• **Lifestyle:** Concerning the sub-categories: Activity, food, stress & relaxing, smoking, and weight.
• **Relationships and well-being:** Concerning the sub-categories: Social contacts, intimate relationships & pregnancy & wish for children, incomprehension, loneliness, and gloom.

To advance Shared Decision Making (SDM), a separate conversation aid was made with tips and tricks for having a good conversation with your RMD professional:

• **A good conversation:** tips and tricks for preparing a conversation with your RMD professional. As well as tips and tricks that can be used during and after your conversation.

In Figure 1 the conversation aid with main category lifestyle is presented.

**Table 1.** Association between occupational silica exposure (by quartile) and HRCT lung abnormalities

<table>
<thead>
<tr>
<th>HRCT abnormality</th>
<th>OES (Quartiles)</th>
<th>Unadjusted OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediastinal lymphadenopathy</td>
<td>Q1-Q3</td>
<td>(ref)</td>
<td>(ref)</td>
</tr>
<tr>
<td>Intestinal lung disease</td>
<td>Q1-Q3</td>
<td>4.1 (1.2 to 13.9)</td>
<td>6.3 (1.4 to 27.7)</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Q1-Q3</td>
<td>(ref)</td>
<td>(ref)</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td>6.3 (1.5 to 26.6)</td>
<td>6.5 (1.3 to 32.6)</td>
</tr>
</tbody>
</table>

Abbreviations: OES occupational exposure score. Adjusted OR: adjusted on smoking, sex, disease duration, ACPA and RF status.

**Disclosure of Interests:** None declared.


"Not another pill!!" Integrative pain management approaches.

**References**

[1] ICHOM, Inflammatory Arthritis: Inflammatory Arthritis – ICHOM Connect


Acknowledgements: The voice of people with an RMD played a crucial role in the development of these consultation aids. We would like to thank everyone, including Bravis Medical Centre, for their feedback throughout the process.

Disclosure of Interests: None declared.


Is gender sufficiently studied in RMDs?

**OP0006**

**CLEANING ACTIVITIES, DUSTY CLOTHES LAUNDRY AND TALCUM HANDLING ARE UNDERESTIMATED MAJOR SOURCES OF EXPOSURE TO CRYSTALLINE SILICA IN WOMEN WITH RHEUMATOID ARTHRITIS**

*J. Sinus[1,2], C. Cavallini[3,4], A. Lescoat[7,8], P.Y. Brillot[1,2], L. Sese[1,2], H. Nunes[5,6], M.C. Boissier[1,2], L. Semerano[1,2].*  
*Avicenne Hospital, Rheumatology, Bobigny, France;  
Université Sorbonne Paris Nord, UMR 1125 Inserm, Bobigny, France;  
Université Paris Dauphine, IRISSO, UMR CNRS-INRAE 7170-1427, Paris, France;  
Science Po, Laboratoire Interdisciplinaire d’évaluation des politiques publiques (LIEPP), Paris, France;  
CHU Rennes, Rheumatology, Rennes, France;  
Avicenne Hospital, Radiology, Bobigny, France;  
Avicenne hospital, Physiologie, Bobigny, France;  
Avicenne Hospital, Respiratory, Bobigny, France*

**Background:** Inhalation of crystalline silica (cSiO₂) is associated with rheumatoid arthritis (RA). Research on cSiO₂ has historically focused on professional exposures and on male workers. However, cSiO₂ is ubiquitously present in the environment, substantial exposure can take place in both men and women, in other professional activities and even beyond occupational context.

**Objectives:** To identify the main sources of exposure to crystalline silica in a series of RA patients not selected based on their professional activity, and to assess the association between silica exposure and disease features.

**Methods:** The Dust Exposure Life-Course Questionnaire (DELCQ) is a novel tool that longitudinally quantifies both occupational and non-occupational lifetime exposure to crystalline silica. The DELCQ was previously validated in a representative sample of the general French population that serves as control source for studies in specific diseases. The DELCQ was administered to 87 consecutive patients with RA, exposure scores were compared between cases and age-, sex- and smoking status-matched controls (1:4). The main sources of silica exposure were identified in cases and controls and source-specific exposure levels compared. The association between DELCQ scores and disease variables in cases was tested at uni- and multivariable analysis.

