performance-based measures of standing balance and lower limb motor control function in subjects with TKA should be considered.

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AB1285-HPR

ACCELEROMETRIC ASSESSMENT OF PHYSICAL PERFORMANCE DURING THE SIT-TO-STAND TEST IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis is a major public health issue that causes chronic pain and functional limitation.

Objectives: This study aims to evaluate physical performance in knee osteoarthritis by clinical tests and accelerometer measurements, and investigate the relationship between physical performance alteration and clinical parameters.

Methods: This is a cross-sectional study, included 40 patients with knee osteoarthritis (100% female, average age 57.6 ± 5.2 years, median evolution time was 36 [24, 69] months, overweight in 82.5% of patients). Clinical evaluation performed with the visual analog scale (VAS), Western Ontario and McMaster Osteoarthritis Index (WOMAC), Lequesne score, Get up and Go (GUG) and Timed up and Go (TUG) tests. The percentage of fat mass was measured using impedencemetry.

All subjects were instructed to perform sit-to-stand transfers during 30 secondes. We measured the speed, strength and muscular power of the lower limbs during this test using the Myotest PRO® accelerometer.

A correlation analysis was performed in search of factors associated with physical performance alteration.

Results: The median speed during the sit-to-stand test was 4.3 [3.1-6.2] cm / sec. The median muscular strength and power during this test were 15.2 [13.6-17.7] Nm / kg and 14.5 [9.9-21.7] W / kg respectively.

Body mass index (BMI) correlated negatively with the 3 parameters of physical performance measured by the Myotest PRO® accelerometer (speed, strength and muscle power) during the sit-to-stand test ($p < 0.05$). There was no correlation between those measured parameters of physical performance, pain and functional indices of knee osteoarthritis.

Conclusion: Our pilot study assessed the physical performance of the lower limbs in knee osteoarthritis patients, by measuring the speed, strength and muscle power during the sit-to-stand test. It suggests an association between obesity and physical performance alteration in knee osteoarthritis patients.

Disclosure of Interests: None declared

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AB1286-HPR

EXAMINATION OF DYNAMIC GRIP ENDURANCE RELATED FACTORS IN PATIENTS WITH PSORIATIC ARTHRITIS

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Background: Psoriatic arthritis (PsA) is a disease manifested by destruction of articular cartilage, subchondral bone, and fibrosis of the joint capsule without excessive synovitis (1). Most of studies that examining hand in PsA are radiographic, ultrasonographic, magnetic resonance imaging research and there is little knowledge about functional assessment of hand. According to our knowledge, there is no study assessing grip endurance in patients with PsA.

Objectives: To assess dynamic grip endurance related factors in patients with PsA.

Methods: A total of 19 patients [Mean age; 53.5±12.6 years, 14 women (73.7%), 5 men (26.3%)] diagnosed according to CASPAR criteria were included this study. Clinical and demographic characteristics were recorded. Dynamic grip

endurance test was assessed with 10- repetition dynamic endurance test using a hand dynamometer (Lafayette Professional Hand Dynamometer, USA). Grip strength was examined by hand dynamometer and pinch strength was examined by pinchmeter (Lafayette, USA). Goniometer was used to assessment wrist position sense. Disability of Arm, Shoulder and Hand Survey (DASH) was used to determine disabilities and symptoms of upper extremity. We used Spearman's Rank Correlation Coefficient for data analysis.

Results: Dynamic grip endurance was negatively correlated with DASH score, perceived disability of hand, number of tender hand joints and positively correlated with grip strength, 3 point pinch strength on both dominant and non-dominant sides ($p < 0.05$, Table 1). Dynamic grip endurance was not correlated with CRP level and joint position error on both dominant and non-dominant sides ($p > 0.05$).

