maintaining and/or improving joint mobility and strength, improving pain and function, as well as improving the psychological wellbeing, without increasing fatigue or joint symptoms.
Conclusion: Despite heterogeneity in study design and methodology, current evidence shows that various physiotherapy methods contribute to the achievement of treatment goals and improve the quality of life in pediatric rheumatology.

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THU0719-HPR THE PATIENT ACTIVATION MEASURE (PAM): WHAT DO PATIENTS WITH RHEUMATIC CONDITIONS THINK ABOUT IT?

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Background: Patient activation describes the skills, abilities and confidence someone has to actively manage their health. The most common way of capturing patient activation is by using the Patient Activation Measure (PAM), and the NHS has begun to integrate use of the measure into services as an outcome measure or as a tool to tailor care. The PAM has been widely adopted and used in a variety of populations both within the NHS and internationally, but case studies have reported that some patients found that the PAM was too broad to capture the skills they used to manage their health. There has been limited research gathering patients' perceptions of the suitability and acceptability of the PAM, particularly within a rheumatology context.
Objectives: To gather participants' opinions on the PAM as a method of capturing patient activation.
Methods: Seventeen participants living with a rheumatic condition in the South West of England participated in semi-structured interviews as part of a wider qualitative study investigating perceptions of patient activation. Participants completed the PAM at the beginning of the interview. In the last phase of the interview, they were asked to review and reflect on the PAM, including individual survey items and how closely they matched their experiences. Relevant sections of the interviews were analysed iteratively and participants' perspectives were grouped into themes.
Results: Participants' feedback on the PAM ranged, and some participants reported that the PAM entirely captured how they perceived patient activation and the way that they managed their conditions. However, this was not the case for all participants. Aspects of the PAM that participants felt were not sufficiently recognised included how they managed the psychological impact of their condition, and how they discussed their condition with loved ones. Participants commonly reported that they thought the phrasing of certain PAM items did not match the lived experience of their conditions. For example, PAM items capturing how well patients could prevent further problems was identified as a challenge for participants living with a fluctuating condition, and participants commented that the PAM does not check from where participants received or sought this information. The distinction between whether patients independently researched information about diagnoses and medications or received this passively from healthcare professionals also appeared important to some participants, as well as whether this information was accurate.
Conclusion: The PAM survey is generally considered a reliable and valid measure of patient activation, but there may be aspects of it that do not capture the realities of living with a long-term fluctuating condition. Rather than a stand-alone measure, the PAM would be best used in conjunction with healthcare professionals' clinical judgement to capture peoples' understanding of their conditions and how well they are able to recognise and respond to flare-ups and fluctuations.
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THU0720-HPR FACTORS ASSOCIATED WITH PAIN CATASTROPHIZING IN INDIVIDUALS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with a wide spectrum of clinical manifestations such as organ damage, pain, fatigue, sleep disorders, depression and cognitive deficits. It is known that pain catastrophising may have serious impact in individuals with SLE. Furthermore, catastrophising and maladaptive coping strategies are linked to higher levels of functional impairment and depression in SLE.
Objectives: The aim of this study was to identify factors associated with pain catastrophising to detect possible susceptible targets in individuals with systemic lupus erythematosus.
Methods: A total of 104 individuals (mean age: 55.54±12.09 years; BMI: 27.17±4.01 kg/m^2) with SLE participated to the study. The Pain Catastrophizing Scale (PCS) was used to measure the extent to which people catastrophize in response to pain. The Tampa Scale for Kinesiophobia (TSK) was used to assess pain-related fear of movement. The Beck's Depression Inventory (BDI) was used to measure characteristic attitudes and symptoms of depression. The Body Awareness Rating Questionnaire (BARQ) was used to reflect on their self-reported body awareness. The multiple stepwise linear regression models with R-square (R^2) were used to compare across the models and explain the total variance.
Results: Mean PCS was 22.12±12.09; mean TSK was 42.94±7.76; mean BDI was 15.63±11.18 and mean BARS was 88.94±19.85. Linear regression analysis revealed that TSK, BDI, BARS and BMI were independently associated with PCS in predicting pain catastrophising in individuals with SLE ($p \leq 0.001$; $R^2=0.52$). There were no correlations between PCS and disease activity (mean SLAM-R:5.39±3.68; r=0.105) and organ damage (mean SLICC-DI:0.58±0.87; r=0.153) ($p>0.05$).
Conclusion: This study increases the understanding of the modifiable predictors to enhance pain coping behavior in accordance with the pharmacological treatment in SLE population. Results demonstrate major importance to explore the main stressors of pain catastrophising such as kinesiophobia, depression level, body awareness and BMI that affect coping behavior. Thus, pain catastrophising may limit the patients' ability to perform from simple to complex activities. In addition, body image concerns SLE patients as they experience weight gain which negatively impact their self-esteem. The patient reported outcomes could guide health professionals to identify unmet needs of patients at risk to facilitate incorporation of the biopsychosocial model into SLE management.

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