Conclusions: Because of the preliminary report and less number of patients; drawing definitive conclusions is not possible. It seems that, short-term conventional physiotherapy program decreased only pain, but did not improve strength, physical performance, functional disability and kinesiophobia. Also, we thought that short-term NMES application which added to conventional physiotherapy program did not provide superiority over treatment outcomes.

REFERENCE:

[1] Bax L, Staes F, Verhagen A. 2005. Does Neuromuscular Electrical Stimulation Strengthen The Quadriceps Femoris? A Systematic Review Of Randomised Controlled Trials. Sports Med 35:191–212.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.4587

AB1467-HPR MEASUREMENT OF CERVICAL PROPRIOCEPTION IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

T Ozen[1], E. Tonga[1], M.G. Polat[1], S. Akar[2]. [1]*Physiotherapy and Rehabilitation, Marmara University, Istanbul*; [2]*Rheumatology, Katip Celebi University, Izmir, Turkey*

Background: Axial spinal inflammation and spinal posture disorders in axial spondyloarthritis (axSpA) may deteriorate proprioception which may be caused by pathologic involvement of spinal entheses containing proprioceptive afferents.[1] Cervical spine is one of the main inflammation area in axSpA.[2] Impaired cervical proprioception has negative effects on postural control system.[3] The cervicocephalic relocation mesure by laser pointer is found a reliable method to measure cervical sensory function in healty participants in a recent study.[4] And there is limited data that regarding cervical proprioception in axSpA.
Objectives: To examine the differences in cervical joint proprioception between patiens with axSpA and healthy subjects.
Methods: The cervical joint position errors (JPE) were measured to evaluate proprioceptive function accuracy in patients with 29 axSpA and 21 healthy subjects by laser pointer with cervical application. Neutral head position method was used to evaluate proprioception in flexion, extension, rotation and lateral flexion in right and left movement directions at sitting position (figure 1).[5] Three measures were performed, and the average of the three trials was used for analysis. The distance between zero spot and joint position which patient had been reconstructed was measured by centimetre. Spinal mobility evaluated by BASMI, function evaluated by BASFI and HAQ-S; disease activity defined by BASDAI, pain and fatigue were evaluated by VAS.

Abstract AB1467HPR – Figure 1

Results: There were 29 patients (21 men, mean (±SD) age; 41.4±10.9 years) and 21 healthy subjects (15 men, mean age 41.1±11.3 years). BASMI, HAQ-S and fatigue score were significantly higher in patients (BASMI values were 3.9±2.3 vs 1.3±0.7, p<0.001; HAQ-S values were 2.1±0.8 vs 0.8±0.2, p<0.001; fatigue values were 37.2±23.3 vs 16.2±14.9, p=0.001). The comparison of cervical JPE showed significantly larger errors (p<0.05) in patients with axSpa, except right rotation (p=0.166) (table 1).

Abstract AB1467HPR – Table 1

Comparison of joint position errors between patients with axSpa and healthy subjects

Variable (cm)	AxSpA patients (n=29) (mean±SD)	Healthy subjects (n=21) (mean±SD)	P value
JPE in flexion	9.88±6.70	4.66±3.57	**0.001**
JPE in extension	12.99±8.99	5.55±2.98	**0.001**
JPE in right rotation	11.10±6.56	8.62±4.41	0.166
JPE in left rotation	10.59±6.51	7.02±5.78	**0.011**
JPE in right side bend	11.32±6.53	6.39±3.54	**0.001**
JPE in left side bend	9.62±6.18	6.14±4.46	**0.036**

JPE=Joint position error, p values are based on Mann-Whitney U test.

Conclusions: Cervical joint position sense is impaired in subjects with axSpa. Proprioceptive training may help to boost the effectiveness of rehabilitation.

REFERENCES:

[1] Pompeu JE, Romano RS, Pompeu SM, Lima SM. Revista brasileira de reumatologia. 2012;52(3):409–16.
[2] Madsen OR. Rheumatol Int. 2018. doi: 10.1007/s00296–017–3920–1.
[3] Malmström EM, Fransson PA, Jaxmar Bruinen T, Facic S, Tjernström F. Exp Brain Res. 2017;235(9):2755–2766.
[4] Hatamvand S, Ghiasi F, Asgari Ashtiani A.R, Akbari A, Hossienifar M. International Journal of Medical Research & Health Sciences, 2016, 5, 7S:598–603.
[5] Alahmari K, Reddy RS, Silvian P, Ahmad I, Nagaraj V, Mahtab M. Braz J Phys Ther. 2017;21(4):259–267.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.6320

AB1468-HPR SATISFACTION WITH THE BDMARD ETANERCEPT BIOSIMILAR (SB4) PRE-FILLED PEN AMONG RHEUMATOID ARTHRITIS AND SPONDYLOARTHROPATHY PATIENTS; A GERMAN OBSERVATIONAL STUDY

U Müller-Ladner[1], S. Zinke[2], P.M. Aries[3], C. Maucksch[4]. [1]*Abteilung für Rheumatologie und Klinische Immunologie, Kerckhoff-Klinik GmbH, Bad Nauheim*; [2]*Rheumapraxis Zinke, Berlin*; [3]*Rheumatologie im Struenseehaus, Hamburg*; [4]*Biogen GmbH, Ismaning, Germany*

Background: The TNFα inhibitor etanercept was the first targeted biological disease modifying anti-rheumatic drug (bDMARD) approved for treatment of RA; the first etanercept biosimilar (SB4) was authorised in the EU in January 2016. Various administration devices have been developed for convenient subcutaneous self-injection of bDMARDs including pre-filled pens.
Objectives: This study aims to document general patient satisfaction in day-to-day use of the SB4 pre-filled pen. Patients' experience regarding handling, convenience, other features and the associated training on self-injection is also evaluated.
Methods: This non-interventional, cross-sectional study is enrolling patients who are treated according to usual medical practice. Patients had experience with the SB4 pre-filled pen in accordance with the prescribing information for at least 3 months prior to completing the onetime standardised patient questionnaire. This study started in August 2017, is ongoing and plans to enrol 500 patients in total from 50 centres across Germany. Subgroup analyses by previous therapy, modality of administration and by indication group are pre-planned.
Results: By November 2017, completed surveys from 142 patients were available for interim analysis. Mean age was 55 years, 61% were female

Ann Rheum Dis: first published as 10.1136/annrheumdis-2018-eular.6320 on 12 June 2018. Downloaded from http://ard.bmj.com/ on February 26, 2022 by guest. Protected by copyright.