of infection could not be confirmed, although three patients had taken AB before sampling. It is important for physicians to have a suspicion for non-infectious arthritis, especially in patients with clinical and blood test result dissociation, radiological CC, medical history of hyperuricemia or psoriasis, in order to avoid unnecessary AB and surgical treatment.

References:

[1] Merit P. George, Floranne C. Ernste, Aaron Tande, Douglas Osmon, Tad Mabry, Elie F. Berbari. Clinical Presentation, Management, and Prognosis of Pseudogout in Joint Arthroplasty: A Retrospective Cohort Study. J. Bone Joint Infect. 2019, Vol. 4 (1): 20-26.

A QUALITATIVE EXPLORATION OF THE PERSONAL FINANCIAL TOLL OF ARTHRITIS

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Background: The financial experience faced by working-age people with arthritis includes living below the poverty line for many (1). Financial distress amongst people with arthritis is known to contribute to poorer health outcomes, including high psychological distress and more severe pain (2). Despite the demonstrated societal cost of arthritis care and management, the personal costs borne by the individual are not well understood in different health systems (3).

Objectives: To explore the perceived financial impacts of living with arthritis amongst working-age individuals aged 18 – 50 years in Australia.

Methods: A qualitative descriptive study design was used. Participants with inflammatory arthritis or osteoarthritis were recruited from the community, including urban and rural settings. An interview schedule was developed, informed by existing literature (4), which was piloted prior to data collection. Deductive and inductive coding techniques were used to identify financial-related themes arising from the data.

Results: Semi-structured interviews were conducted with 21 younger people (90% female) with a mix of arthritis conditions including rheumatoid arthritis, psoriatic arthritis, osteoarthritis, and ankylosing spondylitis. Four themes were identified: direct arthritis-attributable medical costs, indirect arthritis-attributable costs, insurance and pension costs, and broader financial impacts on the family. Non-subsidised costs were frequently referenced by participants as burdensome, and existed even within the publically-funded healthcare system. Financial distress was characterised by participants as chronic, onerous for the entire family, and associated with exacerbation of physical symptoms.

Conclusion: People with arthritis and of working age experience significant arthritis-attributable financial burden and related distress. Financial concerns should be actively identified and considered within shared clinical decision making, in order to provide more patient-centred care for these individuals.

References:

[1] Rios R, Zautra AJ. (2011). Socioeconomic Disparities in Pain: The Role of Economic Hardship and Daily Financial Worry. Health Psychol. 30(1) 58-66.
[2] Yilmaz V, Umay E, Gundogdu I, Kaaahmet ZO, Ozturk AE. (2017). Rheumatoid Arthritis: Are psychological factors effective in disease flare? Eur J Rheumatol. 4(2) 127-132.
[3] Schofield D, Rupendra S, Cunich C. Counting the Cost Part 2: Economic Costs: The current and future burden of arthritis. The University of Sydney: Arthritis Australia; 2016.
[4] Ackerman IN, Kemp JL, Crossley KM, Culvenor AG, Hinman RS. (2017). Hip and Knee Osteoarthritis Affects Younger People, Too. J Orthop Sports Phys Ther. 47(2) 67-79.

INVESTIGATION OF THE RELATIONSHIP BETWEEN SOCIAL APPEARANCE ANXIETY AND DISEASE DURATION, SELF-ESTEEM, ANXIETY AND DEPRESSION IN RHEUMATOLOGICAL DISEASES-PRELIMINARY STUDY

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Background: Appearance anxiety means discomfort in social interactions due to changes in appearance. Also this anxiety; it is the fear of being evaluated negatively and worry about the changes in appearance, and it is not only apparent. Body image is the emotions, thoughts and perceptions of the individual about his or her own body and directly affects self-esteem. The Social Appearance Anxiety Scale (SAAS) was developed to assess social appearance anxiety, and this

scale was found to be a valid and reliable scale in scleroderma (SSc) patients. It was also thought to be related to the severity of the disease. The literature shows that appearance concerns are strongly related to depression in patients with rheumatic disease and should be evaluated routinely.

Objectives: The first aim of the study is to determine the level of social appearance anxiety in rheumatology patients, and our last goal is to investigation of the relationship between social appearance anxiety and disease duration, self-esteem, depression and anxiety.

