

taking group had a higher median (95% CI) baPWV (brachial-ankle pulse wave velocity) and median (95% CI) mean pulmonary artery pressure (mPAP) than non-NSAIDs taking group: baPWV 13.72 (12.77–15.62) vs. 15.29 (13.93–17.63) m/s, $p=0.005$; mPAP 26.5 (22.8–30.5) vs. 30.5 (27.3–32.3) mmHg, $p=0.011$. But baPWV and mPAP were not significantly different between selective cyclooxygenase-2 inhibitor (22 patients) and nonselective NSAIDs (69 patients): baPWV 15.33 (13.98–17.63) vs. 14.83 (13.82–17.39) m/s, $p=0.191$; mPAP 29.0 (24.5–34.5) vs. 30.0 (26.0–33.0) mmHg, $p=0.960$.

Conclusions: Our study suggests that continuing NSAIDs therapy is associated with increased arterial stiffness in patients with rheumatic diseases, independently noted to increase the incidence of cardiovascular disease.

Disclosure of Interest: None declared

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AB0327 FEAR OF FALLING AND FOOT PAIN, IMPAIRMENT AND DISABILITY IN RHEUMATOID ARTHRITIS

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Background: Fear of falling, foot pain and functional disability are commonly reported in rheumatoid arthritis. Moreover, the relationship between the fear of falling and foot pain, impairment and disability has rarely been studied.

Objectives: To evaluate the relationship between fear of falling and foot pain, impairment and disability in patients with established RA.

Methods: A cross-sectional study that included patients with rheumatoid arthritis. We collected the following data: age, sex, duration of disease, foot pain assessed by the Visual Analogue Scale (VAS), Disease activity assessed by DAS 28, HAQ disability index (HAQ-DI). Fear of falling was assessed by Falls Efficacy Scale-International (FES-I) which consists of 16 different activities, scored using a four point scale (1=not at all concerned, 2=somewhat concerned, 3=fairly concerned and 4=very concerned). The summed scores for the 16 activities for each participant were calculated. Scores of ≥ 23 indicated a significant fear of falling. Foot disability and impairment were measured using the Leeds Foot Impact Scale (LFIS), Foot disability was represented by the total score (LFIST; range 0 to 51) of the LFIS and foot impairment by the first subscale (LFISIF; range 0 to 21). Correlations were used to assess the relationship between fear of falling and foot pain, impairment and disability.

Results: Thirty-three patients were included. The mean age was 49.3 ± 10.5 years with female predominance ($n=29$ (87.9%)). The mean disease duration was 9.9 ± 7.5 years. The mean HAQ-DI was 1.3 ± 0.8 . The mean DAS28 score was 5.5 ± 1.3 and the mean EVA foot pain was 5.5 ± 2.4 . The mean FES-I score was 37.4 ± 15.1 and 69.7% ($n=23$) of patients had a significant fear of falling. Positive correlations were found between fear of falling and foot impairment ($r=0.66$; $p<0.0001$) and disability ($r=0.80$; $p<0.0001$). No correlation was found between fear of falling and foot pain ($r=0.29$, $p=0.07$).

Conclusions: The results of this study have demonstrated the importance of the relationship between fear of falling and foot impairment and disability.

Disclosure of Interest: None declared

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AB0328 RHEUMATOID ARTHRITIS AND FEAR OF FALLING: THE INFLUENCE OF DISEASE ACTIVITY

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Objectives: The objective of this study was to evaluate fear of falling in patients with established RA and its relation to disease activity.

Methods: A cross-sectional study that included patients with rheumatoid arthritis.

We collected the following data: age, sex, duration of disease, body mass index (BMI). Fear of falling was evaluated by the Falls Efficacy Scale-International score (FES-I) which consists of 16 different activities, scored using a four point scale (1=not at all concerned, 2=somewhat concerned, 3=fairly concerned and 4=very concerned). The summed scores for the 16 activities for each participant were calculated. Scores of ≥ 23 indicated a significant fear of falling. Disease activity was measured with swollen and tender joint count (SJC28, TJC28), pain on a visual analogue scale (VAS pain), patient and evaluator global assessment of disease activity (PGA, EGA), HAQ disability index (HAQ-DI), 28-joint DAS (DAS-28) and the clinical and simple disease activity indexes (CDAI, SDAI). Correlations were used to assess the relationship between fear of falling and disease activity.

Results: Thirty-three patients were included. The mean age was 49.3 ± 10.5 years with female predominance ($n=29$ (87.9%)). The mean disease duration was 9.9 ± 7.5 years.

The mean FES-I score was 37.4 ± 15.1 and 69.7% ($n=23$) of patients had significant fear of falling. The mean VAS pain was 5.3 ± 2.5 , the PGA was 6.2 ± 2.1 and the EGA was 5.7 ± 1.7 . The mean HAQ-DI was 1.3 ± 0.8 . The mean DAS28 score was 5.5 ± 1.3 . The mean CDAI was 29.9 ± 13.6 and the SDAI was 31.6 ± 13.7 .

FES-I was significantly correlated with TJC28 ($r=0.52$, $p=0.02$), PGA ($r=0.56$, $p=0.01$), EGA ($r=0.39$, $p=0.025$), HAQ-DI ($r=0.70$, $p=0.001$), DAS28 ($r=0.38$, $p=0.029$), CDAI ($r=0.48$, $p=0.005$) and SDAI ($r=0.52$, $p=0.002$).

