Scale (HADS) and functionality was measured with Health Assessment Questionnaire (HAQ). Physical activity level was assessed using the International Physical Activity Questionnaire Short-Form (IPAQ-SF). Multiple linear regression analysis was used to investigate the association of HADS score, HAQ score, disease duration, educational status and the IFAB score.

Results: Of the 102 patients included, 93 were analyzed, 46 % were women. The mean age was 44.81±10.71 and the mean disease duration was 6.91 ± 6.92 months. According to the IPAQ-SF scores, 47.3 % of the patients were inactive, 49.5 % were moderately active and 3.2 % were active. The mean IFAB score was 4.61 ± 22.22, and 26 % of patients' score was below -5. One level increase in educational status resulted in an increase of 3,55±1,77 points in the IFAB score and a one-point increase in HADS-Depression score lead to a 2,00±0,57 decrease in the IFAB score.

Conclusion: In this axSPA population, 26 % scored below -5, indicating significant barriers and a need for a physical activity intervention. IFAB score was independently associated with education status and level of depression. Our results may propose that a comprehensive physical activity program should be designed considering psychological factors and should be prepared according to the educational status of the patients.

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Table 1. Characteristics of the included patients.

Characteristics	Mean ± SD (Median)
Age (years)	44.81±10.71 (47)
Time since diagnosis (years)	6.95±6.95 (5)
BMI (kg/m^2)	27.17±4.75 (27)
BASDAI	4.49±2.22 (4.5)
HAQ	0.35±0.36 (0.25)
HADS-anxiety	7.89±5.44 (7)
HADS-depression	6.76±4.78 (6)
IFAB-total score	4.61 ± 22.22 (5)

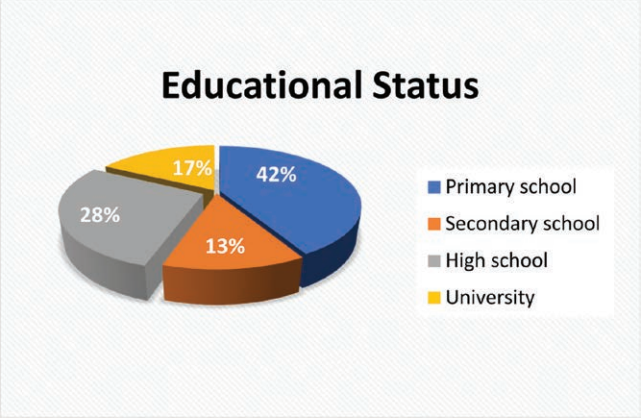

Figure 1. Educational status of the included patients.

Disclosure of Interests: None declared
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POS1538-HPR INVESTIGATION OF BALANCE FUNCTIONS IN INDIVIDUALS WITH NEURO-BEHCET: A PILOT STUDY

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Background: Behcet's disease is a vasculitis, causing multisystem inflammation and resulting in oral and genital ulcers and eye and skin lesions (1). A proportion of patients also have neurological involvement, termed Neuro-behcet's disease (2). We think about that Neuro-behçet's disease can impact balance functions in patients due to neurological involvement. However, there is no study investigating the balance functions in patients with Neuro-behcet.

Objectives: To investigate the balance functions in individual with Neuro-behçet's disease.

Methods: In this study 8 Neuro-behcet patients with a mean age of 38.37±16.96 who were followed in the PAU Rheumatology outpatient clinic and diagnosed by a rheumatologist according to the criteria of the International Behcet Study Group and 8 healthy control with a mean age of 42.62±13.94 with similar demographic characteristics were included. Exclusion criteria for the study were age <18 years old, having any disease which mimics BD (including systemic lupus erythematosus, vasculitis of central nervous system). Demographic data of the participants were recorded. Then, balance functions were evaluated with a balance board (Sensamove Mini-Board, NL) in Neuro-behcet and control groups. This assesment included static balance, proprioception, and reaction. Results were analyzed with Mann Whitney U Test.

Results: Participants were similar in terms of age and gender ($p>0.05$). Neuro-behcet group showed a significant decrease in static balance in all directions except the right side compared to the control group ($p<0.05$). A significant decrease was observed in the right and left reaction times in Neuro-behcet group compared to control group ($p<0.05$). There was no significant difference between the two groups in proprioception assesment ($p>0.05$).

Conclusion: This results show that patients with Neuro-behcet may experience disturbances in static balance and reaction time. Balance and reaction exercises should be included in rehabilitation. Further research is needed on the effect of balance functions and the effectiveness of balance exercises in Neuro-behcet's disease.

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POS1539-HPR EXPLORING TASK- SHIFTING IN HAND OSTEOARTHRITIS CARE FROM THE PERSPECTIVE OF THE SERVICE USER.

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Background: The demand for and provision of health care is in constant change. People live longer and have more complex health requirements, challenging the functioning of the health care system in responding adequately to present and future needs. For persons with hand osteoarthritis (HOA), access to recommended treatment is poor (1) and what can be offered in primary health care is not optimal. A reorganization of the workforce through task-shifting can be a solution where the aim is to use existing human resources in health in more efficient ways. Through task- shifting, tasks and knowledge can be shifted between health professionals, between levels of the health care system, and from health professionals to service users, changing the current division of labor (2).

Objectives: The aim of this study is to gain a broader understanding of the distribution of tasks among health professionals and service users in HOA care from the perspective of service users to guide future task- shifting initiatives.

Methods: In- depth interviews with 21 service users with HOA were conducted, including 15 women and six men from 47 to 86 years of age. All had received services from primary and specialized health care services. A theme based semi- structured interview guide was used. All interviews were audio- recorded and subsequently transcribed verbatim. Reflexive thematic analysis was used to generate codes and develop three main themes.

Results: *Tasks by different professionals*: service users describe general practitioners (GPs) as entry points to health service provision. Contact is initiated with