Table 1. Outcomes of 6-month treatment with FO

	Baseline	6 months	p value
Physical activity	132 (66, 594)	594 (396, 2376)	0.07
IPAQ	0 (0, 0)	0 (0, 0)	1.00
Walking, MET-min/week	0 (0, 0)	0 (0, 0)	0.32
Moderate, MET-min/week			
Vigorous, MET-min/week			
Foot pain	4.6 (3.1, 7.4)	2.8 (1.1, 4.7)	0.02
VAS score			
ADL	1.5 (1.1, 2.3)	1.1 (0.9, 1.5)	0.07
HAQ			
Body composition	21.4 (20.7, 22.7)	20.7 (19.3, 22.1)	0.89
BMI, kg/m ²	31.1 (24.2, 37.6)	32.9 (26.3, 36.5)	0.82
BFP, %	5.2 (4.8, 5.3)	5.2 (5.0, 5.2)	0.61
SMI, kg/m ²			

IPAQ: International Physical Activity Questionnaire, VAS: visual analog scale, ADL: activities of daily living, HAQ: Health Assessment Questionnaire, BMI: body mass index, BFP: body fat percentage, SMI: skeletal muscle mass index

Data are presented as median (lower quartile, upper quartile)

Conclusion: The prevalence rate of sarcopenia in patients with RA with foot deformities was much higher than previous reported¹. However, 6 months of treatment with a FO not only reduced foot pain but also maintained physical activity and muscle mass. Physical therapy has recently been recommended for patients with inflammatory arthritis. physical activity and muscle mass of patients with RA and concurrent foot deformities may be increased by combining physical therapy with orthotic treatment.

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THU0569

PHYSICAL ACTIVITY IN AXIAL SPONDYLOARTHRITIS AND RHEUMATOID ARTHRITIS: A CROSS-SECTIONAL STUDY IN A SOUTH-EAST ASIAN COHORT

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Background: Axial spondyloarthritis (AxSpA) and rheumatoid arthritis (RA) are two common rheumatic diseases that can result in joint damage and deformities, leading to reduced physical function and quality of life. Physical activity (PA) and exercise have been shown to improve general well-being and reduce cardiovascular risk in patients with AxSpA and RA, and are part of the non-pharmacological management in the EULAR guidelines. Despite this, PA levels are reduced in AxSpA and RA patients^{1,2}. In addition, it has also been reported that Asians have lower levels of PA³.

Objectives: This study aims to examine the patterns of PA in a multi-ethnic Asian cohort.

Methods: This was a cross-sectional study conducted between May 2016 and Jan 2017. Consecutive patients with AxSpA and RA were recruited at an outpatient rheumatology clinic at Singapore General Hospital, the largest tertiary hospital in Singapore. Controls were based on a previous cross-sectional study⁴. PA was assessed using the Global Physical Activity Questionnaires (GPAQ) developed by the world health organization (WHO)⁵.

Results: 74 AxSpA and 69 RA patients were recruited and compared to 886 controls. AxSpA patients were younger (median age [IQR], 37.0 [26.3] years) and predominantly male (75.7%), while RA patients were the oldest (median age [IQR], 59.0 [16.5] years) and predominantly female (81.2%). BMI was similar between all three groups. RA patients had more comorbidities (such as hypertension, hyperlipidemia, diabetes mellitus) compared to AxSpA patients and controls.

All three groups had similar proportion of participants meeting WHO recommendations for PA (AxSpA = 77.0%, RA = 79.7%, controls = 83.1%, p=0.35) and median (IQR) time (95% CI) of PA per day [60 (107.1) vs 57.9 (122.9) vs 51.4 (94.3), p=0.93]. More AxSpA patients had a high level of sedentary activity compared to RA or controls (AxSpA = 56.8%, RA = 23.2%, controls = 7.2%, p < 0.01). When comparing AxSpA and RA patients with inactive disease or in

remission versus active disease, levels of PA did not differ between the 2 groups (p=0.33).

Conclusion: Levels of PA did not differ significantly between AxSpA and RA patients compared to the general population, and disease activity levels did not affect the level of PA in patients with AxSpA and RA. Of note was that patients with AxSpA and RA demonstrated higher levels of sedentary activity compared to the general population. Improving PA and decreasing sedentary activity could reduce the cardiovascular risk, especially in patients with RA.

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THU0570

EXPERTS' VIEWS ON THE IMPACT OF REHABILITATION FOR PATIENTS WITH RHEUMATOID ARTHRITIS IN AUSTRIA

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Background: Rehabilitation methods and standards for patients with rheumatoid arthritis (RA) have significantly changed due to more efficient medication improving the course of the disease. Therefore, physical activity, participation, disease management and patient education are most important goals in rehabilitation of patients with RA.

Objectives: Aim of this study was to evaluate the significance and impact of rehabilitation methods according to the subjective attitudes and views of experts and professionals in the field of RA. Opinions of members of the task force (TF) "Rehabilitation" of the Austrian Society of Rheumatology (GR) were compared to the estimation of the other members of the GR.

Methods: All members of the GR were invited to participate in an online survey to rate the impact of rehabilitation for patients with RA between 0 (no impact) and 10 (high impact). Besides sociodemographic and experience related data about the experts and professionals, two main issues were investigated: (1) Impact of rehabilitation related to specific interventions (2) Impact of rehabilitation methods for patients with RA according to different disease and treatment points.

Results: 129 members (50% male, 50% female) of the GR participated in the online survey. 12 persons were members of the TF "Rehabilitation" of the GR. 11 (8.6%) respondents were general physicians, 66 (51.6%) specialists in internal medicine with further expertise in rheumatology, 15 (11.5%) specialists in internal medicine, 14 (10.9%) specialists for physical medicine with further expertise in rheumatology, 2 (1.6%) specialists in orthopaedics, 13 (10.2%) health professionals and 7 (5.5%) persons were from other profession categories such as researchers for example. The majority of respondents (80%) worked already