



Figure 2. Change in BASDAI, BASFI and QoL at Wk 16 (means)

Disclosure of Interests: Inna Gaydukova Grant/research support from: JSC BIOCAD, Speakers bureau: payment from Pfizer, Novartis, Abbvie, Biocad, Selgene, MSD, Sanofy does not exceed 10 000 euros, V Mazurov Grant/research support from: JSC BIOCAD, Shandor Erdes Grant/research support from: JSC BIOCAD, Speakers bureau: JSC BIOCAD, Tatiana Dubinina: None declared, Olga Nesmeyanova Grant/research support from: JSC BIOCAD, Elena Ilianova Grant/research support from: JSC BIOCAD, Alena Kundzer: None declared, Nikolaj Soroka: None declared, Ekaterina Dokukina Employee of: JSC BIOCAD, Anna Ereemeeva Grant/research support from: JSC BIOCAD, Ekaterina Chernyaeva Employee of: JSC BIOCAD, Roman Ivanov Employee of: JSC BIOCAD

DOI: 10.1136/annrheumdis-2019-eular.6791

FRI0392

EVIDENCE BASED RECOMMENDATIONS FOR THE MANAGEMENT OF ENTEROPATHIC ARTHRITIS: A RHEUMATOLOGY, GASTROENTEROLOGY COLLABORATIVE INITIATIVE

Gulen Hatemi¹, Servet Akar², Hale Akpinar³, Pamir Atagündüz⁴, Goksel Bengi⁵, Gerçek Can⁵, Aykut Ferhat Celik⁶, Sinem Nihal Esatoglu¹, Önay Gerçik², Hulya Hamzaoglu⁷, Murat Inanc⁸, Gokhan Kabacam⁹, Ismail Hakkı Kalkan¹⁰, Levent Kılıç¹¹, Fatos Onen⁵, Ahmet Tezel¹², Murat Toruner¹³, Sedat Kiraz¹¹.
¹Istanbul University-Cerrahpasa, Cerrahpasa Medical Faculty, Department of Internal Medicine, Division of Rheumatology, Istanbul, Turkey; ²Izmir Katip Celebi University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Izmir, Turkey; ³Dokuz Eylul University, Faculty of Medicine, Department of Internal Medicine, Division of Gastroenterology, Izmir, Turkey; ⁴Marmara University Pendik Research and Educational Hospital, Department of Internal Medicine, Division of Gastroenterology, Istanbul, Turkey; ⁵Dokuz Eylul University, Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Izmir, Turkey; ⁶Istanbul University-Cerrahpasa, Cerrahpasa Medical Faculty, Department of Internal Medicine, Division of Gastroenterology, Istanbul, Turkey; ⁷Acibadem University, Acibadem Fulya Hospital, Department of Gastroenterology, Istanbul, Turkey; ⁸Istanbul University, Istanbul Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Istanbul, Turkey; ⁹Ankara Guven Hospital, Department of Gastroenterology, Ankara, Turkey; ¹⁰Türkiye Yüksek İhtisas Training and Research Hospital, Department of Gastroenterology, Ankara, Turkey; ¹¹Hacettepe University Faculty of Medicine, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey; ¹²Abant İzzet Baysal University School of Medicine, Department of Gastroenterology, Bolu, Turkey; ¹³Ankara University School of Medicine, Department of Gastroenterology, Ankara, Turkey

Background: Management of enteropathic arthritis may be challenging due to differences in treatment response of inflammatory bowel diseases and arthritis to different therapeutic modalities, which may even cause worsening of some manifestations while improving others. Enteropathic arthritis was not addressed in the management recommendations for spondyloarthritis.

Objectives: The aim of this project was to develop a set of evidence based recommendations for the management of patients with enteropathic arthritis.

Methods: A task force was formed that included ten rheumatologists and 8 gastroenterologists. Research questions were determined using a Delphi approach. A systematic literature search, data extraction, and statistical analyses were performed according to a pre-specified protocol. Studies that assessed the efficacy of an intervention on inflammatory bowel disease related outcomes and/or spondyloarthritis related outcomes in patients with enteropathic arthritis were included. Risk ratios were calculated for binary outcomes and mean difference for continuous outcomes, whenever possible. Results of the systematic literature review were presented to the experts and recommendations were formulated after thorough discussions and voting.