Methods: 129 rheumatology patients with a mean age of 42.96 ± 11.33 years (51 men, 78 women) were included in the study. 55% of patients were ankylosing spondylitis (AS), 15.5% of patients were sjögren syndrome (SS), 11.6% of patients were rheumatoid arthritis (RA), 7.8% of patients were fibromyalgia syndrome (FMS), 6.2% of patients were SSc, 2.3% of patients were Behçet's disease (BD) and 1.6% were diagnosed with psoriatic arthritis (PsA). The Social Appearance Anxiety Scale (SAAS) was used to evaluate patients' social appearance anxiety, the Rosenberg Self-Esteem Scale (RSES) was used to evaluate self-esteem, and the Hospital Anxiety and Depression Scale (HADS) was used to evaluate depression and anxiety.

Results: The disease duration was found to be 6.82 ± 5.22 years. The SAAS average was found to be 43.23 ± 20.53 points. It was found that the SAAS values of patients with PsA and SSc were higher than patients with AS, RA, FMS, SS, BD. A moderate positive correlation was found between SAAS and disease duration, depression and anxiety (p: 0.048, r: 0.545; p: 0.007, r: 0.638; p: 0.014, r: 0.749, respectively).

Conclusion: As a result of the study, it was observed that rheumatology patients had moderate and high level social appearance anxiety. We thought that they have a higher level of social appearance anxiety because of skin involvement in patients with with PsA and SSc. In addition, as a result of the study, we found that as the social appearance anxiety increased, disease duration, depression and anxiety increased. According to this study, in which the preliminary results are given, we thought that it is necessary to determine patients' appearance anxiety in routine evaluation and to reduce social appearance anxiety by collaboration with multidisciplinary areas in rheumatological diseases.

References:

[1] Mills SD, Kwakkenbos L, Carrier ME, Gholizadeh S, Fox RS, Jewett LR, Gottesman K, Roesch SC, Thombs BD, Malcarne VL. Scleroderma Patient-centered Intervention Network InvestigatorsValidation of the Social Appearance Anxiety Scale in Patients With Systemic Sclerosis: A Scleroderma Patient-Centered Intervention Network Cohort Study Arthritis Care Res (Hoboken) 2018; 70 (10): 1557-1562.
[2] Jung J, Lee S-H. Behavior between korean and U.S. women cross-cultural comparisons of appearance selfschema, body image, self-esteem, and dieting. Family and Consumer Sciences Research Journal 2006; 34: 350.
[3] Hart TA, Flora DB, Palyo SA, Fresco DM, Holle C, Heimberg RG. Development and examination of the Social Appearance Anxiety Scale. Assessment 2008;15:48–59.
[4] Monaghan SM, Sharpe L, Denton F, Levy J, Schrieber L, Sensky T. Relationship Between Appearance and Psychological Distress in Rheumatic Diseases Arthritis Rheum 2007; 57 (2): 303-9

THE TRANSITION FROM PEDIATRIC TO ADULT RHEUMATOLOGY OF 347 PATIENTS AT A SINGLE CENTER

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Background: Pediatric to adult rheumatology transition can be a challenge for both the patient and the clinician, especially in rheumatology as it includes chronic diseases with close follow-up.

Objectives: The objective of this study is to understand our tertiary rheumatology center patient demographic transitioning from pediatric to adult rheumatology in order to design prospective studies enhancing the evidence of transition recommendations.

Methods: Patients included in this study are regularly followed-up in our adult rheumatology clinic and were regularly followed up in our pediatric rheumatology clinic in the past. They were all diagnosed with a rheumatologic condition receiving treatment. The patient files were assessed to have a better understanding of their demographic, disease and treatment information.

Results: Our cohort includes 347 patients diagnosed with a variety of conditions that are Familial Mediterranean Fever (FMF) (n=216), Juvenile Idiopathic Arthritis (JIA) (n=56), Juvenile Spondyloarthritis (jSPA) (n=39), Systemic Lupus Erythematosus (SLE) (n=20), Behçet's Disease (n=7) and the rest of the rheumatologic conditions with less than 5 patients each. The mean age of the patients during transition, mean age of diagnosis, and follow-up duration are 21.34±1.7, 10.4±4.18, and 10.82±4.4 in respective order. The treatment regimens the patients received are summarized in Table 1.