100 the best state of health. Data were collected at admission and at 2-years after transplantation. Results underwent statistical analysis. Significance levels were established at p<0.05.
Results: The study included intragroup comparisons (Pre *vs* post-HSCT; Table 1) and intergroup comparisons (G1 *vs* G2; Table 2)

Abstract THU0712HPR Table 1. - Mean and median scores of SF-36 domains, before and after HSCT in G1 (n = 22) and G2 (n = 34)

Domain	G1 Pre-HSCT			G1 Post-HSCT			p-value
	Mean	SD	Median	Mean	SD	Median	
PF	41.3	33.9	35	67.2	28.4	85	0.008
RPF	23.8	40.4	0	42.3	30.0	50	0.008
P	46.8	32.9	46.5	71.1	25.9	67.3	0.013
GHP	52.2	27.0	55	66.6	14.3	67	0.03
VIT	55.2	30.1	60	67.2	20.3	75	0.27
SRF	20.3	23.2	62.5	68.5	27.6	68.7	0.60
ERF	54.5	45.4	50	54.5	41.8	33.8	0.96
MH	59.4	24.5	64	64.6	23.8	68	0.47
Domain	**G2 Pre-HSCT**			**G2 Post-HSCT**			**p-value**
	Mean	**SD**	**Median**	**Mean**	**SD**	**Median**	
PF	29,71	28,44	20	50,15	29,81	60	0.0003
RPF	19,85	30,01	0	39,71	33,78	25	0.0003
P	69,68	28,89	74	83,97	24,13	100	0.0007
GHP	68,88	18,3	67	85,97	16,78	97	0.0006
VIT	57,94	18,14	55	71,91	17,97	75	0.0004
SRF	48,97	32,57	50	71,69	24,1	75	0.0003
ERF	45,09	44,85	33,3	65,67	40,61	83,3	0.0187
MH	72,18	15,89	75	79,65	19,07	84	0.0006

Abstract THU0712HPR Table 2. – Comparison of the mean scores of SF-36 domains, in G1 (n = 22) and G2 (n = 34), before and at 2 years after HSCT

Domain	Pre-HSCT			Post-HSCT		
	Mean G1	Mean G2	p-value	Mean G1	Mean G2	p-value
PF	41.3	29,71	0.030	67.2	50,15	0.403
RPF	23.8	19,85	0.904	42.3	39,71	0.155
P	46.8	69,68	0.056	71.1	83,97	0.043
GHP	52.2	68,88	0.081	66.6	85,97	0.0001
VIT	55.2	57,94	0.912	67.2	71,91	0.337
SRF	20.3	48,97	0.779	68.5	71,69	0.156
ERF	54.5	45,09	0.412	54.5	65,67	0.357
MH	59.4	72,18	0.258	64.6	79,65	0.004

In the intragroup analyses, comparing pre and post-HSCT scores, there was general improvement in both disease groups, especially in G2. The intergroup comparisons indicate that before HSCT patients in G1 had better FP than those in G2 (p = 0.03). The other aspects were not significantly different between groups. After HSCT, patients in G2 had a better QoL scores in P (p = 0.4338), GHP (p = 0.0001) and MH (p = 0.0049).
Conclusion: These results may be interpreted as positive outcomes of HSCT for MS and SSc. However, our data indicate that HSCT may benefit patients with MS (G2) more than those with SSc (G1).

REFERENCES:

[1] Guimarães FAB, et al. Impact of autologous HSCT on the quality of life of patients with multiple sclerosis. Arquivos de Neuro-Psiquiatria, v. 68, p. 522-527, 2010.