Results: A total of 4 overarching principles and 10 recommendations were formulated. The recommendations addressed the use of NSAIDs, corticosteroids, sulfasalazine and 5-ASA derivatives, TNF inhibitors,

tofacitinib, secukinumab, ustekinumab and vedolizumab among patients with active inflammatory bowel disease, active arthritis, active disease regarding both inflammatory bowel disease and arthritis, and among patients in remission. Final voting showed good agreement among the group on all recommendations.

Conclusion: These recommendations are intended to help rheumatologists, gastroenterologists and other clinicians dealing with enteropathic arthritis and to point out to the shortcomings of the available data on the management of this challenging condition.

Disclosure of Interests: Gulen Hatemi Consultant for: Abbvie, Amgen, BMS, Janssen, MSD, Pfizer, UCB, Speakers bureau: Abbvie, Amgen, BMS, Jansen, MSD, Pfizer, UCB, Servet Akar Grant/research support from: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Speakers bureau: Pfizer, Hale Akpinar: None declared, Pamir Atagündüz: None declared, Goksel Bengi: None declared, Gerçek Can: None declared, Aykut Ferhat Celik: None declared, Sinem Nihal Esatoglu: None declared, Önay Gerçik: None declared, Hulya Hamzaoglu: None declared, Murat Inanc: None declared, Gokhan Kabacam: None declared, Ismail Hakkı Kalkan: None declared, Levent Kılıç: None declared, Fatos Onen: None declared, Ahmet Tezel: None declared, Murat Toruner: None declared, Sedat Kiraz: None declared

DOI: 10.1136/annrheumdis-2019-eular.7930

FRI0393

PATIENTS' SATISFACTION AND PREFERENCES TOWARDS SUPERVISED GROUP EXERCISE FOR PEOPLE WITH AXIAL SPONDYLOARTHRITIS

Bas Hilberdink¹, Florus van der Giesen², Thea Vliet Vlieland¹, Floris A. van Gaalen², Salima van Weely¹. ¹Leiden University Medical Center, Orthopaedics, Rehabilitation and Physical Therapy, Leiden, Netherlands; ²Leiden University Medical Center, Rheumatology, Leiden, Netherlands

Background: Supervised group exercise (SGE) is proven effective in patients with axial spondyloarthritis (axSpA), but its contents and dosage do not always comply with current scientific insights.¹

In particular vigorous intensity cardiorespiratory exercise is considered to be an important element of exercise programs in axSpA.² For successful implementation of any adjustments, axSpA patients' satisfaction and preferences towards SGE needs to be determined.

Objectives: This study aimed to describe axSpA patients' satisfaction with current SGE and perspective on potential, evidence-based SGE enhancements.

Methods: AxSpA patients participating in SGE in four regions in the Netherlands (n=118) completed a survey on their satisfaction with features of current SGE (eight questions, 3-point Likert scale, and one overall grade, 11-point scale) and their perspective on introducing appropriately dosed cardiorespiratory and strengthening exercise, monitoring exercise intensity, periodic (re)assessments, patient education and supervision by physical therapists with specific expertise (four dichotomous questions and one 5-point Likert scale). In addition, sociodemographic and disease characteristics were recorded.

Results: The patients' mean age was 60 years (SD ±12), 64% was male and they participated in SGE for 25 years (SD ±14) on average. The SGE programs in the four regions all took place once weekly between 90 to 135 minutes and all consisted of mobility exercises, sports activities and hydrotherapy. Two regions also focused on strengthening and only one specifically addressed cardiorespiratory exercise.

Most patients were satisfied with the current total intensity (n=84/112, 75%), duration (n=93/111, 84%) and load (n=89/117, 76%) of the program and the proportion of mobility (n=102/114, 90%), strengthening (n=90/115, 78%) and cardiorespiratory exercise (n=82/114, 72%). The median overall grade of the program was a 7 (IQR=7-8). Most patients agreed with the implementation of more frequent (home) exercise (n=73/117, 62%), heartrate monitoring (n=97/117, 83%) and periodic (re)assessments (n=97/118, 82%), whereas 50% agreed with the addition of structured patient education (n=37/74). The majority found supervision by therapists specialized in axSpA highly important (n=105/118, 89%).

Conclusion: The majority of axSpA-specific SGE participants was satisfied with current SGE, but also agreed with enhancements in line with scientific evidence. The high satisfaction levels with the amount of cardiorespiratory exercise, despite only being targeted in one SGE region, suggests a knowledge gap regarding its (health) benefits. Current satisfaction levels indicate that a planned implementation strategy, including education and addressing potential barriers and facilitators for the uptake of enhancements, is warranted.