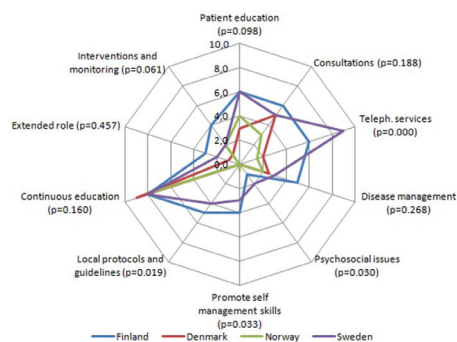


and from 7 to 10 in the other countries. Levels of agreement with the four recommendations differed between countries. Reasons for non-complete agreement in Finland included fear of losing contact with the rheumatologist and do not accept the nurse; barriers were if service is not offered or available and nurses were too busy. The application range was 0–9 in the four countries, with some individual differences (figure 1).



Abstract SAT0742HPR – figure 1. Application levels of the EULAR-RN in the Nordic countries

Conclusions: Further work and participation of patient organisations is needed for applying the EULAR-RN and removing the barriers against it.

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Acknowledgements: We thank The Finnish Rheumatism Association, The Finnish Society of Rheumatology Nurses and The Finnish Society for Rheumatology for assistance with the data collection.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6425

SAT0743-HPR RELATION BETWEEN SERUM ALBUMIN AND PHYSICAL PERFORMANCE AND MOBILITY IN A COMMUNITY-BASED ELDERLY PEOPLE WITH OSTEOPOROSIS

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Background: Osteoporosis is a disease related to ageing and to other interacting variables, including genetic, metabolic, physical and nutritional factors. Several studies have reported that the serum albumin level in the elderly is significantly associated with muscle mass, muscle strength and functional capacity.¹ Even among a nondisabled older persons, lower albumin concentrations have been shown to be independently associated with poorer performance as assessed by objective physical performance tests.²

Objectives: The purpose of this study was to investigate the association of serum albumin with physical performance (muscle strength and mobility ability) in patients with osteoporosis.

Methods: For the study, 168 patients with OP (98 women and 70 men) underwent an interview, physical performance testing and blood analysis. A total of patients followed by Hacettepe University Faculty of Medicine Department of Internal Medicine, Division of Geriatric Medicine Department and Geriatric Rehabilitation Unit. We excluded those who Mini Mental State score is under 24 points, Mini Nutritional Assessment Test score is under 11 and have advanced kidney disease. Physical performance was evaluated with Five Times Sit to Stand (FTSS) and Six Metre Walk Test (SMWT). Hand grip strength was measured with dynamometer. Pearson's correlation coefficients were calculated for serum albumin, FTSS, SMWT and handgrip strength.

Results: Participants mean age of 72.73±6.34 years and BMI 22.56±2.98 kg/m² mean serum albumin concentration ±standart deviation was 41.9±3.5 g/L for women and 41.9±2.9 g/L for men. Serum albumin was associated significantly with physical performance (mobility and walking speed) and muscle strength (hand grip) were in men and women with OP (p<0.005).

	FTSS	Walking Speed	Hand Grip
Serum albumin (men)	0.001	0.001	0.022
P r	-0.322	-0.358	0.255
Serum albumin (women)	0.001	0.001	0.026
P r	-0.314	-0.243	0.205

Conclusions: Our study demonstrated that a decrease in the serum albumin level is associated with a decrease in physical performance and muscle strength, although causality is still unclear.

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Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6199

SAT0744-HPR PREVALENCE OF COMORBIDITIES IN PATIENTS WITH RHEUMATOID ARTHRITIS AND CORRELATION WITH DISEASE ACTIVITY AND TYPE OF THERAPY

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Background: Rheumatoid arthritis (RA) is a common systemic autoimmune disease characterised chronic joint inflammation. Patients with RA are also reported to have higher prevalence of comorbidities such as cardiovascular disease, osteoporotic among others.¹ These comorbidities can be associated with higher mortality, poor life quality, and the increasing of costs for the health system.

Objectives: To describe the prevalence of comorbidities and characteristics of a Colombian population that assist to a RA specialised centre.

Methods: We performed a descriptive analysis; our main goal was to provide real-life data regarding characteristics of patients with RA. We collected sociodemographic information, DAS28, and prevalence of comorbidities regarding hypertension, cerebrovascular disease, diabetes mellitus, osteoporosis, renal chronic disease, or Sjogren's syndrome. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We estimated the prevalence of comorbidities and evaluate independent associations calculating prevalence ratios.

Results: 6376 patients were included in the analysis; mean age was 59 years ±12, 81% were woman and 19% were men. Mean DAS28 was 2.8±1.07. From all patients the prevalence of comorbidities was 42% hypertension, cerebrovascular disease, diabetes mellitus, osteoporosis, renal chronic disease, or Sjogren's syndrome. Most of these patients 60% reported to have hypertension with any of the others comorbidities mentioned above, or osteoporosis with other comorbidities