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YOGA LEADS TO SUSTAINED IMPROVEMENT IN FATIGUE AND MOOD IN RHEUMATOID ARTHRITIS: PRELIMINARY RESULTS OF A RANDOMIZED CONTROLLED TRIAL

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Background: Rheumatoid arthritis (RA) patients experience reduced health-related quality of life (HRQOL). Previous studies suggest that yoga, a mind-body practice, can improve physical and mental health but it has not been extensively studied in RA.

Objectives: To investigate the effect of yoga on HRQOL and secondary on fatigue, anxiety, depression and disease activity in RA patients.

Methods: 43 RA patients (mean (SD) age 55 (10) years, median (IQR) disease duration 5 (3.8) years, 93% female), stable on standard pharmacological treatment and DAS28CRP < 5.1 were randomly assigned to 12 weeks yoga intervention (2x/week 60 min; n=22) or arthritis-related educational lectures control (1x/week 60 min; n=21). Yoga based on "yoga in daily life system" included asanas, relaxation, pranayama and meditation. Study evaluations at baseline, post-intervention and 3-month follow-up included The Short Form-36 (SF-36) scores for Physical Component Summary (PCS) and Mental Component Summary (MCS), Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F), Hospital Anxiety and Depression scale (HADS) and Disease Activity Score-28CRP (DAS28CRP) questionnaires. Data were presented as change from baseline to each time point. Between group differences were analyzed using the t-test for normally and Mann-Whitney U test for non-normally distributed variables. Values <0.05 were considered statistically significant.

Results: 35 patients (17 = intervention, 18 = control group) completed the trial period. Significant improvement in FACIT-F (p=0.013), HADS anxiety (p=0.047) and HADS depression (p=0.004) was found in yoga group compared to control at post-intervention and maintained at follow-up (p=0.025, p=0.045, respectively). There was no significant difference found between groups for SF-36 MCS, PCS and DAS28CRP at all time points (all p>0.05). No serious adverse events were observed during trial period.

Conclusion: Although no change in SF-36 scores and disease activity was observed, yoga practice produced significant and sustained improvement in fatigue and mood which strongly account for decreased life quality in RA. Despite limitations observed, yoga practice can improve physical and mental health but it has not been extensively studied in RA.

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PHYSICAL ACTIVITY IN PEOPLE WITH AXIAL Spondyloarthritis and the Impact of Attitude, Barriers and Facilitators.

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Background: Barriers such as high disease activity, fatigue, pain, stiffness, physical exertion and lack of time all have a negative impact on physical activity level in people with axial Spondyloarthritis (axSpA), while more time is a facilitator (1, 2). In addition, an intrinsic drive to exercise is an important motivator, guided by personal interest and enjoyment in exercise (1). There is a need for a better understanding of the impact of barriers, facilitators and attitudes on level of physical activity.

Objectives: To study the association between self-reported level of physical activity and self-perceived health, attitudes, barriers and facilitators to physical activity in people with axSpA.

Methods: In 2018, members with axSpA from the Danish Patient Association for Spondyloarthritis were invited to participate in an on-line survey. The questionnaire included diagnosis, socio-demographics, self-perceived health (poor, fair or good), level of physical activity (≤ 1 day/week, 2-3 days/week or 4-7 days/week) overall attitude (I do not care and I do not know, it’s ok or I like physical activity), barriers and facilitators toward physical activity (range 8-66, low to high disagreement). A logistic regression analysis was applied to study associations between level of physical activity (dependent variable) and attitudes, barriers, facilitators and self-perceived health (independent variables).

Results: 445/972 members (46%) completed the questionnaire. Median age was 56 years (range 22-85), 241 (54%) were men. 23% were physically active for at least 30 minutes on a moderate intensity level ≤ 1 day/week, 36% 2-3 days/week and 41% 4-7 days/week. Responders who were physically active ≥ 2 days/week had more positive attitudes to physical activity (p = 0.001), disagreed more often to suggested barriers (p<0.001), and had better self-perceived health (p<0.003) compared with those who reported a low physical activity level (≤ 1 day/week). In the regression analysis, positive attitudes (OR 14.21, 95%CI 3.34 - 60.53) and a higher disagreement with barriers for physical activity (OR 1.12, 95%CI 1.07 - 1.17) were associated with high level of physical activity.

