

of therapy measured through DAS28 between 1st and 3rd measurement shows a statically significant difference in between the average effect of therapies ($P = 0.005141$). The most effective is the golimumab (Median difference = 2.745), followed by rituximab (median = 2.305) and etanercept (median = 2.070). The difference in effect measured with HAQ is higher with tofacitinib (median 0,563). Followed rituximab and infliximab (median 0.500 for both). Less effective appears to be etanercept (median difference 0,250). All differences are statistically significant ($p = 0,012589$). Regarding the changes in the QoL measured with SF-36 MCS and PCS there is no statistically significant differences in the average effect of different therapeutic agents. The medical effect of different therapeutic agents regarding physical group of SF-36 (PCS) is similar and changes are not statistically significant. The same is valid for SF36 psychological components (MCS).

Conclusion: Tofacitinib and bDMARDs improve both clinical results and QoL of patients with RA naïve to biological therapy. The difference between tofacitinib and bDMARDs is not statistically significant for both clinical and QoL results.

Disclosure of Interests: Vladimira Boyadzhieva Speakers bureau: Boehringer ingelheim, Abbvie, Roche, Konstantin Tachkov: None declared, Nikolay Stoilov Speakers bureau: Abbvie, AMGEN, Konstantin Mitov: None declared, Guenka Petrova: None declared, Rumen Stoilov Speakers bureau: Abbvie, Pfizer, Roche, Boehringer ingelheim, MSD,

DOI: 10.1136/annrheumdis-2022-eular.1415

AB1525-HPR EXAMINATION OF PHYSICAL FITNESS IN CHILDREN AND ADOLESCENTS WITH JUVENILE IDIOPATHIC ARTHRITIS: A COMPARATIVE STUDY

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Background: Juvenile Idiopathic Arthritis (JIA) is the most common rheumatic disease of childhood. Although its etiology is not known exactly; Immunological susceptibility and environmental factors (infections, stress, trauma) are emphasized (1). These children have low activity levels since a young age, and significant problems are observed in the realization of daily living activities (2).

Objectives: This study aims to compare the physical fitness of children/adolescents with Juvenile Idiopathic Arthritis (JIA) and their healthy peers.

Methods: Seventy children/adolescents (mean age: 13.40±2.31 years 35 JIA; mean age: 12.94±2.31 years 35 healthy) were included in the study. After recording demographic data, the functionality levels of the children/adolescents with JIA were evaluated by CHAQ (Childhood Health Assessment Questionnaire), all lower extremity muscle strengths were evaluated by the manual muscle test device, and the physical fitness levels were evaluated by the Brockport physical fitness test battery which is grip strength, push-up test, curl-up test, trunk lift test, shoulder stretch, back saver sit-reach test, calf, triceps, subscapular skinfold thickness and PACER 20 meter test. While the disease activities of children/adolescents with JIA were evaluated with JADAS-27 (Juvenile Arthritis Disease Activity Score); quality of life were evaluated with the PedsQL 3.0 Arthritis Module (Pediatric Quality of Life Inventory).

Results: As a result of the comparative analysis; In terms of functionality which is CHAQ dressing ($p=0.008$), eating ($p=0.011$), reaching ($p=0.001$), rising ($p=0.001$), walking ($p=0.001$), holding ($p=0.016$), hygiene ($p=0.011$), activity ($p=0.00$), total score ($p=0.00$), pain ($p=0.00$), general well-being ($p=0.00$) in terms of all sub-parameters, there was found to be significant in favor of healthy children/adolescents ($p<0,05$). In terms of physical fitness which is grip strength ($p=0,041$), PACER 20 meter test ($p=0,00$), trunk lift test ($p=0.018$) and curl-up ($p=0.00$) tests, there was a significant difference in favor of the healthy group ($p<0,05$). There was no significant difference between the groups in terms of other physical fitness tests ($p>0.05$). When all lower extremity muscle strengths were compared, only right hip external rotation ($p=0.023$) showed a difference in muscle strength. There was no correlation between JADAS-27 score and physical fitness scores ($p>0.05$) of children/adolescents with JIA, except for the push-up test ($p=0.01$). In terms of JADAS-27 score and some PedsQL child form which is pain, total score and activities of daily living of children/adolescents with JIA; there was a significant relationship. In terms of JADAS-27 score and some PedsQL parent form which is pain and total score of children/adolescents with JIA; there was a significant relationship. However there was no relationship in terms of the other parameters ($p>0.05$).

