commissioned by Janssen to conduct the research reported in this abstract, Chloe Tolley Consultant of: Adelphi Values a health outcomes research company commissioned by Janssen to conduct the research reported in this abstract, Patricia Delong Employee of: Janssen, Elizabeth C Hsia Shareholder of: Johnson & Johnson, Employee of: Janssen Research & Development, LLC
DOI: 10.1136/annrheumdis-2020-eular.5634

AB1333-HPR FIBROMYALGIA SYNDROME IN MEDICAL STUDENTS

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Background: At the university, students begin to be responsible for their own life decisions and lifestyles. First year students are required to adapt especially to a new learning environment and to cope with the academic and social demands of vocational education. High academic expectations are stressful and can pose a risk to students mental and physical health. Anxiety and depression are among the most common psychiatric problems among students.

Objectives: The aim of this study is to evaluate the prevalence of fibromyalgia syndrome (FMS) in medical students and to compare students from engineering faculty.

Methods: 392 (284 faculty of medicine, 108 faculty of engineering) students selected from Firat University Faculty of Medicine and Engineering were included in the study. Hospital Anxiety and Depression Scale (HADS) forms were filled in for all participants. Anxiety and depression among students of medical and engineering were examined. Moreover, 2016 ACR FMS classification criteria was used to select the student who have FMS.

Results: In our sample, 185 (47.1%) and 207 (52.9%) of participants were male and female, respectively. HADS anxiety and HADS depression scores were significantly higher in engineering students than in medical students (mean HADS anxiety and depression scores were 9.07; 10.29, $p=0.007$ and 7.61; 8.52, $p=0.039$, respectively). While a significant difference was found among medical and engineering students in terms of HADS anxiety and depression scores in men ($p<0.001$ and $p=0.006$), no significant difference was found in women ($p=0.676$ and $p=0.278$). On the other hand, 46 (16.1%) of medical students and 13 (11.7%) of students from engineering faculty have FMS ($p=0.170$).

Conclusion: FMS prevalences are similar in the medical students and students from engineering faculty. However, anxiety and depression are more common among male engineering students than medical students. This may be related to future employment anxiety among students from engineering faculty.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5842

AB1334-HPR BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY IN JUVENILE IDIOPATHIC ARTHRITIS (JIA): A SCOPING REVIEW

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Background: Physical activity is an important aspect in the management of JIA (1). However physical activity levels are low in this population (2). Limited research has been conducted to identify definitive barriers and facilitators to physical activity in children and adolescents who have JIA.

Objectives: The objective of this scoping review was to identify the common barriers and facilitators to physical activity in JIA.

Methods: Original studies, either quantitative or qualitative, including participants with a diagnosis of JIA, who were under 18 years of age were included. Two independent reviewers carried out a search of the literature and full text reviews of papers to determine eligibility for inclusion. The Critical Skills Appraisal Programme (CASAP), Appraisal tool for Cross-Sectional Studies (AXIS) and Downs and Black critical appraisal tools were used to assess the quality of the included research articles.

Results: Eighteen studies were included in the review. The included studies were of a variety of low, moderate and high quality. The synthesis of the data identified pain to be the most common barrier and the modification of physical activities to the need of the individual to be the most common facilitator to physical activity in JIA.

Conclusion: Identifying the most common barriers and facilitators to physical activity allows clinicians to apply better management strategies when treating an individual with JIA. Our findings demonstrate the need for further research in this area to assist increasing physical activity participation for children and adolescents who have JIA.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3550

AB1335-HPR HEALTH PROFESSIONALS' PERSPECTIVE ON THE BENEFITS AND RISKS OF LOW-DOSE GLUCOCORTICOIDS IN RHEUMATOID ARTHRITIS – AN INTERNATIONAL SURVEY OF 444 HEALTH PROFESSIONALS

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Background: The Glucocorticoid Low-dose Outcome in Rheumatoid Arthritis Study (GLORIA) is an international investigator-initiated pragmatic randomized trial designed to study the effects of low-dose glucocorticoids (GCs) in elderly patients with Rheumatoid Arthritis (RA).

The research team is also committed to promote a better understanding of the risks and benefits of these drugs among health professionals and patients. In order to achieve these goals, it is important to assess the current ideas and concerns of patients regarding GCs.

Objectives: To evaluate the current patient perspective on the efficacy and risks of GCs in RA patients who are or have been treated with GCs.

Methods: Patients with RA completed an online survey (with 5 closed questions regarding efficacy and safety) presented in their native language. RA patients were recruited through a variety of patient organizations representing three continents. Patients were invited to participate through national patient organizations. In the USA, patients were also invited to participate through MediGuard.org. Participants were asked for their level of agreement on a 5-point Likert scale.

Results: 1344 RA patients with exposure to GCs, from Brazil, USA, UK, Portugal, Netherlands, Germany and 24 other countries** participated: 89% female, mean age (SD) 52 (14) years and mean disease duration 13 (11) years. The majority of participants (84%) had ≥10 years of education. The duration of GCs exposure was 1.6 (4.2) years. The majority of participants had read articles or pamphlets on the benefits or harms of GC therapy.

Regarding GCs efficacy (table 1), high levels of endorsement were found: about 2/3 of patients considered that GCs as very useful in their case, more than half considered that GCs were effective even at low doses, and agreed that GC improved RA symptoms within days.

Regarding safety (table 1), 1/3 of the participants reported having suffered some form of serious adverse events (AEs) due to GCs, and 9% perceived this as "life-threatening. Adverse events had a serious impact on quality of life, according to about 1/3 of the respondents.

Conclusion: Patients with RA exposed to GC report a strong conviction that GCs are very useful and effective for the treatment of their RA, even at low doses. This is accompanied by an important prevalence of serious AEs. Understanding the patient perspective can improve shared decision-making between patient and rheumatologist.

Funding statement: This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 634886.