test ($P<0.001$), Wall sit test ($P=0.042$), 15D QL ($P=0.048$) and Lequesne index ($P=0.030$). There were no significant changes in VAS pain level ($P=0.651$), FRT value ($P=0.442$) and Stanford HAQ-20 scale result ($P=0.186$).

Conclusion: Tai Chi can improve functional status and quality of life in people with OA and IA.

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AB1263

THE EFFICACY OF PULMONARY REHABILITATION IN PATIENTS WITH ANKYLOSING SPONDYLITIS

N. Sahin¹, N. Sanoğlu², B. Görcan¹. ¹Balikesir University, Physical Medicine and Rehabilitation, Balikesir, Turkey; ²Balikesir University, Chest Diseases, Balikesir, Turkey

Background: Ankylosing spondylitis (AS) is a rheumatic disease that can cause a restrictive lung condition. Pulmonary rehabilitation increases lung capacity in patients with lung disease. In this study, we aimed to show increase in exercise capacity, decrease in dyspnea and change in quality of life with pulmonary rehabilitation in patients with AS.

Objectives: In this study, we included 20 AS patients of whom admitted to our outpatient clinic. At the beginning and end of the study, patients some findings such as SFT, FEV1 values, saturations, arterial blood pressures and heart rates were recorded separately. Also, BODE index results, 6-minute walk test (MWT) values, BORG dyspnea scores, Modified Medical Research Council (MMRC) dyspnea scales, Anxiety Stress Scales (ASS) were examined. Short Form-36 (SF-36) questionnaires were filled out.

Methods: Patients underwent rehabilitation for 8 weeks, two days in a week at hospital and one day at home. According to their exercise tolerances in rehabilitation, patients were given upper and lower limb endurance training, strength training, flexibility and stretching exercises, balance exercises, inspiratory muscles training.

Results: In our study, patients with AS showed significant improvement in MMRC, borg dyspnea scales and 6 MWT at the end of rehabilitation compared to beginning of rehabilitation ($p<0.05$). It is shown that there was significant improvement in the values of PEF % and FVC%, when the difference averages before and after rehabilitation were compared ($p < 0.05$) but there was no difference in FEV1 %, FEV1/FVC values ($p > 0.05$). There was also significant improvement in BASDAI-BASFI values ($P=0.006$, $P=0.016$, respectively). The bode index showed no significant difference ($p > 0.05$). There was significant improvement in anxiety on ASS. Only the mental parameter showed significant improvement when parameters evaluated by the SF-36 survey ($p < 0.05$). There was no significant difference in the rest of all parameters ($p>0.05$).

	Before treatment n=20 (Mean ±SD)	After treatment n=20(Mean ±SD)	p*
FVC	84,35±13,92	86,40±13,42	,007
FEV1	84,50±13,03	85,30±11,13	,431
FEV1 FVC	105,30±9,57	85,30±11,13	,837
PEF	64,80±17,14	67,60±16,65	,003
6-Minute Walk Test	415,5500±124,88625	439,900±122,364	,000
MMRC Dyspnea Scale	1,350±1,136	1,150±,87509	,046
BORG Dyspnea Score	2,400±1,273	1,650± 0,988	,000
BODE Index	,7500±1,86025	,700±1,688	,317
BASDAI	3,622±1,837	3,140±1,392	,006
BASFI	4,350±1,692	6,065±8,638	,016
ASS	9,00±5,036	7,050±3,034	,006
SF36			
General Health	47,000±15,165	49,125±14,171	,485
Energy	47,000±20,026	52,000±18,020	,120
SocialFunctioning	55,000±22,725	58,875±18,217	,129
Role limitations due to emotional problems	47,765±46,185	64,515±36,463	,117
Mental	52,450±19,527	62,800±17,572	,041

P* Wilcoxon signed rank test. n, number of participants; SD, standard deviation; FVC,forced vital capacity;FEV1,forced expiratory volume;PEF,pik expiratory volume; MMRC, Modified Medical Research Council;O2,oxygen; BASDAI,Bath Ankylosing Spondylitis Disease Activity Index; BASFI,Bath Ankylosing Spondylitis Disease Activity Index;SF-36, Short Form-36.

Conclusion: After pulmonary rehabilitation in patients with AS dyspnea symptoms decreased. As a result of this study, it is thought that pulmonary rehabilitation applied to patients with AS can minimize the adverse effects of the disease over the respiratory system.