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THU0713-HPR LINKING THE PATIENT EXPERIENCE OF FOOT INVOLVEMENT RELATED TO PSORIATIC ARTHRITIS TO THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

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Background: Previous research has shown merit in linking domains of impact in psoriatic arthritis (PsA) to the International Classification of Functioning, Disability and Health (ICF) to categorise the effect of global disease [1, 2]. Localised disease predominance and persistence in the foot in PsA is well recognised [3], but limited foot-specific research exists and there are no outcome measures to comprehensively assess foot involvement and its impact in PsA. To date little is known about the patient experience of foot involvement and how this may link to the ICF to capture disease impact.
Objectives: To categorise the patient experience of PsA-related foot problems by linking it to the ICF.
Methods: Participants were recruited from rheumatology outpatient clinics in Sydney, Australia and Auckland, New Zealand. People with PsA were interviewed about their foot problems and the impact they have on daily living until qualitative data saturation. Three multi-disciplinary focus groups were undertaken with clinicians to explore their understanding of the patient experience. All interviews were audio-recorded and transcribed. Codes, representing concepts obtained from the interviews, were linked to the most appropriate ICF category according to established linking rules. All codes were independently linked to the ICF by 2 investigators and a third investigator for adjudication. Investigator professional backgrounds included occupational therapy and podiatry.
Results: Twenty-one people with PsA-related foot problems and 17 experienced clinicians participated. Over 100 distinct ICF categories were linked to the interview and focus group codes. The most represented ICF category was environmental factors (33%) followed by body functions (26%), activities and participation (25%) and body structure (16%). Environmental factors relevant to patients were shoes and assistive devices, healthcare access and climate. Clinicians identified a greater proportion of body functions and fewer activity and participation categories compared with patients, indicating a possible mismatch of key concerns. Concepts that could not be precisely linked to the ICF were related to coping, aspects of time and knowledge, consistent with previous work. Difficulties in linking highly specific information to categories such as sensations of pain, sensations of skin and emotional functions revealed a limitation in the ICFs ability to discriminate between various effects of the disease, a shortfall previously noted. Toenail changes were frequently cited by patients and linked to domains of body image and social relationships. Interdisciplinary group analysis demonstrated merit as differences between the predominantly medical approach by podiatry and psychosocial approach by occupational therapist in clinical practice led to additional ICF categories being identified between clinicians, which mostly related to cognitive functions.
Conclusion: Despite the localised anatomical focus of this study, the effect of foot problems in PsA was linked to all components of the ICF, confirming the profound impact on functioning and daily life. Difficulties with linking psychological concepts reflect deficiencies in the ICF and is a major limitation in defining foot disease burden. These findings offer new knowledge using patient and clinician perspectives that could inform the development of an instrument to measure the impact of foot involvement in PsA.

REFERENCES:

[1] Gudu T, et al. J Rheumatol. 2017;44(2):193-200.
[2] Taylor WJ, et al. J Rheumatol. 2010;37(9):1885-91.
[3] Hyslop E, et al. Ann Rheum Dis. 2010;69:928.

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THU0714-HPR RELATIONSHIP BETWEEN TRUNK POSITION SENSE, TRUNK MUSCLE ENDURANCE AND BALANCE IN WOMEN WITH FIBROMYALGIA SYNDROME

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Background: Position sense plays a fundamental role in human movement which is crucial for daily activities, exercise and sports [1]. Trunk endurance and balance were also integrated part of normal functional movements. Decreased balance and trunk muscle endurance were reported in women with fibromyalgia syndrome (FMS) [2]. However, to our knowledge, the relationship between trunk position sense, trunk muscle endurance and balance has not been studied in women with FMS.
Objectives: This study aimed to determine the relationship between trunk position sense, trunk muscle endurance and balance in women with FMS.
Methods: Women with FMS (n: 25, age: 42.88±11,66 years, body mass index: 25.69±3.48 kg/m²) were recruited. Trunk position sense was assessed with digital inclinometer by trunk reposition errors in which higher scores indicates poor trunk position sense [3]. Trunk flexor, extensor, dominant and non-dominant lateral side muscle endurance with McGill's trunk muscle endurance tests [4] in seconds and balance with the Mini-Balance Evaluation Systems Test (Mini BEStest) [5] were assessed. Spearman's rank correlation test was used for analysis.
Results: There were significant negative correlations between trunk position sense and trunk flexor, extensor, dominant and non-dominant lateral side muscle endurance (r=-0.61, p=0.001; r=-049, p=0.011; r=-0.048, p=0.014; r=-0,048, p=0.014, respectively). There were also high significant negative correlations between trunk position sense and Mini BEStest score (r=-0.73, p<0.001).

