Scale (HADS) and functionality was measured with Health Assessment Questionnaire (HAQ). Physical activity level was assessed using the International Physical Activity Questionnaire Short-Form (IPAQ-SF). Multiple linear regression analysis was used to investigate the association of HADS score, HAQ score, disease duration, educational status and the IFAB score.
Results: Of the 102 patients included, 93 were analyzed, 46 % were women. The mean age was 44.81±10.71 and the mean disease duration was 6.91 ± 6.92 months. According to the IPAQ-SF scores, 47.3 % of the patients were inactive, 49.5 % were moderately active and 3.2 % were active. The mean IFAB score was 4.61 ± 22.22, and 26 % of patients' score was below -5. One level increase in educational status resulted in an increase of 3,55±1,77 points in the IFAB score and a one-point increase in HADS-Depression score lead to a 2,00±0,57 decrease in the IFAB score.
Conclusion: In this axSPA population, 26 % scored below -5, indicating significant barriers and a need for a physical activity intervention. IFAB score was independently associated with education status and level of depression. Our results may propose that a comprehensive physical activity program should be designed considering psychological factors and should be prepared according to the educational status of the patients.

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Table 1. Characteristics of the included patients.

Characteristics	Mean ± SD (Median)
Age (years)	44.81±10.71 (47)
Time since diagnosis (years)	6.95±6.95 (5)
BMI (kg/m^2)	27.17±4.75 (27)
BASDAI	4.49±2.22 (4.5)
HAQ	0.35±0.36 (0.25)
HADS-anxiety	7.89±5.44 (7)
HADS-depression	6.76±4.78 (6)
IFAB-total score	4.61 ± 22.22 (5)

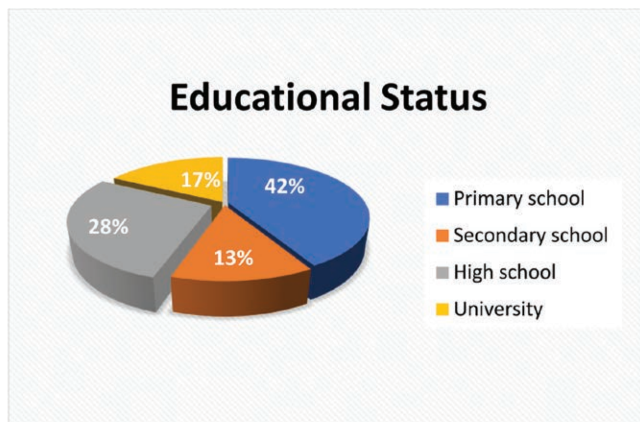

Figure 1. Educational status of the included patients.

Disclosure of Interests: None declared
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POS1538-HPR INVESTIGATION OF BALANCE FUNCTIONS IN INDIVIDUALS WITH NEURO-BEHCET: A PILOT STUDY

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Background: Behcet's disease is a vasculitis, causing multisystem inflammation and resulting in oral and genital ulcers and eye and skin lesions (1). A proportion of patients also have neurological involvement, termed Neuro-behcet's disease (2). We think about that Neuro-behçet's disease can impact balance functions in patients due to neurological involvement. However, there is no study investigating the balance functions in patients with Neuro-behcet.
Objectives: To investigate the balance functions in individual with Neuro-behçet's disease.
Methods: In this study 8 Neuro-behcet patients with a mean age of 38.37±16.96 who were followed in the PAU Rheumatology outpatient clinic and diagnosed by a rheumatologist according to the criteria of the International Behcet Study Group and 8 healthy control with a mean age of 42.62±13.94 with similar demographic characteristics were included. Exclusion criteria for the study were age <18 years old, having any disease which mimics BD (including systemic lupus erythematosus, vasculitis of central nervous system). Demographic data of the participants were recorded. Then, balance functions were evaluated with a balance board (Sensamove MaxiBoard, NL) in Neuro-behcet and control groups. This assesment included static balance, proprioception, and reaction. Results were analyzed with Mann Whitney U Test.
Results: Participants were similar in terms of age and gender (p>0.05). Neuro-behcet group showed a significant decrease in static balance in all directions except the right side compared to the control group (p<0.05). A significant decrease was observed in the right and left reaction times in Neuro-behcet group compared to control group (p<0.05). There was no significant difference between the two groups in proprioception assesment (p>0.05).
Conclusion: This results show that patients with Neuro-behcet may experience disturbances in static balance and reaction time. Balance and reaction exercises should be included in rehabilitation. Further research is needed on the effect of balance functions and the effectiveness of balance exercises in Neuro-behcet's disease.

