

questionnaire consists of 30 questions to detect possible CTD's. A total of 19820 women, 929 with RP and 18891 without RP, all without other comorbidities were included. By using questionnaires from the Lifelines database other patient characteristics were retrieved including physical activity and sedentary behaviour, HRQoL and stress.

Results: Women with RP reported 300min/week minutes of moderate to vigorous physical activity (MVPA), which was more than women without RP reported (255min/week). This difference was mainly due to a difference in vigorous activities ($p<.001$). 74.3% of women with RP complied to the health enhancing PA guidelines (69.5% in the group of women without RP, $p=.003$). Time spent sedentary by women with RP was 540min/week, which was comparable to sedentary time of women without RP (540min/week, $p=.886$). Women with RP scored lower on almost all eight domains of the QoL questionnaire ($p<.05$), except for physical functioning ($p=.181$). Regarding stress levels, the List of Threatening Experiences (LTE) showed no differences between groups ($p=.226$), however, the Long-term Difficulties Inventory (LDI) showed a higher stress level in the RP group ($p<.001$). Furthermore, women with RP were significantly younger ($p<.001$), had a lower Body Mass Index (BMI) ($p<.001$), a lower waist-hip ratio ($p<.001$), had a lower amount of packyears ($p<.001$) and a healthier diet score ($p<.001$) compared to the women without RP.

Conclusion: This is the first study to structurally investigate PA in a large population cohort of patients with RP. Most women with RP report they spent a sufficient amount of time on moderate to vigorous PA and thus comply to health enhancing physical activity guidelines. The PA behaviour of women with RP seems comparable to that of women without RP, showing that RP is no obstacle for being physically active. However, HRQoL was lower in women with RP; more research is needed to elucidate the relation between PA and HRQoL in this patient group, preferably using objective measurement instruments to assess PA.

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AB1607

TREATMENT OUTCOME OF RHEUMATOID ARTHRITIS IN RURAL AND URBAN POPULATION; A COMPARATIVE STUDY FROM SOUTH INDIA

Keywords: Rheumatoid arthritis

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Background: Advances in rheumatology have made the once-disfiguring rheumatoid arthritis (RA) a controllable disease. However, differences in health care delivery exist across the rural and urban populations in South India. Hence disease characteristics may be different across the two groups of patients. [1,2] Herein, we compare the disease characteristics of RA across rural and urban populations based in the state of Kerala in South India.

Objectives: The primary objective was to compare the disease characteristics of RA in rural and urban rheumatology centres in South India.

Methods: A retrospective study of patients attending rural and urban clinics of our Institute was conducted. Consecutive 100 patients who attended the clinics from April to October 2022 and who satisfied the ACR/EULAR 2010 RA criteria were selected for the study in each group. Baseline Demographics were collected, and disease activity was measured using the CDAI score. Extraarticular manifestations and comorbidities associated with RA were also considered. Treatment response was assessed at the end of 6 months.

Results: The mean age of patients was 51 years (± 12 SD) and 55 years (± 12 SD) in urban and rural groups, respectively. Disease activity at baseline and six months was shown in Figure 1. 28% of the rural patients required triple DMARDs for disease control against 14% in the urban group (p -value 0.02). Remission at six months was attained in 47% of the urban population against 30% of the rural population (p -value 0.05). Non-alcoholic Fatty liver disease was more prevalent in the rural population (9%) than the urban population (2%) (p -value 0.05). DMARD-induced elevation of liver enzymes occurred in 15% of patients in the rural group compared to 5% of patients in the urban group (P value-0.03). Even though the prevalence of uncontrolled T2DM and osteoarthritis was more in the rural population, the difference between the two groups was not statistically significant. Similarly, the use of biologicals was more in rural (8%) compared to urban (4%) without any statistical significance.

Conclusion: We observed that baseline disease characteristics and disease activity were identical across both groups. At six months, CDAI and CRP were significantly higher in the rural than urban group suggesting that response to optimal DMARD treatment was better in the urban group than in the rural group. Triple DMARD use was also significantly higher in the rural compared to the urban group. This shows that despite the advances in rheumatology, there are

still unmet needs regarding awareness and access to adequate treatment in rural society.

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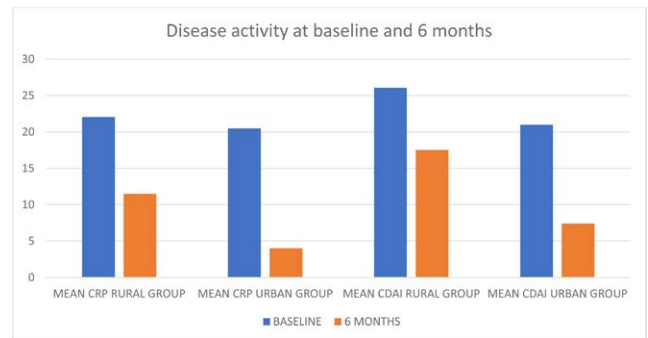


Figure 1.

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AB1608

THE EFFECT OF REMOTE AND FACE-TO-FACE PREVENTIVE REHABILITATION ON THE THICKNESS OF THE MUSCLES AROUND THE SPINE

Keywords: Telemedicine, Physical therapy/physiotherapy, Ultrasound

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Background: In these days when it is extremely important to use resources efficiently, ways to reduce the cost caused by low back and neck pain are sought. Investigating the architectural features of the muscles around the spine is also an important part of this search [1]. It is a rational approach to prevent spinal problems before they occur, rather than to treat them. In addition, it is very important for the prevention of spinal health that these approaches can be offered at low cost in pandemic conditions and disadvantageous situations such as settlements in rural areas.

Objectives: This research aims to investigate the effectiveness of remote and face-to-face spinal stabilization exercises on the thickness and activation of the muscles around the spine in asymptomatic desk-based office workers.

Methods: Individuals between the ages of 18-55 who did not have chronic low back and neck pain were included in the study. While the face-to-face group exercised under the supervision of a physiotherapist, the telerehabilitation (TR) group exercised with video conferencing and asynchronous video recordings. Both groups performed progressive spinal stabilization exercises 3 days a week for 8 weeks. The thickness of the Internal Oblique, External Oblique, Sternocleidomastoideus and Upper Trapezius muscles at rest, and the thickness of the Transversus Abdominis (TrA) at rest and during contraction were measured with portable ultrasound (Sonostar, China) (Image 1). TrA activation was measured with a stabilizer. Compliance with exercise was evaluated with an exercise diary.

Results: 24 individuals, 12 in the face-to-face group and 12 in the TR group, with a mean age of 28.41 (5.94) participated in the study. Age, gender distribution, and baseline values for muscles were similar between the groups ($p>0.05$). In both groups, right and left TrA resting and contraction, Internal Oblique thicknesses were increased ($p<0.05$). It was found that the level of activation of the TrA muscle, the thickness change during contraction, and the thickness of the internal oblique muscle developed more in the face-to-face group. In the TR group, on the other hand, an increase in Upper Trapezius thickness was observed ($p<0.05$). However, there was no significant increase in TrA activation level in this group.

Conclusion: According to preliminary results face-to-face exercise further improves the thickness, activation, and contraction amount of deep stabilizer muscles. TR, on the other hand, caused positive developments in the deep muscles, but also in the upper Trapezius muscle, which is the superficial muscle. The reason for this situation may be postural compensations that occur during remote exercise [2]. As a result, both methods cause an increase in muscle thickness around the spine. However, if possible, supervision during exercises that require intense attention, such as