Table 1. Examination Of Dynamic Grip Endurance Related Factors In Patients

Variables (n=19)	Dynamic Grip Endurance Dominant	Dynamic Grip Endurance Dominant (%)	Dynamic Grip Endurance Non- Dominant	Dynamic Grip Endurance Non- Dominant (%)
DASH	r=-0.525 p=0.021	r=0.524 p=0.021	r=-0.608 p=0.006	r=0.153 p=0.532
Perceived Disability of Hand	r=-0.466 p=0.044	r=0.326 p=0.174	r=-0.509 p=0.026	r=0.414 p=0.078
Pain in Hand Joints	r=-0.363 p=0.127	r=0.472 p=0.041	r=-0.316 p=0.188	r=0.542 p=0.017
Number Of Tender Hand Joint	r=-0.641 p=0.003	r=0.569 p=0.011	r=-0.580 p=0.009	r=0.268 p=0.267
Number Of Swollen Hand Joint	r=-0.349 p=0.143	r=0.359 p=0.131	r=-0.526 p=0.021	r=-0.094 p=0.702
Joint Position Error Dominant	r=0.147 p=0.548	r=-0.127 p=0.606	r=0.412 p=0.080	r=-0.026 p=0.915
Joint Position Error Non-dominant	r=0.213 p=0.381	r=-0.339 p=0.156	r=0.047 p=0.848	r=0.350 p=0.141
Grip Strength Dominant	r=0.960 p<0.001	r=0.033 p=0.892	r=0.722 p<0.001	r=-0.035 p=0.887
Grip Strength Non- Dominant	r=0.742 p<0.001	r=-0.151 p=0.538	r=0.967 p<0.001	r=0.035 p=0.887
2 Point Dominant	r=0.134 p=0.585	r=0.561 p=0.012	r=0.344 p=0.149	r=-0.240 p=0.322
3 Point Dominant	r=0.539 p=0.017	r=-0.444 p=0.057	r=0.752 p<0.001	r=-0.318 p=0.185
Lateral Dominant	r=0.354 p=0.137	r=0.516 p=0.024	r=0.355 p=0.136	r=-0.116 p=0.637
2 Point Non-Dominant	r=0.622 p=0.004	r=-0.200 p=0.411	r=0.742 p<0.001	r=0.031 p=0.901
3 Point Non Dominant	r=0.633 p=0.004	r=-0.216 p=0.375	r=0.845 p<0.001	r=0.013 p=0.957
Lateral Non Dominant	r=0.459 p=0.048	r=-0.366 p=0.123	r=0.579 p=0.009	r=-0.063 p=0.783
CRP	r=-0.280 p=0.246	r=-0.008 p=0.974	r=-0.386 p=0.102	r=0.023 p=0.926

DASH: Disability of Arm, Shoulder and Hand Survey, *Spearman Correlation Test

Conclusion: Our findings suggest that dynamic grip endurance is associated with different functional parameters of the hand and worsening clinical parameters. Examining dynamic grip endurance might be a guide in creating an exercise program for clinicians in rehabilitation of patients with PsA.

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AB1287-HPR

INVESTIGATION OF THE RELATIONSHIP BETWEEN GRIP ENDURANCE, DISABILITY OF UPPER EXTREMITY AND QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Upper extremity functions affect the quality of life at different levels in patients with rheumatoid arthritis (RA). In the current literature; it has been shown that grip endurance is associated with upper limb functions (1). However, there is no study investigating the relationship between grip endurance and quality of life in patients with RA.

Objectives: To investigate relationship between grip endurance, disability of upper extremity and quality of life in patients with RA.

Methods: In our cross sectional study, 23 RA patients [Mean age; 52.7±12.6, BMI; 26.9±5.7 kg/m², Women; 20(87.0%)] who were classified according to the ACR 2010 criteria. Demographics and clinical characteristics of patients were recorded (Table 1). Das28 for disease activity score, Static and dynamic grip endurance measurements using Hand Dynamometer (Lafayette Professional Hand Dynamometer, USA) for grip endurance, Disability of Arm, Shoulder and Hand Survey (DASH) for disabilities and symptoms of upper extremity and Short Form-36 Health Survey for quality of life were performed. Spearman's Rank Correlation Coefficient was used for data analysis.

Table 1. Demographic and Clinical Characteristics of Patients

Variables (n=23)	Median(IQR 25/75)
Age (year)	56(41/62)
BMI (kg/m ²)	27.5(21.4/32.0)
Disease Duration(year)	8(5/15)
Morning Stiffness (VAS/mm)	38(23/48)
Perceived Disability of Hand (VAS,mm)	47(25/67)
Clinician Disability of Hand (VAS,mm)	30(20/39)
Number Of Tender Hand Joint	2(0/6)
Number Of Swollen Hand Joint	0(0/1)
CRP(mg/l)	3.3(1.8/7.1)
ESR(nm/h)	13(6/21)
n(%)	
Morning Stiffness Duration	
0-15 minutes	8 (34.8)
15-30 minutes	5 (21.7)
30-60 minutes	3 (13.0)
Longer than 1 hours	7 (30.4)
Das28	
Remission	11(47.8)
Low Activity	2(8.7)
Moderate Activity	7(30.4)
High Activity	3(13.0)

Data is presented median (interquartile range) or percentile (%).