Key words: pulmonary rehabilitation, ankylosing spondylitis, respiratory function test

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AB1264

THE EFFECTIVENESS OF KINESIOTHERAPY FOR PAIN SHOULDER SYNDROME

O. Tikhoplav¹, E. Guryanova^{1,2}, O. Moskovskaya¹, A. Moskovskij¹. ¹Chuvash State University, Cheboksary, Russian Federation; ²Institute for Advanced Medical Studies, Cheboksary, Russian Federation

Background: Pain shoulder syndrome is one of the most common conditions that is inherent in patients with various diseases and conditions. This problem is faced by both patients of a rheumatological profile (rheumatoid arthritis), and patients of other profiles: neurological (stroke, hernia of the cervical spine), traumatic (periartrosis). The regular use of painkillers and NSAID is associated with a risk of serious adverse reactions in patients.

PNF therapy can have a fairly quick positive effect. Kinesiotaping is a common and easily accessible treatment method that, due to the inclusion of local neuromuscular adaptation mechanisms, can have an analgesic effect.

Objectives: The purpose of the study is to compare the effectiveness of traditional treatment methods in combination.

Methods: Patients with pain shoulder syndrome who were admitted to the doctor of physical and rehabilitation medicine were randomly assigned to one of three groups: group G1 - 20 patients who received combined treatment, including massage, acupuncture, PNF, kinesiotherapy.

Patients of group G2 (20 people) who received massage and acupuncture sessions, kinesiotherapy, but did not deal with PNF.

Patients in group G3 (20 people) received massage, acupuncture, and PNF, excluding kinesiotaping.

All patients received treatment 5 times a week (Monday to Friday, excluding Saturday and Sunday), the total duration of the rehabilitation course is 20 days. The program included: 30 minutes an acupuncture session, 20 minutes massage, 45 minutes physical exercises with a physical therapist. Classes using the PNF technique were carried out separately every other day for 45 minutes using the standard method for shoulder pain.

VAS was used to monitor efficacy. Pain was assessed at the beginning of the study, with the third, sixth, ninth and last visit to the clinic.

Results: The age composition of the patient group is from 31 to 70 years. The gender composition is 35 (58.33%) women, and 25 (41.67%) men.

The average time between the onset of clinical symptoms and the first treatment session was 47.3 days. In 90% of patients, a history of pain lasted from 6 weeks or more. 52 patients (86.67%) completed the treatment completely. Of these, G1 is 19 people (90% of this group), 16 (80%) in G2, and 17 of 20 in the G3 group (85%).

The average VAS score in G1 was 5.15 at the start of the study, and after the tenth session, it dropped to 2.78. A significant decrease in pain is also observed in the G2 group (from 5.17 at the beginning of the study to 3.19 after the tenth session). The G3 group in terms of pain reduction almost equaled the G1 group, where the level of pain from 5.16 decreased to 2.71.

Patients within 6 months after treatment evaluated the level of pain on their own and reported the data to the doctor. In patients of group G1, after 6 months, the average VAS score is 3.71. G3 patients after 6 months, the VAS score is 4.25 points. Patients of the G2 group at 3 months noted a return of the pain syndrome, after 3 months, the VAS score was 5.11.

Conclusion: The obtained results testify to the high efficiency of PNF therapy, however, the combination with kinesiotyping allows better consolidation of the effect of therapy and prolongs remission of pain syndrome.

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Education

AB1265

GENDER DISTRIBUTION AND GENDER-RELATED ISSUES AMONG YOUNG RHEUMATOLOGISTS AND ACADEMIC POSITIONS IN RHEUMATOLOGY: A SNAPSHOT OF THE CURRENT SITUATION IN ITALY

L. Andreoli¹, S. Alivernini², A. Alunno³, S. L. Bosello², C. Chighizola⁴, P. Conigliaro⁵, E. Gremese², C. Iannuccelli⁶, L. Quartuccio⁷, F. R. Spinelli⁸, M. Vadacca⁸, M. S. Chimenti⁵ on behalf of SIRyoung and ReDO - Italian Society for Rheumatology. ¹University of Brescia, Brescia, Italy; ²Fondazione Policlinico Universitario A. Gemelli IRCCS - Università Cattolica del Sacro Cuore, Rome, Italy; ³University of Perugia, Perugia, Italy; ⁴Istituto Auxologico Italiano, Milan, Italy; ⁵Tor Vergata University, Rome, Italy; ⁶Sapienza University, Rome, Italy; ⁷University of Udine, Udine, Italy; ⁸Campus Bio Medico University, Rome, Italy

Background: The Italian Society for Rheumatology (SIR) comprises committees for Rheumatologists under the age of 40 (SIRyoung) and for Women in Rheumatology (Reumatologhe Donne – ReDO). As female representation is increasing in rheumatology worldwide [1], there has been interest in assessing gender-related issues.

