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 (IQR: 8-22), 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 explained 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 Argentinean 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 Argentinean tango is beneficial for body appreciation in patients with CIR. A qualitative study is needed to better understand these effects.

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POS1476-HPR THE NEED FOR INFORMATION AMONG PATIENTS WITH ANCA ASSOCIATED VASCULITIS DIFFERS BETWEEN GROUPS

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Background: Being diagnosed with ANCA associated vasculitis (AAV) can be a frightening experience and means facing changes that involves adapting to new situations. Patients that are provided adequate information are better equipped to make well informed decisions regarding their care and stay compliant to the treatment plan. In order to provide adequate patient-centered information at the appropriate time and to identify those who may need extra support, the information needs must be explored. There have been several studies on the information needs of rheumatological patients, although very few studies for patients with AAV.

Objectives: The aim of this study was to explore what information patients with AAV need from their rheumatological team and how it differs between groups (gender, disease duration).

Methods: Men and women over 18 years were included through a consecutive sample from a Rheumatology or Nephrology Clinic at Karolinska University Hospital in Sweden during 2008-2019. Patients with all forms of AAV (GPA, MPA and EGPA), that had the Rheumatology clinic as primary contact, were included.

The participants were given Educational Needs Assessment Tool (ENAT) that measures the patient's information needs. The initial question, 'Do you need information right now about something that can help you with your rheumatic disease?' is answered yes/no. ENAT then includes 7 domains (Managing pain, Movement, Feelings, Disease process, Treatments, Self-help measures and Support systems) each containing 4-7 items (4-point Likert scale, 'not at all

important = 0' to 'extremely important = 3'). The total sum is divided by the maximum score and gives the percentage response of maximum score (0-100%), 0% meaning no information need and 100% highest information need. The responses are presented as "mean % of the domain score". Independent-sample t-test was used to compare the mean between groups. One way ANOVA was used to compare the mean domain score between the different diagnoses and age groups.

Results: 178 individuals completed the questionnaire, equally divided by gender. Age ranged from 18-85, median 61. 33,7% had been diagnosed within 2 years. The mean total score was 56,8 % of the highest possible score (0-100%). The highest information need was found in the domains 'Disease process' (78,1%), 'Self-help measures' (68,5%) and 'Treatments' (63,6%) whereas lesser need for information was found in the domains 'Managing pain' (47,5%), 'Support systems' (46,5%) and 'Movement' (41,1%). The domain 'Feelings' was scored as moderate (55,5%).

Those who acknowledge a present information need also scored significantly higher overall in all the domains. Disease duration and gender showed significantly affect the information need. Highest scores were found among women with a disease duration < 2 years with significant difference in 3/7 domains. Age, disease activity, diagnosis and social status did not affect the ENAT scores.

Conclusion: Even though only 38% of participants stated a current need for information, the results indicate that there are certain areas that patients with AAV consider important to receive more information about. Special consideration needs to be taken to women with short disease duration since they were shown to have a significantly higher need for information.

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POS1477-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 adapted (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 satisfied 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 were deemed both acceptable and unacceptable. See Table 1 for a schematic overview of the results.