Results: Grip endurance was negatively correlated with DASH and positively correlated with many different quality of life parameters, especially physical function, on both the dominant and non-dominant sides ($p < 0.05$). DASH was correlated negatively with SF-36 physical function, role limitation due to physical health, pain subparameters and positively correlated with Das28 score ($p < 0.05$).

Conclusion: In our study, it was concluded that grip endurance was related to upper extremity functions and quality of life in patients with RA. This result shows that; assessment of grip endurance can be a guide for clinicians who have designed an upper limb rehabilitation program for patients with RA.

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AB1288-HPR BURTON PATIENT REPORTED OUTCOME MEASURES (B-PROM): STEPS TOWARDS VALIDATION

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Background: Patient reported outcome measure (PROMS) and experience measures (PREMS) are becoming of vital importance in the assessment of treating the rheumatic diseases. There have been a variety measuring different elements of a patients disease journey. To date few have been developed specifically in rheumatology outpatients, to that end the Burton rheumatology unit in the Midlands UK developed a 12 question PROM looking at the three domains of emotional, physical and functional health, this has been mindful of previous PROMS and PREMS developed^{1,2,3}.

Objectives: To validate a new PROM questionnaire in an unselected group of rheumatology outpatients with osteoarthritis (OA)

Methods: Consecutive patients with OA attending outpatients in Burton were asked to fill in the questionnaire at the beginning and after completing education and exercise programme designed by the physiotherapists to treat OA. The results collated were analysed using STATA™. Cronbach's alpha was calculated to look internal validity within domain and overall to assess validity of the questionnaire. This was done within domain and with the overall questionnaire.

Results: 130 patients were included, mean age was 65 and diagnosis was osteoarthritis. 71.5% patients were female. Cronbach's alpha results for the

communication, relationship and reliability within the first domain were 0.80, 0.82 and 0.82 respectively. Domain 1: alpha for all three questions was 0.93. Domain 2: alpha for questions on knowledge was 0.60, reliability 0.81, fatigue 0.79 and pain 0.85. Domain two overall agreed with the other two domains was 0.95. Domain 3: the alpha for movement was 0.81, strength was 0.73, independence was 0.81, mobility was 0.91 and social was 0.92. Domain three had an alpha overall of 0.93

Conclusion: The B-PROM shows good validity and could be used in patients with OA, further work using it on other patient groups will be performed.

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AB1289-HPR PERCEPTION OF THE VALUE OF DRUGS ON DIFFERENT MANIFESTATIONS OF PSORIATIC ARTHRITIS BASED ON A MULTI-STAGE EXPERT OPINION SURVEY

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Background: Patients with psoriatic arthritis (PsA) present with heterogeneous clinical phenotypes, which includes different clinical manifestations such as peripheral arthritis, axial disease, dactylitis, enthesitis, and skin and nail psoriasis. Many drugs for treatment of PsA are available for individualised treatment strategies but robust evidence is available for peripheral arthritis only as primary endpoint of RCTs.

Objectives: To evaluate perception of German physicians on the value of current PsA treatments on different clinical PsA manifestations.

Methods: In a face-to-face meeting, 8 German physicians (dermatology, rheumatology), specialised in PsA research/patient care, proposed initial scores for the effect size of current PsA drugs on different PsA manifestations based on knowledge of study data and personal experience in use of the drugs. The ability to achieve a consensus of the proposed efficacy scores was explored by applying an online survey among a cohort of PsA experienced physicians. Finally, a second online survey evaluated how a larger group of physicians personally estimate the drug effect sizes on different PsA manifestations.

Results: Table 1 summarises the efficacy scores proposed by the initial expert group. In the first online survey 25 treating physicians were invited to participate, 14 (56%) of whom completed the survey. An agreement rate of over 65% of the participants was achieved for 49 (68%) of the 72 proposed efficacy scores (Table 1). The consensus was especially high for the group of biological disease-modifying antirheumatic drugs (bDMARDs), except for etanercept and abatacept. However, the second survey (16 (39%) participants out of 41 invited physicians) revealed that the experience with the treatment using abatacept was low (4 / 16 (25%)) or non-existing (3 / 16 (18.8%)) and several manifestations could not be estimated (Figure 1). Distribution of answers were broad for etanercept in general and for particular drug-manifestation combinations (e.g. effect of ustekinumab on axial disease).