Conclusion: According to the results of our study, it was observed that the functionality and physical fitness levels of children/adolescents with JIA were lower than their healthy peers, and physical fitness was not affected by disease activity. However, it has been observed that the disease ability of children/adolescents with JIA affects the quality of life of both themselves and their families. For all these reasons, it is very important to encourage children/adolescents with JIA in terms of participation in physical activity and exercise, with informative training aimed at improving their physical fitness.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.2285

AB1526-HPR AWARENESS ASSESSMENT IN PATIENTS USING SUBCUTANEOUSLY ADMINISTERED BIOLOGICAL AGENTS ABOUT DRUG UTILIZATION

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Background: Subcutaneous biological agents (SCBA) are commonly used in rheumatologic disorders, their storage in appropriate conditions and correct administration have importance. Informing the patient adequately and correctly is essential. Storing the drug in inappropriate conditions reduces its effectiveness, and affects the response to treatment (1). When these treatments are initiated, information on all the mentioned topics is provided to the patients, and they undergo hands-on training. Finally, the patients is questioned in outpatient follow-up about whether a problem has occurred or not (2).

Objectives: This study aimed to investigate the awareness of patients using SCBA about the drug's utilization and storage conditions.

Methods: Demographic data of 100 patients diagnosed with rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis, using SCBA who presented to our outpatient clinic between January 2021 and June 2021, were recorded, and survey questions were asked.

Results: One hundred patients (46 females-54 males) were included in the study. Sixty-one patients were diagnosed with ankylosing spondylitis, 20 patients with rheumatoid arthritis, and 19 with psoriatic arthritis. The patients' mean age was 44.6±11.07 years. The mean duration of SCBA use was 74.5 (2-222) months. The patients' replies to the survey questions are summarized in Table 1. Most patients performed the injection themselves in both genders, whereas some women received help from paramedics ($p=0.041$). Forty percent of the patients with education level of high school or higher had a concern regarding drug use, whereas this rate was 21% in patients with education level of primary school. It was determined that the anxiety level decreased with decreasing level of education ($p=0.032$).

Table 1. The patients' replies to the survey questions

N=100	n (%)
Rate of patients who read the patient consent form before starting the drug	88 (88)
Concern regarding drug use	23 (23)
Malignancy	7 (7)
Increase in infection	7 (7)
Tuberculosis	70 (70)
Not worried	
The person who informing patients on drug use	88 (88)
Nurse	18 (18)
Doctor	7 (7)
Nurseanddoctor	
Patients who were informed about when to interrupt drug use	86 (86)
Situations where drug use is suspended	84 (95,3)
Flu and febril infection	68 (79,1)
Use of antibiotics	39 (45,3)
Herpes simplex virus infection	
Drug storage	65 (65)
Refrigerator shelf	31 (31)
Refrigerator door	4 (4)
Pharmacy	
State of waiting before administering the drug	17 (17)
Don't wait	71 (71)
20-30 minutes at room temperature	6 (6)
>30 minutes at room temperature	5 (5)
Hand warming and then administration	1 (1)
Soak in hot water	
Rate of controlling the expiration date before administering the drug	64 (64)
Rate of patients who control the clarity of the drug	75 (75)
Rate of hand washing before administering the drug	83 (83)
Injection site cleaning	6 (6)
Don't clean	66 (66)
With the swab from the drug box	24 (24)
With alcohol	3 (3)
With a wet wipe	1 (1)
With soap	
The person performing the injection	84 (84)
The person	11 (11)
Person's relative	5 (5)
Health personel	
The patients who carry their medication in accordance with the cold chain rules during travel	71 (100)

It was observed that in patients who used multiple SCBA for a long time, taking the drug out of the refrigerator and applying it after waiting for the optimum time,