ranges from 0 to 21 where higher values indicate worse SQ) of the Pittsburgh Sleep Quality Index. Linear regressions were performed to analyse the association of changes in ST and PA over time (predictor variables) with SQ at 2- and 5-years follow-up (dependent variables) while considering baseline SQ, age, fat percentage, marital status, educational level, sleep or relaxation medication, and regular menstruation as confounders.

**Results:** Overall, after adjusting for confounders, non-statistical significant associations were found between changes in ST and PA intensity levels from baseline to 2-years follow-up with SQ at 2-year follow-up (P>0.05); except for the change in MVPA from baseline to 2-years follow-up, which showed evidence of statistical significance (β=-0.207; P=0.059). Regarding the 5-year follow-up, we did not observe either any association between changes in ST or PA intensity levels from baseline to 5-year follow-up with SQ at 5-year follow-up (P>0.05).

**Conclusion:** The main findings suggest that neither ST nor PA intensity levels over time predict SQ at 2- and 5-year follow-up in women with fibromyalgia. Future PA-counselling randomised controlled trials might shed more light on the role that ST and PA could play on SQ.

**References:**

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**Disclosure of Interests:** None declared

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**THU0459**

**CHRONIC MUSCULOSKELETONAL PAIN AND CHRONIC WIDESPREAD PAIN IN CHILE: PREVALENCE AND ASSOCIATED FACTORS**

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**Background:** Chronic musculoskeletal pain (CMP) is a key cause of health loss worldwide. Cultural factors may affect pain processing and it is key to have more information regarding CMP epidemiology in Latin America.

**Objectives:** We aimed to determine the prevalence of CMP and Chronic Widespread Pain (CWP) in Chile and to explore risk factors.

**Methods:** We used data recollected in the 2017 Chilean National Health Survey. Using COPCORD we defined CMP as non-traumatic pain for more than three months. CWP was defined by the presence of CMP in five body regions. Associations between CMP and CWP and risk factors was investigated through univariate and multivariate logistic regression models.

**Results:** After excluding subjects with missing information our final sample was 4045 subjects. CMP was present in 21.8% (95% CI 18.6%, 24.1%) and CWP in 4.2% (95% CI 3.3%, 5.1%). Significant risk factors for CMP in multivariate analysis were older age, female gender, lower educational level, and depressive symptoms. Protective factors for CMP were not being married and moderate alcohol consumption. CWP shared risk factors with CMP (Table 1)

**Conclusion:** We found a high prevalence for CMP and CWP similar to values previously described. Female gender, older age, depressive symptoms and diabetes were the main risk factors associated with chronic pain, while moderate alcohol consumption was found to be protective.

**References:** x

**Disclosure of Interests:** None declared

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**THU0460**

**PHYSICAL FITNESS AND QUALITY OF LIFE IN WOMEN WITH FIBROMYALGIA: LONGITUDINAL ANALYSES FROM THE AL-ÁNDALUS PROJECT**

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**Background:** Optimizing the highly deteriorated quality of life (QoL) of patients with fibromyalgia is one of the main goals in the management of the disease. Physical fitness has been identified as a powerful marker of health that is positively related to QoL in this population, although previous evidence is mainly based on cross-sectional data.

**Objectives:** This study aimed to examine the longitudinal associations (2- and 5-year follow-up) between physical fitness and QoL in women with fibromyalgia.

**Methods:** In this prospective cohort study, women diagnosed with fibromyalgia (age: 51.3±7.6 years) with data was included at baseline (n=441), at 2-year follow-up (n=220) and at 5-year follow-up (n=227). The Senior Fitness Tests battery was used to assess physical fitness components and a standardized global fitness index was calculated. The eight dimensions plus the two physical and mental component summaries of the Short-Form health survey-36 questionnaire were used to assess QoL. To examine whether changes in fitness predicted QoL at follow-up, multiple linear regression models were built. The bidirectionality of the associations (whether changes in QoL predicted fitness at follow-up) was also tested. Outcome values at baseline and age, fat percentage, analgesic consumption, educational level, and occupational status at follow-up were entered as potential confounders in all analyses.

**Results:** Changes in fitness were associated with physical function (β=0.160), physical role (β=0.275), bodily pain (β=0.271), general health (β=0.144), and...
Background: Non-pharmacological interventions are recommended as first-line treatment options in the management of fibromyalgia (FM). However, whether one intervention is more effective than another for specific patient-centred outcomes in FM is unknown.

Objectives: To compare the relative efficacy of non-pharmacological interventions on FM impact questionnaire (FIQ), pain, fatigue, sleep and depression in people with FM.

Methods: A Bayesian network meta-analysis was conducted. Randomised controlled trials (RCTs) assessing any non-pharmacological intervention versus usual care, placebo or active controls in patients with FM aged >16 years were searched for in seven databases. A common comparator was identified between interventions to develop a network (Figure 1). Standardised mean difference (SMD) and 95% credible interval (CrI) was estimated between interventions. Direct and indirect evidence were pooled using the random effect model. Modified Cochrane’s tool was used to assess risk of bias.

Figure 1. Network map of different interventions evaluating FIQ

Table 1. Results from logistic regression models, univariate and multivariate, for CMP and CWP,

<table>
<thead>
<tr>
<th></th>
<th>Models for CMP</th>
<th>Models for CWP</th>
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<tbody>
<tr>
<td></td>
<td>Univariate</td>
<td>Multivariate</td>
</tr>
<tr>
<td>Age (≥10 years)</td>
<td>1.00 [1.25 - 1.75]</td>
<td>1.00 [1.25 - 1.75]</td>
</tr>
<tr>
<td>Sex (female)</td>
<td>1.01 [0.66 - 1.56]</td>
<td>1.01 [0.66 - 1.56]</td>
</tr>
<tr>
<td>Marital status</td>
<td>1.00 [0.75 - 1.36]</td>
<td>1.00 [0.75 - 1.36]</td>
</tr>
<tr>
<td>Occupation</td>
<td>1.00 [0.76 - 1.35]</td>
<td>1.00 [0.76 - 1.35]</td>
</tr>
<tr>
<td>Alcohol consumption*</td>
<td>1.00 [0.66 - 1.56]</td>
<td>1.00 [0.66 - 1.56]</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>1.00 [0.75 - 1.36]</td>
<td>1.00 [0.75 - 1.36]</td>
</tr>
</tbody>
</table>

* Abstinent last 12 months/ mild consumption: <20gr/day for women and <40gr/day for men/ moderate consumption: >=20 and <40gr/day for women, and >=40 and <80 for men/ severe: >=40 gr/day for women and >=60gr/day for men. ** Practice of sports or physical activity during on the last month, outside of work schedule, for 30 minutes or longer each time. *** Current consumption