**Results:** In women with RA, the main sources of crystalline silica exposure were cleaning activities, dusty clothes laundry and talcum powder handling, with higher exposure levels from these sources vs. the general population (p<0.005).

In the whole series of RA patients, high silica exposure was independently associated with interstitial lung disease (OR 6.5 (95% CI: 1.3 to 32.6)) and mediastinal lymphadenopathy (OR 6.3 (95% CI: 1.4 to 27.7)).

**Conclusion:** Cleaning activities, dusty clothes laundry and talcum handling are underestimated sources of crystalline silica exposure that are overrepresented in women with RA compared to the general population and may contribute to the pathogenesis of the disease.

**Table 1.** Association between occupational silica exposure (by quartile) and HRCT lung abnormalities

<table>
<thead>
<tr>
<th>HRCT abnormality</th>
<th>OES (Quartiles)</th>
<th>Unadjusted OR (95% CI)</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediastinal lymphadenopathy</td>
<td>Q1-Q3</td>
<td>(ref)</td>
<td>(ref)</td>
</tr>
<tr>
<td>Intestinal lung disease</td>
<td>Q1-Q3</td>
<td>4.1 (1.2 to 13.9)</td>
<td>6.3 (1.4 to 27.7)</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Q1-Q3</td>
<td>(ref)</td>
<td>(ref)</td>
</tr>
<tr>
<td></td>
<td>Q4</td>
<td>6.3 (1.5 to 26.6)</td>
<td>6.5 (1.3 to 32.6)</td>
</tr>
</tbody>
</table>

Abbreviations: OES occupational exposure score. Adjusted OR: adjusted on smoking, sex, disease duration, ACPA and RF status.

**Disclosure of Interests:** None declared.


**OP0007-HPR**

**AN EPIDEMOLOGICAL STUDY OF FOOT AND ANKLE PAIN AND HEALTH-RELATED JOB LOSS IN ADULTS OVER 50: CROSS-SECTIONAL FINDINGS FROM THE HEAF COHORT**

[1] University of Southampton School of Medicine, Faculty of medicine, Southampton, United Kingdom;  
[2] University of Southampton, School of Health sciences, Southampton, United Kingdom;  
[3] University of Southampton, MRC Versus Arthritis Centre for Musculoskeletal Health and Work, Southampton, United Kingdom

**Background:** Foot and ankle pain (FAP), particularly that of musculoskeletal origin, is increasingly prevalent in our aging populations[5]. Moreover, governments need people to work to older ages to reduce the costs of pensions and welfare benefits. It is not currently known however whether people with FAP are able to keep working or to what extent it pushes people out of work. We investigated this question in older working adults.

**Objectives:** To determine whether FAP is associated with HRJL amongst older working adults.

**Methods:** Health And Employment After Fifty[6] is a longitudinal population-based cohort inceptioned 2013 to investigate health and retirement. At follow-up two years later, people were asked to complete a full-body mannequin which included the ankles/feet. Mannequins were coded: foot/ankle pain (FAP) with pain at other sites; pain elsewhere but not FAP; and no pain. Two years later, participants were asked whether they had left paid work entirely or partly because of health (Health-related job loss (HRJL)). A Cox proportional hazards model was used to explore associations between health-related job loss, FAP, and other potential risk factors (such as age, mental health, BMI, and finances). A sensitivity analysis was carried out to determine which occupational activities were significantly associated with health-related job loss due to FAP.

**Results:** At 2 years, 4050 participants completed a pain mannequin, amongst which 3762 were in paid work. Over 2 further years of follow-up, there were 235 incident HRJLs. Amongst those with HRJL, 73 had no pain, 54 had pain involving FAP, 108 had pain not involving FAP. After adjusting for age and sex, people with FAP had 83% increased risk of HRJL compared to people with no pain (HR=1.83, 95% CI 1.29-2.61), whilst those with pain NOT involving FAP had 34% increased risk compared to people with no pain (HR=1.34, 95% CI 1.05-1.71).