Objectives: To describe the gender distribution among young members of SIR and academic positions in Rheumatology in Italy. To assess the expectations and needs of young rheumatologists with regard to their career.

Methods: SIRyoung members developed a web-based survey which was distributed among SIR members under the age of 40 during the spring of 2019. Responses were collected and analysed anonymously. ReDO retrieved and analysed the data regarding academic positions in Italy in September 2019 from official data by "Ministry of Education, University and Research" (www.miur.it).

Results: Out of 478 SIR members under 40 (66.5% F), 113 (23.7%) completed the SIRyoung survey (62.1% F). Regarding career plans, male and female members responded: hospital physician (36.9% vs 37.8%), outpatient clinic physician (18.5% vs 28.3%), academic career (23.9% vs 22.8%), private practice (16.3% vs 9.4%), and industry (4.3 vs 1.6%), respectively. When asked about their interest in doing a fellowship in another national center or abroad, 60.8% of male and 72.8% of female respondents were interested but thought they could not afford it. Reasons reported by males and females were: working reasons, namely barriers to temporarily leave the workplace (61.3% vs 50.7%), family reasons (16.1% vs 25.4%), financial reasons (22.6% vs 16.5%), respectively. As for academic rheumatology in Italy, 113 positions were retrieved. Men held 64 positions (57%) and women 49 (43%). Full professors were mostly men (92%), while assistant professors were women in 65% of the cases (58% of those with a permanent position; 72% of those with a temporary position) (Figure) [2].

Conclusion: Our study explored for the first time gender distribution and related issues in Rheumatology in Italy. Female representation accounts for two thirds of SIR members under 40. This could reflect the general trend of medical school being chosen more often by women than men. No differences were observed in the career expectations of male and female rheumatologists. Interestingly, nearly one fourth of female respondents were interested in academic career, confirming the trend toward female predominance observed for assistant professors. Therefore, it is likely that the next generation of full professors will have a balanced gender distribution, as it is already for associate professors. The choice of a fellowship is still hampered by several problems, but it seems that reasons for not pursuing such opportunities are similarly distributed in males and females. Although family reasons tend to be more frequent in female rheumatologists, this is not significant as compared to men. This could indicate that family affects career choices of both male and female rheumatologists. It is important that national societies promote surveys for the assessment of gender specific issues among their members, in order to identify unmet needs and design interventions for career support regardless of gender.

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*percentages referred to the individual male (n=64) and female (n=49) cohorts, respectively

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AB1266

JOINTS STILL PLEADING FOR ATTENTION

P. Arora¹, L. H. Lee¹. ¹University Hospitals of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

Background: Despite the prevalence of musculoskeletal diseases in an increasingly elderly patient population, musculoskeletal (MSK) examination remains frequently overlooked and poorly completed in medical clerking. Indeed, studies over the years have emphatically demonstrated the widespread omission of MSK examination. (1,2)

Objectives: The aim of this study was to evaluate the documentation of MSK examination in medical clerking on the acute medical take. Furthermore, we sought to assess doctors' perception of MSK examination and to evaluate the effect of GALS teaching.

Methods: Medical clerkings of 50 patients in the medical assessment unit (MAU) were reviewed on a single day irrespective of the pathology. Case notes were assessed for presenting complaints and documentation of clinical examination findings. Results of the baseline study along with GALS examination techniques were presented at the departmental meeting. Case notes review was subsequently repeated with the same sample size.

Results: Baseline study showed that MSK exam was recorded in only 10% of patients despite 20% of patients presenting with fall/collapse. In contrast, 100% of medical clerkings had respiratory examination, 94% had cardiovascular examination while 94% had abdominal examination documented. Although confidence in performing MSK examination was not felt to be a problem, perceived time constraints was a major barrier.

Repeat study with another 50 set of clerkings demonstrated a significant improvement, with 22% of clerkings having MSK examination recorded. However, the quality of documentation of MSK examination remained sketchy.

Conclusion: Our study reaffirms the fact that MSK examination remains broadly neglected despite the high proportion of patients admitted with fall or collapse. Although the completion of MSK examination improved following GALS screen teaching, the quality of clinical examination documentation remained inadequate. Evidently, the indifference towards MSK examination warrants prompt attention and action by medical educators and rheumatologists.

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