of patients with reduced WP at month 12 remained high (74.1%; graph 1). We observed a moderate positive significant correlation between presenteeism and absenteeism ($r_{\text{month 12}} = 0.446$; $p < 0.001$). Patients with no restrictions on WP showed a significantly greater decrease in mean DAS28 from 3.7 (SD 1.15) at baseline to 1.9 (SD 0.61) at month 12 as compared to patients with restrictions (mean DAS28: 4.4 (SD 1.04) at baseline to 2.7 (SD 1.15) at month 12; $p < 0.001$). Results from univariate and logistic regression analyses revealed high functional capacity and low depression score at baseline as major contributing factors for unimpaired WP (Table 1).

Table 1. Baseline predictors of work participation¹ at month 12

Predictors (independent variables)	Univariate analysis ² : p-values	Multivariate analysis ³ : Odds Ratios, p-values
gender	0.117*	OR: 0.412; $p = 0.113$
age	0.010**	OR: 0.951; $p = 0.071$
school graduation	0.150*	
professional degree	0.739	
duration of complaints	0.127*	
therapy group (starters vs. escalation/ change)	0.004**	
DAS-28(CRP)	0.001*	
CRP	0.906	
tender joints	0.004*	
swollen joints	0.021*	
disease activity (VAS)	0.003**	OR: 0.827; $p = 0.086$
subjective disease activity (RADAI)	<0.001*	
disease burden (RAID)	<0.001*	
functional capacity (FFbH)	<0.001**	OR: 1.477; $p = 0.031^*$
fatigue (VAS)	<0.001**	
depression (PHQ-9)	<0.001**	OR: 0.876; $p = 0.035^*$
working time model (full vs. part-time)	0.498	
physical work load	0.427	

¹ dependant variable: 0=reduced WP (not working/ absenteeism/ presenteeism (≥ 2)); 1=full WP (working without absenteeism/ presenteeism (≥ 2))² according to applicability chi-square test, t-test for independent variables, Mann-Whitney-U test³ binary logistic regression analysis, stepwise-backward procedure* included into logistic regression model* significance level: $p < 0.05$

Conclusion: Despite T2T and high DAS28 remission, we observed persistent limitations in WP. Impaired WP was associated with increased disease activity but logistic regression revealed a significant influence of depression and functional capacity. Our data underscore the multifactorial causes of impaired WP, which should be targeted by vocational rehabilitation.

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OP0261-HPR PERCEIVED CHALLENGES AT WORK AND NEED FOR SUPPORT AMONG PEOPLE WITH INFLAMMATORY ARTHRITIS

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Background: People with inflammatory arthritis (IA), i.e. rheumatoid arthritis, psoriatic arthritis and axial spondyloarthritis, often experience low work ability and up to 38% lose their job during the first years after being diagnosed with IA (1). As a result, people with IA have a higher risk of job loss and permanent exclusion from the labor market than people without IA (1, 2). Work-related rehabilitation is complex and encompass a variety of interventions which aim to reduce barriers to maintain work and improve work ability. Unfortunately, positive results from work-related rehabilitation is scarce (3), why a better understanding of the challenges people at risk for job loss experience is needed to develop relevant interventions.

Objectives: To explore perceived challenges and need for support to remain at work among people with IA who are at risk of job loss.

Methods: A qualitative explorative design based on a hermeneutic approach was applied. Outpatients with IA who considered themselves at risk for long-term job loss, were recruited at the Danish Hospital for Rheumatic Diseases. An interview guide was developed based on earlier results from a systematic review and qualitative studies in close cooperation with three patient research partners. Individual semi-structured interviews were performed from December 2019 to May 2020.

Results: Eleven women and four men with IA (aged 36-68 years) were interviewed. The participants were employed full time, part time or on sick leave. From the analysis, a main theme 'Balancing work as a part of everyday life' and four sub-themes emerged: 1) Working despite challenges, 2) Prioritizing energy for work, 3) Fatigue affects everything and 4) Need for support. To be able to work was very important to all participants. In general, they were stretching their limits, had concerns about maintaining their job and they used different strategies to deal with the challenges they met at work. Flexibility at work in every possible way and support from employers and co-workers were the main needs to be able to remain at work.

Conclusion: Overall, patients with IA prioritized to keep working, but experienced challenges with balancing their work and energy in everyday life. They need support and flexibility at work to be able to remain at work.

REFERENCES:

- [1] Sokka T, Kautiainen H, Pincus T, Verstappen SMM, Aggarwal A, Alten R, et al. Work disability remains a major problem in rheumatoid arthritis in the 2000s: Data from 32 countries in the QUEST-RA Study. *Arthritis Research and Therapy*. 2010;12(2):R42-R.
- [2] Hansen SM, Hetland ML, Pedersen J, Ostergaard M, Rubak TS, Bjorner JB. Effect of rheumatoid arthritis on longterm sickness absence in 1994-2011: A danish cohort study. *Journal of Rheumatology*. 2016;43(4):707-15.
- [3] Madsen CMT, Kjaer S., Primdahl J., Christensen, J. R., & von Bulow, C. A SYSTEMATIC REVIEW OF JOB LOSS PREVENTION INTERVENTIONS FOR PERSONS WITH INFLAMMATORY ARTHRITIS. *Annals of the rheumatic diseases*, 79(Suppl 1) 916-917 [FRI0624-HPRI]2020.

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OP0262-HPR THE NEURO-QOL UPPER EXTREMITY FUNCTION SCALE: NEW OPPORTUNITIES TO MORE RELIABLY AND PRECISELY MEASURE SELF-REPORTED HAND FUNCTION AND SELF-CARE ACTIVITIES IN PEOPLE WITH RA

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Background: RA is an inflammatory disease that results in pain and loss of function, especially in the hands and wrists. Brief self-assessment tools that can reliably and precisely quantify hand/wrist function are needed to assess inflammatory activity when a physical exam is not feasible and to capture day-to-day experience of living with RA. Neuro-QoL is part of the PROMIS family of self-report measures created using a patient-centred approach and IRT methodology. The Neuro-Qol Upper Extremity Function (UEF) scale measures ability across fine motor and ADLs involving digital, manual and reach-related function and self-care. Little is known about its performance in RA.