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Conclusion: It was found that there were moderate to high correlations between trunk position sense, trunk muscle endurance and balance. Therefore, addition of trunk position sense training to the rehabilitation programs might be effective in improving trunk muscle endurance and balance in women with FMS.

REFERENCES:

[1] Han J, Waddington G, Adams R, Anson J, Liu Y (2016) Assessing proprioception: a critical review of methods. Journal of Sport and Health Science 5 (1):80-90
[2] ÇELENAY ŞT, KÜLÜNKOĞLU BA, KÜÇÜKŞAHİN O Fibromiyalji Sendromu Olan Kadınlarda Denge, Endurans ve Esnekliğin Değerlendirilmesi. Türk Fizyoterapi ve Rehabilitasyon Dergisi 28 (3):125-131
[3] Goldberg A, Hernandez ME, Alexander NB (2005) Trunk repositioning errors are increased in balance-impaired older adults. The journals of gerontology Series A, Biological sciences and medical sciences 60 (10):1310-1314
[4] McGill SM, Childs A, Liebenson C (1999) Endurance times for low back stabilization exercises: clinical targets for testing and training from a normal database. Arch Phys Med Rehabil 80 (8):941-944
[5] Horak FB, Wrisley DM, Frank J (2009) The Balance Evaluation Systems Test (BESTest) to differentiate balance deficits. Physical therapy 89 (5):484-498. doi:10.2522/ptj.20080071

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THU0715-HPR ASSESSMENT OF SELF-CARE AGENCY AND ITS ASSOCIATION WITH SYMPTOMS AND QUALITY OF LIFE IN INDIVIDUALS WITH FIBROMYALGIA: A CROSS-SECTIONAL STUDY

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Background: Fibromyalgia is a condition of high prevalence, which causes physical discomfort, mental distress and impairment of social relationships. Self-care may be a relevant factor to improve the quality of life in individuals with fibromyalgia, since it is related to the act of empowerment, leading individuals to have dominion over their own life.
Objectives: To assess self-care agency of individuals with fibromyalgia and verify its association with symptoms, quality of life and sociodemographic variables.
Methods: The study included 40 women, aged between 19 and 59 years, with fibromyalgia according to the 2010 American College of Rheumatology diagnostic criteria, and elementary education. This study was approved by the Research Ethics Committee of the School of Medicine of the University of Sao Paulo. Informed consent was obtained from all study participants. Sociodemographic and clinical data (age, civil status, educational level, social status and disease duration) were collected. Self-care was measured with the Appraisal Self-Care Agency Scale-Revised, pain with the Visual Analog Scale (VAS) and the Widespread Pain Index (WPI), severity of symptoms with the Symptom Severity (SS) Scale, and quality of life with the Revised Fibromyalgia Impact Questionnaire (FIQR). In data analysis, Pearson correlation coefficient was used for parametric data, and the Spearman correlation coefficient was used for non-parametric data. The level of significance adopted was 5%.
Results: Moderate values were found for self-care agency (52,75 ± 10,25), VAS pain (5,84 ± 2,16), WPI (13,32 ± 3,78) and SS (9,30± 1,68). Severe impact on quality of life was found with the FIQR (63,98 ± 17,26). Additionally, significant correlations of self-care agency with social status (r=0,391), function (r=-0,338), overall impact (r=-0,315), symptoms domains (r=-0,332) and total score (r=-0,375) of the FIQR were observed.
Conclusion: The study suggests that individuals with fibromyalgia have a moderate level of self-care agency, and there is a weak association of self-care with quality of life and social status.

