Figure 2: The effect of ADR burden on information density in patient-reported ADRs

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THU0638-HPR PHYSICAL ACTIVITY LEVELS OF RADIOGRAPHIC AND NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS PATIENTS

T. Yuksele-Karsli¹, D. Bayraktar², D. Ozer Kaya², Ö. Gerçik³, S. Guvenmez⁴, H. E. Oz³, D. Solmaz³, S. Akar³. ¹Izmir Katip Celebi University, Faculty of Medicine, Department of Internal Medicine, Izmir, Turkey; ²Izmir Katip Celebi University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation, Izmir, Turkey; ³Izmir Katip Celebi University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Izmir, Turkey; ⁴Izmir Katip Celebi University, Ataturk Education and Research Hospital, Department of Rheumatology, Izmir, Turkey

Background: It is known that cardiovascular disease risk is increased in chronic inflammatory diseases. Additionally, regular exercise is one of the main components of the management of patients with axial spondyloarthritis (axSpA). However, it was reported that axSpA patients do not meet recommended physical activity levels. It is still unknown, whether the disease subgroups of axSpA play a role in participating in physical activity.

Objectives: To compare the physical activity levels among radiographic, non-radiographic axSpA patients, and healthy controls.

Methods: Thirty-three patients with radiographic axSpA (23 [70%] male), 33 patients with non-radiographic axSpA (23 [70%] male) and 33 age and sex matched healthy controls (23 male [70%]) were included in the study. axSpA patients were assessed regarding to disease activity (Bath Ankylosing Spondylitis Disease Activity Index; BASDAI), functional status (Bath Ankylosing Spondylitis Functional Index; BASFI), spinal mobility (Bath Ankylosing Spondylitis Metrology Index; BASMI). Physical activity level of all subjects was measured by using an accelerometer (Actigraph wGT3X-BT) which was worn on the waist for seven consecutive days.

Results: The groups were similar in terms of physical characteristics (age and body mass index) ($p>0.05$). Disease related characteristics (BASMI, BASFI, BASDAI) were comparable between radiographic and non-radiographic axSpA patients ($p>0.05$). Radiographic axSpA patients showed lesser physical activity compared to non-radiographic axSpA patients and healthy controls ($p<0.05$, Table 1). There is no difference between non-radiographic axSpA patients and healthy controls regarding the physical activity levels ($p>0.05$).

Table 1. Comparison of Groups

	Radiographic axSpA (n: 33) Median (IQR 25/75)	Non-radiographic axSpA (n: 33) Median (IQR 25/75)	Healthy Controls (n:33) Median (IQR 25/75)	p
Physical Characteristics				
Age (years)	41.0 (32.0/46.0)	37.0 (32.0/40.0)	33.0 (28.0/41.0)	0.093*
BMI (kg/m ²)	26.0 (22.9/29.6)	26.3 (25.4/28.7)	24.8 (22.3/26.9)	0.064*
Disease Related Characteristics				
BASMI (score)	2.1 (1.5/3.9)	1.5 (1.1/2.0)	NA	0.051**
BASFI (score)	2.4 (0.7/3.9)	1.2 (0.6/2.9)	NA	0.267**
BASDAI (score)	3.6 (1.6/5.8)	2.4 (1.4/5.4)	NA	0.519**
Physical Activity Level				
Light Physical Activity (min)	2198.0 (1377.0/2658.0)	2576.0 [#] (1858.0/3690.0)	2200.0 (1846.0/2762.0)	0.015*
Medium Physical Activity (min)	188.0 (109.0/304.0)	264.0 (216.0/446.0)	363.0 (267.0/491.0) [#]	$p<0.001^*$
Vigorous Physical Activity (min)	0.0 (0.0/0.1)	2.0 (0.0/12.0)	4.0 (0.0/19.0) [#]	0.009*
Total Step Count (n)	42481.0 (33651.0/57047.0)	62872.0 (53075.0/80160.0) [#]	69710.0 (59943.0/85894.0) [#]	$p<0.001^*$

*Kruskal-Wallis Test, **Mann-Whitney U Test, #: difference between radiographic axSpA and non-radiographic axSpA, #: difference between radiographic axSpA and healthy controls, IQR 25/75: Interquartile range 25/75, BMI: Body Mass Index, BASMI: Bath Ankylosing Spondylitis Metrology Index, BASFI: Bath Ankylosing Spondylitis Functional Index, BASDAI: Bath Ankylosing Spondylitis Disease Activity Index, NA: Not Applicable, $p<0.05$.

