives: The aim of our study was to assess if the development of LBP during the post-partum period was correlated to gained weight after delivery.