REFERENCES:

[1] Bennett RM, Friend R, Jones KD, Ward R, Han BK, Ross RL. The Revised Fibromyalgia Impact Questionnaire (FIQR): validation and psychometric properties. Arthritis Res Ther. 2009;11(4):R120.
[2] Bennett RM, Bushmakin AG, Cappelleri JC, Zlateva G, Sadosky AB. Minimal clinically important difference in the fibromyalgia impact questionnaire. J Rheumatol. 2009;36(6):1304-11.
[3] Boonstra AM, Schiphorst Preuper HR, Balk GA, Stewart RE. Cut-off points for mild, moderate, and severe pain on the visual analogue scale for pain in patients with chronic musculoskeletal pain. Pain. 2014;155(12):2545-50.
[4] Damasio BF, Koller SH. The Appraisal of Self-Care Agency Scale - Revised (ASAS-R): adaptation and construct validity in the Brazilian context. Cadernos de Saúde Pública. 2013;29(10):2071-82.
[5] Fleiss JL. The design and analysis of clinical experiments. 1st ed. New York Wiley; 1986.
[6] Marques AP, Assumpcao A, Matsutani LA, Pereira CAB, Lage L. Pain in Fibromyalgia and Discriminative Power of the Instruments: Visual Analog Scale, Dolorimetry and the Mcgill Pain Questionnaire. Acta Reumatol Port. 2008;33(3):345-51.
[7] Marques AP, Santo A, Berssaneti AA, Matsutani LA, Yuan SLK. Prevalence of fibromyalgia: literature review update. Revista Brasileira de Reumatologia. 2017;57(4):356-63.
[8] Paiva ES, Heymann RE, Rezende MC, Helfenstein M, Jr., Martinez JE, Provenza JR, et al. A Brazilian Portuguese version of the Revised Fibromyalgia Impact Questionnaire (FIQR): a validation study. Clin Rheumatol. 2013;32(8):1199-206.
[9] Sousa VD, Zauszniewski JA, Bergquist-Beringer S, Musil CM, Neese JB, Jaber AF. Reliability, validity and factor structure of the Appraisal of Self-Care Agency Scale-Revised (ASAS-R). J Eval Clin Pract. 2010;16 (6):1031-40.

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THU0716-HPR MAJOR BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY IN RHEUMATOID ARTHRITIS ARE RELATED TO PHYSICAL AND PSYCHOLOGICAL HEALTH, SETTING AND SOCIAL ENVIRONMENTAL FACTORS: A SYSTEMATIC LITERATURE REVIEW

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Background: physical activity (PA), including engagement in structured exercise, is a key element in the management of chronic inflammatory rheumatic diseases, in particular rheumatoid arthritis (RA) (ref). However, maintaining a physically active lifestyle is a challenge for people with RA. PA determinants in this population need to be understood better to be optimised through public health or healthcare interventions and social policy changes.
Objectives: to collect qualitative evidence on barriers and facilitators of PA for patients with RA through a systematic literature review (SLR).
Methods: A SLR of Medline, Web of Science and grey literature was performed from inception to January 2019; key search terms were exercise [MeSH], barriers [Title/Abstract]), facilitators [Title/Abstract] and Arthritis, Rheumatoid [MeSH]. All qualitative reports of barriers and facilitators in RA, published in english were collected. A thematic synthesis was applied.
Results: Of 89 references, 10 (11.2%) studies were qualitative reports in RA and were analyzed: 3 (49 patients) were focus group and 7 (99 patients) were interviews. In all, 148 patients participated: mean age 57.4 years (standard deviation, SD 3.9, range of means 50.0-63.5), mean disease duration 14.3 years (SD 5.2, range 6.9-21.0). Barriers and facilitators were reported for general physical activity in 6 studies and for supervised exercises (e.g. exercise program leads by physiotherapist) in 4 studies. Overall, 7 categories of barriers (mean 3.4 (SD 1.9) per study) and 8 categories of facilitators (mean 3.7 (SD 2.1) per study) were reported. These could be grouped in 4 majors themes (physical health, psychological aspects, setting and social environment) (Table). The 3 most reported categories of barriers were symptoms of RA (8/10 studies), beliefs, fears and loss of motivation (7/10) and lack of support, exercise knowledge, confidence and conflict in advice from healthcare (4/10). The 3 most reported categories of facilitators were group socialization, influence of others, social support (8/10), positive beliefs, knowledge about benefits of PA (5/10) and positive emotions and experiences of PA (5/10).
Conclusion: Our findings emphasize the complex interplay of physical and psychological health, setting and social environmental factors, corresponding to the facilitation and hindrance of PA engagement.

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