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POS1539-HPR EXPLORING TASK- SHIFTING IN HAND OSTEOARTHRITIS CARE FROM THE PERSPECTIVE OF THE SERVICE USER.

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Background: The demand for and provision of health care is in constant change. People live longer and have more complex health requirements, challenging the functioning of the health care system in responding adequately to present and future needs. For persons with hand osteoarthritis (HOA), access to recommended treatment is poor (1) and what can be offered in primary health care is not optimal. A reorganization of the workforce through task-shifting can be a solution where the aim is to use existing human resources in health in more efficient ways. Through task- shifting, tasks and knowledge can be shifted between health professionals, between levels of the health care system, and from health professionals to service users, changing the current division of labor (2).
Objectives: The aim of this study is to gain a broader understanding of the distribution of tasks among health professionals and service users in HOA care from the perspective of service users to guide future task- shifting initiatives.
Methods: In- depth interviews with 21 service users with HOA were conducted, including 15 women and six men from 47 to 86 years of age. All had received services from primary and specialized health care services. A theme based semi- structured interview guide was used. All interviews were audio- recorded and subsequently transcribed verbatim. Reflexive thematic analysis was used to generate codes and develop three main themes.
Results: *Tasks by different professionals*: service users describe general practitioners (GPs) as entry points to health service provision. Contact is initiated with

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the aim to have signs and symptoms recognized for referrals to diagnostic tests and specialized services. As such, tasks beyond referrals are not expected by service users in primary health care in their encounters with GPs. Upon entering specialized health care services, service users describe diagnostics and prescription of medication for pain as key tasks of the rheumatologists, highlighting the role of the rheumatologists in ruling out severe pathology. Service users attribute the tasks of providing information about the condition, exercises, and assistive devices to occupational therapists (OTs). A lack of familiarity with the OT- profession prior to consultations is also expressed. This shows how patients attribute different tasks to GPs, rheumatologists, and OTs based on experiences in consultations.

Profession secondary to competence about HOA and interpersonal skills: service users say they do not have preferences related to who executes what professional tasks in addressing their needs. On the contrary, service users highlight competence about HOA as a key factor independent of whether the health professional is a GP, rheumatologist, or OT, saying professional orientation is secondary to professional knowledge about HOA. At the same time, service users underline interpersonal skills of health professionals as another key element, further downplaying the specific professional background of health professionals and levels of the health care system in meeting service user needs.

Transfer of tasks to service users: service users experience that they are presented with few treatment options beyond self- management in encounters with health professionals, leaving service users to cater for their own needs through the self- administration of exercises, medicines, and assistive devices.

Conclusion: In the division of labor, service users highlight the importance of professional knowledge and skills within the field and interpersonal skills independent of professional background and levels of the health care system. They also underline few treatment opportunities beyond self- management resulting in task- shifting to service users.

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POS1540-HPR CENTRAL SENSITIZATION PLAYS A PROMINENT ROLE IN DISEASE ACTIVITY, FUNCTIONAL IMPAIRMENT AND QUALITY OF LIFE IN PATIENTS WITH SPONDYLOARTHRITIS.

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Background: Pain in rheumatic diseases is substantially due to an excess of nociception in response to chronic inflammation. However, the share of nociplastic pain in these disorders shouldn't be overlooked. Different tests have been evaluated but some of them require expensive equipment.

Objectives: to assess The Central Sensitization in young patients with spondyloarthritis (SpA) using a simple and validated tool: The Central Sensitization Inventory (CSI).

Methods: We conducted a cross-sectional study including patients with SpA, fulfilling the Assessment of SpondyloArthritis International Society (ASAS) 2009 criteria. For all patients, we collected the following data: age, age at onset of SpA, disease duration, the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Ankylosing spondylitis quality of life score (ASQOL) and functional statement by Bath ankylosing spondylitis functional index (BASFI). Nociceptive pain was assessed by VAS pain, neuropathic pain was assessed by DN4 and nociplastic pain was assessed by CSI.

Univariable and multivariable linear regression analyses were used to investigate the association between CSI scores, patient-related parameters and disease characteristics.

