Results: Between September and October 2019, 434 participants completed the survey. Preliminary results show that most participants (78%) contacted one or more health care professional(s) for their knee OA complaints in the last year; most often an exercise and/or physical therapist (53.2%), the general practitioner (43.8%) and/or an orthopedist/orthopedic surgeon (41.5%). Furthermore, there were large variations in self-reported quality indicator achievements (checked "Yes") with the lowest rate for referral for weight reduction and, the highest rate for advice on managing/living with osteoarthritis (table 1). On average, a score of 6.5 was given by the participants for the quality of knee OA healthcare in the Netherlands. Participants' suggestions for OA care improvement comprised of, among others, more attention to pain and fatigue symptoms, expanding and researching treatment options, more information on OA, more attention to the personal situation and, improvement of multidisciplinary care.

Table 1. Self-reported Quality Indicator achievement

Self-reported Indicators	Eligible n*	Checked "Yes" n(%)
Received information about OA	417	310 (74.3)
Received Information about treatment	424	252 (59.4)
Advised on managing/living with OA	421	313 (74.4)
Was offered support on managing/living with OA	421	253 (60.1)
Received information about exercise	426	306 (71.8)
Was offered a referral for (muscle-strengthening) exercises and exercise activities	423	211 (49.9)
Advised to lose weight	303	111 (36.6)
Was offered a referral to services for losing weight	247	37 (15.0)
Assessment of problems in daily activities	301	89 (29.6)
Assessed for walking aid	273	65 (23.8)
Assessed for daily living appliances/aids	284	52 (18.3)
Assessment of pain	426	240 (56.3)
Advised paracetamol	424	312 (73.6)
Offered stronger painkillers	421	132 (31.4)
Offered anti-inflammatory medicine	422	229 (54.3)
Offered joint injection	429	239 (55.7)
Conversation about knee replacement surgery	362	223 (61.6)
Discussed follow-up appointment to monitor OA and evaluate treatment	427	144 (33.7)

* Excluding "not applicable" and "do not remember"

Conclusion: There is room for improvement from the patients' perspective to increase the quality of knee OA care in the Netherlands.

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FRI0646-HPR MAPPING THE PATIENT JOURNEY OF NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: PERSPECTIVE OF PROFESSIONALS AND PATIENTS

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Background: Non-radiographic axial spondyloarthritis (nr-ax-SpA) is a relatively new disease classification that has generated controversy among payers.

Objectives: To explore the perspective of patients and health care professionals (HCPs) on the journey from first symptoms to a diagnosis of non-radiographic axial spondyloarthritis (nr-ax-SpA), in order to identify gaps and unmet needs.

Methods: Qualitative study in two phases: (1) focus groups with HCPs and personal interviews with patients; (2) nominal group in which results were discussed with all stakeholders and possible solutions were proposed. Content analysis, patient journey mapping, and ideas generation techniques were used.

Results: Five focus groups were organised with rheumatologists, GP, orthopaedic surgeons, physiotherapists, and radiologists, and six patient interviews were held. HCPs recognised poor communication among specialists and contradictory or redundant approaches. Non-rheumatologists recognise poor training on spondyloarthritis, difficulty in identifying red-flags, and biases in differential diagnosis. Rheumatologists recognise that SpA nomenclature can be confusing, nevertheless nr-ax-SpA term is defining an early stage of ankylosing spondylitis, and it could lead to over-diagnosis.

Most of the patients agreed in the narrative of a very long journey with a multitude of diagnoses, mostly wrong, ineffective treatments and much frustration; acknowledging the need for psychological support during the process and the importance of receiving a diagnosis in order to cope with the disease.

The participants in the nominal group meeting recognised and discussed the problems derived from the diagnostic delay and care gaps that clearly affect people with nr-ax-SpA (Table 1).

Table 1. Problems recognised by the different actors involved in the journey.

Problem	Recognised by					
	Pt	PT	Or	GP	Rh	Ra
Non-recognition of symptoms	X	X				
Delay first visit to doctor	X					
Cancel appointments	X					
Self-medication	X					
Disease denial	X					
Invisibility	X					
Lack of adherence	X					
Ignorance of medication	X					
Unclear symptoms	X					
No clinical filter by back problems		X		X		
Treatments variability		X				
Ineffective protocols			X			
Lack of time		X	X	X	X	
Lack of resources (human and material)		X	X	X		
Lack of commitment		X	X	X	X	X
Not outcome measurement		X	X	X	X	
Inadequate knowledge/training		X	X	X		
Few explanations / patient education		X	X	X	X	
Focused on "our" diagnostic codes		X	X	X	X	X
No relation between specialties		X	X	X	X	X
Prioritization of tests over solutions		X		X		X
Labelling patients (prejudice)		X	X	X	X	
Inadequate referral circuits		X	X	X	X	X
Demotivating delays			X			
Limited medical history / little research			X			
Temporality of work contracts				X		
Limited access to tests		X				
Non-sustainability threat				X		
Lack of specialised support				X		
Diagnostic dispersion				X		
Too much weight of local issues				X		
Absence of protocols or outdated		X		X		
Poor information transmission in all directions	X	X	X	X	X	X
Focus on pharmacological treatments					X	
Ignorance of others' roles					X	
Gender bias					X	
Incomplete order forms						X

Abbreviations: Pt, patient; PT, physical therapist; Or, orthopaedic surgeon; GP, general practitioner; Rh, rheumatologist; Ra, radiologist.

The following were indicated as possible solutions: (1) Improving relations between specialties, (2) High resolution consultations, (3) Rethinking disability scales, (4) Better information, (5) Visibility, (6) Resource maps and (7) Citizen training.

Conclusion: The patient's journey with an nr-ax-SpA is long, complicated and frustrating for both the person who experiences it and the HCPs who care for them. It is necessary to improve the knowledge about nr-ax-SpA among non-rheumatology health HCPs along with low back pain in general, among doctors and the general population, as well as other feasible measures that affect multiple levels.

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Rehabilitation

FRI0647 COMPARATIVE EFFECTIVENESS OF LAND AND WATER-BASED EXERCISE PROGRAMS ON FATIGUE IN WOMEN WITH FIBROMYALGIA: PRELIMINARY FINDINGS FROM THE AL-ÁNDALUS RANDOMISED CONTROLLED TRIAL.

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