48 sessions from 0 (M0) to 6 months (M6) for the intervention group (IG) and 24 sessions from 3 months (M3) to M6 for the control group (CG). Total PA time was measured at M3 using the Global Physical Activity Questionnaire (GPAQ) [3].

Results: A total of 27 patients (23 women) were included, including 15 with RA and 12 with AS. Mean age was 59 ± 12 years, and median disease duration was 10 years (IQR: 3-19). The majority of patients had background treatment (conventional and/or biological). At M3, 22 patients could be evaluated (11 GC patients and 11 GI patients), as 3 patients were lost to follow-up and 2 were unable to come in due to health or professional reasons. The 11 GI patients attended a median of 16 sessions (IQ8: 2-22), i.e., approximately one session per week. At M3, the total PA time was not increased, regardless of the measurement method, GPAQ questionnaire (effect size and 95% confidence interval (CI): 0.03 [-0.60; 0.67], p=0.91) or accelerometer (effect size and 95% CI: 0.43 [-0.37; 1.24], p=0.26), and regardless of the intensity of the PA. No significant change was found for sedentary time, disease activity, fatigue, or anxiety. However, improvements were found in body appreciation as assessed by the Body Appreciation Scale 2 questionnaire (p=0.016), balance (p=0.053), wrist bending angle (p=0.092), and shoulder amplitude (p=0.093). The few participants in this study is expressed by the geographic distance of the classes and their homes, the lack of availability of patients in professional activity, fatigue, or not liking dance (mainly among men).

Conclusion: The results of this pilot study suggest that one Argentine tango session per week in CIR patients is more achievable than two sessions as originally planned. As the practice of classes in hospitals is constrained due to geographic distance, the sessions could be offered in adapted structures. Nevertheless, our pilot study shows that the Argentine tango is beneficial for body appreciation in patients with CIR. A qualitative study is needed to better understand these effects.

References:

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POS1476-HPR GOUT PATIENTS IN REMISSION, AND THEIR PERSPECTIVES ON URATE LOWERING THERAPY TREATMENT STOP OR CONTINUATION STRATEGIES

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Background: Urate lowering therapies (ULT) are used to reduce hyperuricemia in gout patients (1). When gout remission is reached, patients often ask if ULT should be continued lifelong (treat to target strategy, T2T), or if tapering or stopping (a treat to symptom approach, T2S) can be attempted. In fact, although current rheumatology guidelines (1,2) suggest continuation, conclusive evidence for this is absent. Since ULT therapy adherence also remains suboptimal, exploring gout patients’ beliefs on different long term ULT treatment strategies is of great value.

Objectives: To identify cognitions and emotions on ULT treatment strategies (T2T continuation and T2S cessation) of gout patients in remission with current or previous ULT use.

Methods: Purposive sampling (3) was used to recruit patients from a general practice and a rheumatology department (Nijmegen, the Netherlands), with a clinical diagnosis of gout, current or previous ULT use and remission according to.b) no (without serum urate criterion) preliminary gout remission criteria(4). Semi-structured interviews were conducted by two interviewers and audio-records were fully transcribed. Inductive thematic analysis (5) was used to analyse and interpret our data using the ATLAS.ti. software.

Results: From a total of 18 patients (16 male/2 female), 14 patients were treated by a rheumatologist (10 currently using ULT, 1 intermittent and 3 previously) and 4 were treated by a general practitioner (all currently using ULT). Patients were interviewed with a T2T strategy, due to the absence of flares, a feeling of certainty and the reassurance of serum urate monitoring. Reluctance towards medication was reported, the importance of indefinite ULT use was questioned and its chronic use was addressed as a drawback. Reducing medication use by a T2S strategy was assessed positively and this strategy was considered less burdensome. A wish for and the willingness to follow a T2S approach was expressed. Fear and concerns of flaring after ULT cessation were expressed and we deemed both acceptable and unacceptable. See Table 1 for a schematic overview of the results.