Results: Sixteen SpA patients (50 axial SpA, 8 axial and peripheral SpA, 1 psoriatic arthritis and 1 SpA associated with inflammatory bowel disease) were enrolled. There were 22 females and 38 males. Mean age was 39,4 years ± 11,08, mean age at onset was 23,61 years± 8,5 and mean disease duration was 11,37 years ±7,23. Mean night awakenings was 0,92 [0, 3], mean VAS pain was 5,27 [1, 9]. Mean BASDAI was 3,53 ± 3,34, mean BASFI was 4,01 ± 2,53, mean ASQOL was 6,3 ± 5,128 and mean DN4 was 1,72 [0, 7].

Mean CSI score was 20,38 ± 18,657. Six patients (10%) had a CSI score≥ 40, which indicates a central sensitization. CSI score>40 was not associated with the gender (p=0,659), nor axial presentation of SpA (p=0,644), nor the presence of coxitis (p=0,217). CSI score was not correlated with disease duration (p=0,306) nor age at onset (p=0,376). It was however associated with a BASDAI>4 (p=0,039).

A positive correlation was found between higher CSI score and higher ASQOL (p<0,001, r=0,744), VAS pain (p=0,061, r=0,282), more frequent night awakenings (p=0,009, r=0,433), higher BASDAI (p=0,006, r=0,379) and higher BASFI (p=0,055, r=0,270).

Conclusion: Higher CSI score was associated with higher disease activity, more frequent night awakenings, poorer quality of life and greater functional impairment. A global and comprehensive management including these factors as well as nociplastic pain should help the patient achieve better outcomes.

Disclosure of Interests: None declared

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POS1541-HPR PAIN CATASTROPHIZING IS FREQUENT AND IMPACTS THE LIFE AND FUNCTION OF PATIENTS WITH SPONDYLOARTHRITIS

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Background: Psychological care for patients with spondyloarthritis (SpA) should be standard practice if we aim to achieve better outcomes. In fact, pain catastrophizing, anxiety, and depression are to look for when the patient remains unsatisfied despite the clinicobiological control of the disease.

Objectives: To assess the presence of pain catastrophizing among patients with SpA.

Methods: We conducted a cross-sectional study including patients with SpA, fulfilling the Assessment of SpondyloArthritis International Society (ASAS) 2009 criteria. For all patients, we collected the socio-demographic data and disease characteristics, the following scores: the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), the Bath ankylosing spondylitis functional index (BASFI), the Ankylosing spondylitis quality of life score (ASQOL) were used to evaluate respectively disease activity, functional status and quality of life. The presence of pain catastrophizing was assessed by the arabic validated version of Pain catastrophizing score (PCS) and nociplastic pain by Central Sensitization Inventory (CSI).

Results: We included 60 SpA patients (sex ratio=1,72). Mean age was 39,4 years ± 11,08. Mean disease duration was 11,37 years ±7,23. Mean BASDAI score was 3,53± 3,34, mean BASFI was 4,01 ±2,53 and mean ASQOL score was 6,3 ±5,12. Mean PCS was 15,73 ± 13,893. thirteen patients (21,7%) had PCS >30 which indicates clinically relevant level of catastrophizing. PCS was significantly higher in men (mean PCS was 19,29 in men versus 9,59 in females), p=0,003. Clinically relevant level of catastrophizing (PCS>30) was significantly associated with age: mean age was 45,61 years in patients with PCS>30 compared to 37,47 in patients with lower PCS (p=0,022). Higher PCS was correlated with greater central sensitization assessed by the CSI (p<0,0001, r=0,621), poorer quality of life assessed by the ASQOL (p<0,0001, r=0,818) and greater functional impairment appraised by BASFI (p=0,009, r=0,347). No correlation was shown between PCS and age (p=0,640, r=0,062), age at disease onset (p=0,580, r=-0,84), disease duration (p=0,805, r=0,037), patient's global assessment (p=0,211, r=0,197), CRP value (p= 0,425, r=-0,130) and BASDAI score (p=0,073, r=0,244).

Conclusion: Pain catastrophizing was not influenced by inflammation parameters. PCS was correlated with greater central sensitization, poorer quality of life and greater functional impairment. Therefore, psycho-education should be investigated among patients with SpA.

Disclosure of Interests: None declared

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POS1542-HPR QUALITY OF LIFE AND PHYSICAL FUNCTIONING OF PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS FAST TRANSLATE ICON TRANSLATE FAST TRANSLATE ICON TRANSLATE

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