Conclusion: The overall attitude and experienced barriers towards physical activity have a strong impact on the level of physical activity in people with axSpA. To support lifestyle changes, health professionals need to discuss the impact of barriers, facilitators and attitudes towards physical activity with their clients.

References:

Figure 1. Percentage agreement with barriers and facilitators for physical activity. PA: Physical activity, PT: Physiotherapist
THE EFFECT OF PREOPERATIVE PHYSICAL ACTIVITY ON KNEE AND HIP ARTHROPLASTY OUTCOME IN PATIENTS WITH OSTEARTHROSIS

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Objectives: To investigate the influence of preoperative PA on the clinical outcomes of total hip arthroplasty (THA) and total knee arthroplasty (TKA) in OA patients.

Methods: Data from the Knee and Hip OsteoArthritis Long-term Assessment (KHOALA) cohort (1), a multi-regional French cohort of 878 patients with symptomatic hip and/or knee OA, were analysed. We included in our study patients undergoing THA or TKA during a 7-year-follow-up period. The level of total and leisure-time preoperative PA was measured with the Modifiable Activity Questionnaire (MAQ). Outcomes were measured one year after surgery. For the primary endpoint, quality of life (QoL) was measured with the OsteoArthritis Knee and Hip Quality Of Life questionnaire (OAKHOOL). For secondary endpoints, QoL was measured with Short Form 36 (SF-36), pain with the Visual Analogue Scale (VAS), function with the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and with walking distance. The population characteristics were described using frequency or mean and standard deviation (SD), depending on the distribution of the variable. Association between exposures and outcomes was calculated with a multivariable linear analysis with backward selection, adjusting for confounders (age, sex, body mass index, site of joint replacement, polycystic OA, OA duration, comorbidities, radiological grade of OA, inclusion centre, rehabilitation after surgery, previous joint issues, instruction level). A p-value <0.05 was set as statistically significant.

Results: 150 patients were included. 58.7% underwent TKA and 41.3% THA. The mean age at the time of surgery was 66.6 years (±7.7 SD). The majority of patients were female (75%), overweight (mean BMI 29.63kg/m²) and had polycystic OA (60%). 53% of patients met the World Health Organization recommendations on PA before surgery. For the primary endpoint, a high preoperative total PA was associated with a better relationship with the partner (β = 0.55, p = 0.02) one year after surgery. As for secondary endpoints, a high two-year preoperative total PA was associated with an improved SF-36 Mental Component Summary score (β = -0.87, p = 0.02), but a longer walking distance (β = 442.81, p < 0.01). Leisure-time PA also showed a positive impact on walking distance (β = 0.76, p = 0.02), but a negative one on social functioning in SF-36 (β = -0.47, p = 0.01). No statistically significant association between preoperative PA and QoL was found.

Conclusion: In this cohort study, the preoperative level of PA demonstrated a heterogeneous effect on the various aspects of QoL one year after THA and TKA in OA patients. Preoperative PA was directly associated with gain of function, measured as walking distance, after surgery. Considering the increasing prevalence of OA and the crucial role of PA on health, further studies on this relevant topic are needed.

References:

The earliest examples of active patient involvement in teaching are interventions in which the patient was teaching students how to conduct physical examinations. Over the last two decades, educators have used the expertise of patients to enrich the education of undergraduate physicians and health professionals (HP) in several ways, mainly asking people to outline their own stories. Early patient involvement also aims to sensitise students to pursue a holistic approach and ultimately to build a trustful physician-patient relationship. Most studies report that high patient involvement brings benefits to both learners and patients. Learners report higher satisfaction. Patients report raised self-esteem and empowerment, new insights into their condition and increased confidence in their ability to contribute to their healthcare. Techniques and postoperative management, it is important to pursue the best preoperative conditions in order to achieve the desired result. As physical activity potentially acts on the preoperative predictors, knowing the effect of leisure and occupational PA should be of great interest to obtain a positive outcome.

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