more satisfied with the new device across all 7 autoinjector attributes: convenience of storage and disposal (100.0%), portability (100.0%); comfort in the hand (94.1%); confidence in full dose being given (88.9%); use with dexterity issues or during flare-ups (85.7%); ease of injection (82.4%); experience of injection (68.4%). Self-training via video did not negatively affect satisfaction: 83.3% of those patients confident in their ability to perform self-injection correctly after viewing the video were satisfied or very satisfied with their new autoinjector device. Three patients discontinued with the new device: one switched to oral therapy for reasons unrelated to the device; two returned to their original device.
Conclusion: This pilot study showed that patients were more satisfied with use of a methotrexate button-free auto-injector device than with their previous auto-injector device across all 7 user attributes and that satisfaction was maintained with use of self-training. Patient views regarding acceptability and use of auto-injection devices should be considered when making device switches based on cost and nurse resource allocation to ensure continued adherence with injected medication.

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HPR Measuring health (development and measurement properties of PROs, tests, devices)

AB1380-HPR THE EFFECTS OF CERVICAL RANGE OF MOTION ON POSTURAL STABILITY IN PATIENTS WITH CHRONIC NECK PAIN

Onur Aydogdu[1], Gülşah Kılıç[1], Tolga Taşbaş[1], Zübeyir Sarı[1]. *[1]Marmara University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation, Istanbul, Turkey*

Background: Neck pain is a common musculoskeletal problem within chronic pain and it effectuates up to 71% of adult population during their life time (1). Chronic neck pain is related to a series of disabilities: a range of reported pain, postural stability problems, and cognitive dysfunction (2). However, there is no report that investigate the relationship between range of motion and postural stability in patients with chronic neck pain.
Objectives: The purpose of this study was to investigate the effects of limitations in cervical range of motion on postural stability in patients with chronic neck pain. We hypothesized that the patients who have extension limitation might have postural stability deficit with flexion direction.
Methods: Thirty subjects of mean age 28.50 ± 10.95 years who admitted with chronic neck pain to a Private Physiotherapy Clinic were participated in this study. While goniometer was used for cervical range of motion, pedalo sensamove system was used for postural stability. In addition, pain and disability were measured with visual analogue scale, neck disability index, respectively.
Results: It was found that limitation of cervical range of motion was not correlated to postural stability deficits ($p>0.05$). The neck pain and disability status was not associated with level of postural stability ($p>0.05$).
Conclusion: The findings of this study showed that postural stability may not be affected by the limitation of cervical range of motion, and also neck pain intensity, neck disability status in patients with chronic neck pain. Further research with larger sample sizes is warranted.

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AB1381-HPR ADAPTABILITY, EFFECTIVENESS AND SAFETY OF TOFACITINIB IN PATIENTS WITH RHEUMATOID ARTHRITIS

Fernando Rodriguez[1], Anggie Aza[2], Michael Cabrera[3], Pedro Santos-Moreno[4], Diana Buitrago-Garcia[5]. *[1]Biomab – Center for rheumatoid arthritis, Patient program coordinator, Bogotá, Colombia*; *[2]Biomab – Center for rheumatoid arthritis, Bussiness administration, Bogotá, Colombia*; *[3]Biomab – Center for rheumatoid arthritis, EHR administration, Bogotá, Colombia*; *[4]Biomab – Center for rheumatoid arthritis, Rheumatology, Bogotá, Colombia*; *[5]Biomab – Center for rheumatoid arthritis, Nursing research, Bogotá, Colombia*

Background: Tofacitinib is a, selective JAK inhibitor that preferentially inhibits Janus kinase (JAK) 1 and JAK3. Oral tofacitinib 5 mg twice daily or 11 mg once daily is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant of, one or more DMARDs. Mainly, one of the strengths of Tofacitinib, is that it is a very suitable medicine for those patients who are afraid of applying a parenteral biological medicine, or who are of advanced age or are at high risk of adverse events, therefore It's easy to discontinue it.
Objectives: We aim to describe the tolerance and adaptability of patients to Tofacitinib, as well as the effectiveness and safety in patients with RA in a real-life setting in Bogotá, Colombia.
Methods: During 2017 and 2018 we followed-up patients from a RA specialized center in Colombia receiving Tofacitinib. Patients were treated with therapeutic goals type T2T and a multidisciplinary approach. Clinical follow-up was designed by the authors according to DAS28 as follows: every 3-5 weeks (DAS28 > 5.1), every 7-9 weeks (DAS28 $\geq$ 3.1 and $\leq$ 5.1), and every 11-13 weeks (DAS28 < 3.1). Tender joint count (TJC), swollen joint count (SJC) and DAS28 were measured on each visit. Therapy had to be adjusted with DAS28 > 3.2; We divided patients in four groups: remission (REM), low disease activity (LDA), moderate disease activity (MDA) and high disease activity (HDA) patients and one aim of the study was to look at what percentage of patients who were in moderate or severe disease activity reached a low disease activity or remission. On the other hand, we evaluated the tolerance and adaptability of patients to Tofacitinib. Adverse events were classified according the Common Terminology Criteria for Adverse Events (CTCAE) of the World Health Organization. Descriptive epidemiology for continuous variables, measure of central tendency and dispersion for qualitative and categorical variables through percentages and averages were calculated.
Results: We included 59 patients receiving tofacitinib, 92% were women and 8% men during last two years. Mean age was 60 11. From total, 70% of patients received anti-TNF drugs before tofacitinib and the other 30%. In reference to the adaptability, most of the patients up to 95% expressed to be happy with the oral intake and the suitable dosage of the medication. Regarding effectiveness, mean DAS28 at beginning was 4.6 0.83 and at the end 2.6 0.63; At the beginning of follow-up 57.6% of patients were in moderate disease activity according to DAS28 and 33.9% in severe disease activity, while at the end of follow up 64% of patients achieved remission and 16.9% low disease activity during the 12 months of follow-up. See table 1. Regarding safety 2 patients presented a dermatological adverse event (herpes zoster) with adverse event rate of 3.3%.

ACTIVITY LEVEL	BASELINE		24 MONTH FOLLOW-UP	
	n	%	n	%
REM			38	64.41
LDA	5	8.47	10	16.95
MDA	34	57.63	11	18.64
HDA	20	33.90	0	-

Abstract AB1381HPR Table 1. DAS28 in patients receiving tofacitinib.

Conclusion: Tofacitinib is a very suitable medicine in patients with RA and improved disease activity in impressive way; also proved to be very safe, except the occurrences of herpes zoster, which is an aspect to take into account in its prescription, but none of patients presented another serious adverse events.
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