pre-COVID vaccine discussions also included. In 2021, COVID-related discussions were the most prevalent topic. The third most frequent topic (6.68% of total), dealt with mental health and the emotional struggles faced by those living with RA.

Conclusion: The surge in submissions on Reddit demonstrates its growing popularity as an online forum for discussing topics related to RA. Utilizing deep learning-based topic modeling has proven to be an effective method for extracting meaningful topics from the questions and experiences shared by users. The vast amount of data generated by Reddit, in combination with advanced machine learning techniques, enables both an overview of the various topics discussed and a detailed examination of specific topics. This makes the use of social media data a valuable source of insight into the concerns of RA platform users.

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POS0599-HPR QUALITY OF REPORTING OF HARMS IN CLINICAL TRIALS ON EXERCISE THERAPY IN PATIENTS WITH RHEUMATOID ARTHRITIS OR AXIAL SPONDYLOARTHRITIS: A SYSTEMATIC REVIEW

Keywords: Safety, Inflammatory arthritides, Systematic review

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Background: Exercise therapy has proven effective for people with rheumatic and musculoskeletal diseases (RMDs), including those with inflammatory arthritis such as rheumatoid arthritis (RA) or axial spondyloarthritis (axSpA) [1-2]. Exercise therapy is generally considered safe for people with RMDs, although the evidence is scarce. A few reviews reported on the nature and risk of harms of exercise therapy in RMDs, but none of them specifically addressed the quality of reporting of harms of exercise therapy in studies including people with inflammatory arthritis.

Objectives: This study aimed to describe the quality of reporting of harms in clinical studies on the effectiveness of exercise therapy in people with RA or axSpA.

Methods: RCTs with at least one treatment arm consisting of supervised exercise therapy in people with RA or axSpA were included. Eight electronic databases were searched up to November 2021. Two researchers independently selected studies for inclusion and extracted data and in case of disagreement a third researcher was consulted. Data extraction included study characteristics and fulfillment of a set of quality aspects derived from the Consolidated Standards of Reporting Trials (CONSORT) Extension for Reporting Harms Outcomes [3], predefined on the basis of consensus among authors (Table 1). Harms outcomes were defined as adverse events reported on individual level irrespective of causality or negative effects on group level (only if explicitly designated as measurement of potential harm). We considered the reporting on harms outcomes of sufficient quality if the authors reported at least 1) the methodology for active surveillance of harms outcomes (item 2a); and 2) the observed number and the nature of harms (items 3b and 3c).

Results: The search yielded 5921 records, of which 64 studies (n= 41 RA, n=23 axSpA; described in 83 papers) were included. Of those studies in RA and axSpA, 34 (83%) and 15 (65%) included any information on harms, with 12 (29%) and 3 (13%) reporting active surveillance and 22 (54%) and 5 (22%) reporting on harms outcomes in the results section, respectively (see Table 1). In total, 10 of the 41 (24%) RA studies and 2 of the 23 (9%) axSpA studies fulfilled the predefined criteria for sufficient quality of reporting.

Conclusion: The quality of reporting on harms outcomes is insufficient in the majority of RCTs on exercise therapy in people with RA or axSpA, with overall poorer quality in studies on axSpA which impedes substantiated conclusions about harms of exercise therapy. Our findings stress the need for consensus on the definition, classification, assessment and reporting of harms outcomes in trials on the effects of exercise therapy.

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Table 1. Quality of reporting of harms in in RA and axSpA; 9 Items based on CONSORT Extension for Reporting Harms Outcomes [3]

	RA (N=41) N (%)	axSpA (N=23) N (%)
Any information on harms (1 and/or 2 and/or 3 and/or 4)	34 (83)	15 (65)
Studies meeting sufficient quality of reporting of harms (2a & 3b & 3c)	10 (24)	2 (9)
1. Harms-related information in title, abstract or introduction section(s) (1-2)	25 (68)	9 (39)
2. Harms-related information in methods section (3-5)	16 (39)	4 (17)
a Data collection on harms on the basis of active surveillance (4)	12 (29)	3 (13)
3. Harms-related information in results section (6-8)	28 (68)	9 (39)
a Withdrawals due to AEs or health-related reasons (6)	22 (54)	9 (39)
b Number of participants with AEs and number of AEs (7)	15 (37)	6 (26)
c Nature of observed harms (8)	22 (54)	5 (22)
d Details on observed AEs: severity, timing and/or duration (8)	8 (20)	2 (9)
e The results section reports on what the method section promises (8)	6 (15)	1 (4)
4. Harms-related information in discussion section (10)	23 (56)	8 (35)

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POS0600-HPR WHAT TRADE-OFFS ARE ACCEPTABLE TO RHEUMATOID ARTHRITIS PATIENTS DURING TREATMENT SELECTION?

Keywords: Rheumatoid arthritis, Disease-modifying drugs (DMARDs)

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Background: The rheumatoid arthritis (RA) treatment landscape is diverse, with multiple therapies available that differ in several attributes such as mode of administration and benefit-risk profile. Patients and prescribers face challenging trade-offs during treatment selection to accommodate patients' circumstances in order to ensure comprehensive disease management. EULAR recommendations for RA management emphasize the need to recognize patient preferences in shared decision-making (SDM). Therefore, it is essential to understand how preferences differ in the RA patient population.

Objectives: This study elicited trade-offs that RA patients were willing to make during treatment selection while accounting for preference heterogeneity.

Methods: An online discrete choice experiment (DCE) was conducted from September to October 2021 in which RA patients were required to elicit their preferences for attributes of treatments for RA (Figure 1) and make trade-offs between them. Attributes were selected and defined based on literature review and