Conclusion: The results of the present study suggest that radiographic damage in axSpA may alter the physical activity levels. Every effort should be taken to increase physical activity levels in axSpA patients, especially in radiographic cases.

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THU0639-HPR GOUT DISEASE ACTIVITY SCORE – FURTHER EVALUATION OF CONSTRUCT AND CONVERGENT VALIDITY

M. Zlatkovic-Svenda^{1,2}, M. Radak-Perovic¹. ¹Institute of Rheumatology, University of Belgrade School of medicine, Belgrade, Serbia; ²Medical Faculty, University of East Sarajevo, Republika Srpska, Foca, Bosnia and Herzegovina

Background: A new instrument for measuring of disease activity in gout is a 4-variable gout disease activity score (GAS), announced in 2016 (1). GAS calculates self-reported number of attacks in the last year, patient visual analogue scale (VAS) for gout severity, serum uric acid level (mg/dL) and the number of tophi, and has shown good psychometric properties (1).

Objectives: to test GAS in patients with gout and to evaluate its construct and convergent validity

Methods: 74 patients with gout were evaluated successively, as they entered the Institute of Rheumatology in Belgrade. Construct validity was assessed by associations between GAS and SF-36, using Spearman's rank correlation coefficients. Convergent validity was evaluated by testing the ability of the GAS score to distinguish between patients grouped by perceived disease severity, perceived general health and physicians perceived disease severity by using Kruskal-Wallis one-way analysis of variance. Computer statistic program SPSS 20.0 was used for data evaluation.

Results: For the construct validity, significant correlations were found between GAS and SF-36 subscales, specially for Body pain ($r=-0.725$), Physical functioning ($r=-0.684$) and Physical limitations ($r=-0.563$), whereas Social functioning, Mental health, and Vitality were less affected. Correlation between GAS and Physical component scale of the SF-36 was the most prominent ($r=-0.780$). For the convergent validity, significant differences in GAS scores were found between patients grouped by perceived general health ($p<0.01$) and perceived disease severity ($p<0.01$), and by doctors perceived disease severity ($p<0.01$), demonstrating the ability of the GAS to distinguish between subgroups of patients.

Conclusion: GAS has shown good psychometric properties in Serbian cohort of patients and has proved to be valid and reliable tool for use in clinical practice.

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Table 1. Characteristics of the examined patients

Patient characteristics	Mean	Std deviation	95% Confidence Interval
Age (yrs)	59,27	10,22	56,90-61,51
Disease duration (yrs)	8,75	7,72	7,01-10,49
Number of attacks/last year	3,89	3,74	3,08-4,71
Weight (kg)	91,44	(17,14)	86,52-96,37
Height (cm)	176,73	(7,95)	174,45-179,02
Body Mass Index (kg/m ²)	29,14	(4,1)	27,96-30,32
Waist circumference (cm)	102,69	9,56	100,35-105,05
Systolic blood pressure	135,44	14,48	130,43-140,50
Diastolic blood pressure	86,74	9,86	82,31-89,22
Serum urate level (μmol/ L)	485,6	102,09	449,94-521,20
Male	71	95,9	
No		%	
Monoarthritis	29	39,2	
Oligoarthritis	31	42,1	
Polyarthritis	14	18,9	
Presence of tophi	17	23	

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HPR Professional education, training and competencies

THU0640-HPR GENDER DISPARITY IN AUTHORSHIP OF CLINICAL PRACTICE GUIDELINES IN RHEUMATOLOGY

G. Adami¹, O. Viapiana¹, E. Vantaggiato¹, C. Benini¹, D. Rotta¹, D. Gatti¹, M. Rossini¹. ¹University of Verona, Rheumatology Unit, Verona, Italy

Background: Women are generally less represented as first author among original medical researches and clinical guidelines. Indeed, women are first authors in only 30% of clinical guidelines published in high impact medical journals. It is not known if a comparable underrepresentation occurs also in rheumatologic guidelines.

Objectives: The aim of the present analysis is to evaluate the representation of female authors in rheumatological guidelines over a period of time between 2004 and 2019.

Methods: We searched PubMed for guidelines published in English in the rheumatological field from 1st January 2004 to 1st January 2019. Gender of each author (man or woman) was identified by use of a minimum of two resources (i.e., author's name and an internet search to identify the author's photograph or gender pronoun).

Results: We found 366 guidelines published between 2004 and 2019 (Table 1: stratified by year of publication and Table 2: stratified by disease). Overall, the proportion of female first authors was 32.0% (95% CI, 28.0% - 35%). After stratification by year of publication the percentage of female first authors was lower in past years compared to recent years. The percentage of female first author increased substantially over the time (Figure 1).

Table 1. Percentage of female and male first author of rheumatological guidelines stratified by years

Years	% FEMALE	%MALE
2004 (n=14)	21.4	78.6
2005 (n=21)	23.8	76.2
2006 (n=25)	32.0	68.0
2007 (n=32)	37.5	62.5
2008 (n=43)	20.9	79.1
2009 (n=18)	33.3	66.7
2010 (n=15)	6.7	93.3
2011 (n=27)	25.9	74.1
2012 (n=27)	25.9	74.1
2013 (n=20)	48.3	51.7
2014 (n=20)	25.0	75.0
2015 (n=13)	46.2	53.8
2016 (n=20)	45.0	55.0
2017 (n=29)	51.7	48.3
2018 (n=22)	40.9	59.1

Table 2. Percentage of female and male first author of rheumatological guidelines stratified by disease

Disease	% FEMALE	% MALE
Osteoarthritis (n=34)	26.5	73.5
Rheumatoid arthritis (n=96)	18.8	81.2
Fibromyalgia (n=30)	20	80
Lupus erythematosus (n=29)	34.5	65.5
Psoriatic arthritis and Spondyloarthritis (n=73)	23.3	76.7
Sjogren syndrome (n=5)	40	60
Gout (n=19)	10.5	89.5
Systemic sclerosis (n=18)	16.7	83.3
Polymyalgia and Giant cells' arteritis (n=12)	0	100
Osteoporosis (n=26)	30.8	69.2
ANCA associated vasculitides (n=14)	21.4	78.6
Polymyositis and Dermatomyositis (n=6)	50	50
Behcet's disease (n=4)	25	75

Figure 1. Temporal trend of the percentage of first author gender from 2004 to 2019 (male in blue, female in pink)

Conclusion: We found a prevalence of male as first authors of guidelines in the rheumatological field published between January 2004 and January 2019. The EULAR Task Force on Gender Equity in Academic Rheumatology (EULAR GEAR) has been recently established, making an important first step toward gender equity in the authorship of guidelines in the rheumatological fields. Indeed, in the last 15 years we have witnessed an increase in female representativeness. Notwithstanding, efforts should be made to improve the representation of female authors nationally and internationally.

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THU0641-HPR ILLITERACY IS NOT AN OBSTACLE FOR ASSIMILATION OF A PATIENT EDUCATION SESSION ON METHOTREXATE SELF-INJECTION IN RA PATIENTS A PROSPECTIVE PILOT STUDY

S. Afilal¹, H. Rkain^{1,2}, B. Berchane³, J. Moulay Berkchi¹, S. Fellous¹, T. Fatima Zahrae¹, A. Ilham¹, N. Alami¹, T. Latifa¹, N. Hajjaj-Hassouni⁴, F. Allali¹. ¹El Ayachi Hospital, Faculty of Medicine and Pharmacy of Rabat, Mohammed V University, Rheumatology B, Rabat, Morocco; ²Laboratory of Physiology, Faculty of Medicine and Pharmacy of Rabat, Mohammed V University, Rabat, Morocco; ³El Ayachi Hospital, Higher Institutes of Nursing Professions and Health Techniques Rabat, Rheumatology B, Rabat, Morocco; ⁴International University of Rabat, Rabat, Morocco

Background: Patient education for RA patients has been shown to improve adherence and self-management of this chronic disease.

Objectives: To assess the impact of illiteracy on assimilation of a patient education session on methotrexate self-injection in RA patients.

Methods: Prospective pilot study that included 27 consecutive patients (81.5% female, mean age 44.4 years, illiteracy rate 40.7%) with RA (median duration of progression of 4 years, mean delay in referral for specialist of 6 months, median duration of methotrexate use of 1 year). The patients benefited from an individual patient education session to learn how to self-inject with methotrexate