Conclusions: This study suggests that fear of falling is important in patients with rheumatoid arthritis and demonstrated that fear of falling is significantly correlated with disease activity.

Disclosure of Interest: None declared

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AB0329 DO ANXIOUS OR DEPRESSIVE RHEUMATOID ARTHRITIS PATIENTS ON BIOTECHNOLOGIC THERAPY HAVE WORSE DISEASE ACTIVITY, FUNCTION AND QUALITY OF LIFE?

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Background: Depression, anxiety and fatigue are common symptoms in rheumatoid arthritis (RA) patients, and seem to influence disease activity, pain, quality of life (QoL) and treatment response.

Objectives: To assess disease activity, function and QoL in RA patients with symptoms of anxiety/depression.

Methods: Observational, cross-sectional study including RA patients on bDMARD followed at our centre, registered at Reuma.pt with ≥ 1 evaluation from 2015/11 to 2016/07. Clinical data including DAS28, CDAI, SDAI, TJC, SJC, patients' and physicians' pain/global assessments (VAS), ESR, CRP, HAQ, EQ5D, HADS score (anxiety and depression domains, cutoff ≥ 8) and FACIT-F were collected. Data were analyzed using Mann-Whitney, Qui-Squared and Spearman correlation, $p<0.05$.

Results: 182 patients enrolled, 84.6% female, mean: age at 1st bDMARD 53.8 ± 11.1 ; time since diagnosis 16.2 ± 9.3 years; DAS28 3.54 ± 1.3 ; CDAI 10.2 ± 9.6 ; SDAI 11.2 ± 10.4 ; HAQ 0.97 ± 0.6 ; HADS-Anxiety 7.13 ± 4.5 ; HADS-Depression 6.62 ± 4.54 , FACIT-F 35.1 ± 9.2 , EQ-5D 0.36 ± 0.2 . 77 (44.5%) patients scored ≥ 8 in the HADS-Anxiety domain and 71 (41.0%) scored ≥ 8 in the HADS-Depression domain. Comparison of depressive vs non-depressive and anxious vs non-anxious groups appears on table 1. There was a correlation of HADS-Anxiety with DAS28 ($r=0.391$, $p<0.001$), CDAI ($r=0.441$, $p<0.001$), SDAI ($r=0.426$, $p<0.001$), HAQ ($r=0.509$, $p<0.001$), FACIT-F ($r=-0.669$, $p<0.001$) and EQ5D ($r=-0.592$, $p<0.001$). There was a correlation of HADS-Depression with DAS28 ($r=0.389$, $p<0.001$), CDAI ($r=0.455$, $p<0.001$), SDAI ($r=0.439$, $p<0.001$), HAQ ($r=0.596$, $p<0.001$), FACIT-F ($r=-0.679$, $p<0.001$) and EQ5D ($r=-0.659$, $p<0.001$).

Abstract AB0329 – Table 1. Comparison of anxious vs non-anxious and depressive vs non-depressive patients

	HADS-A <8	HADS-A ≥ 8	p	HADS-D <8	HADS-D ≥ 8	p
N	96	77		102	71	
Gender (M%)	18.8%	9.1%	0.073	18.6%	8.5%	0.061
Age at diagnosis, mean \pm SD (years)	44.5 \pm 13.2	45.4 \pm 12.7	0.606	42.3 \pm 12.7	48.5 \pm 12.5	0.009
Age at 1st bDMARD, mean \pm SD (years)	53.6 \pm 11.1	54.9 \pm 10.0	0.422	52.4 \pm 10.3	56.8 \pm 10.6	0.008
HADS-A, mean \pm SD				4.99 \pm 3.5	10.2 \pm 4.04	<0.001
HADS-D, mean \pm SD	4.1 \pm 3.6	9.6 \pm 3.7	<0.001			
HAQ, mean \pm SD	0.75 \pm 0.6	1.26 \pm 0.6	<0.001	0.7 \pm 0.5	1.3 \pm 0.6	<0.001
DAS28 ESR, mean \pm SD	3.1 \pm 1.1	4.0 \pm 1.4	<0.001	3.1 \pm 1.0	4.1 \pm 1.5	<0.001
28 TJC, mean \pm SD	1.83 \pm 3.3	4.95 \pm 5.8	<0.001	1.92 \pm 3.1	5.08 \pm 6.1	<0.001
28 SJC, mean \pm SD	1.02 \pm 1.7	1.86 \pm 2.7	0.042	0.97 \pm 1.5	2.00 \pm 2.9	0.020
PGA (VAS), mean \pm SD	28.46 \pm 23.2	46.3 \pm 24.1	<0.001	28.9 \pm 23.03	47.3 \pm 24.2	<0.001
Patients' pain assessment (VAS), mean \pm SD	28.4 \pm 22.5	46.4 \pm 26.2	<0.001	28.8 \pm 22.4	47.3 \pm 26.5	<0.001
PhGA (VAS), mean \pm SD	15.9 \pm 13.9	23.8 \pm 20.6	0.022	14.4 \pm 12.7	26.5 \pm 20.8	<0.001
ESR (mm/H), mean \pm SD	26.42 \pm 19.6	28.43 \pm 21.2	0.513	25.3 \pm 18.4	30.2 \pm 22.6	0.190
CRP (mg/L), mean \pm SD	6.9 \pm 10.9	9.3 \pm 23.5	0.771	6.1 \pm 8.9	10.6 \pm 25.3	0.808
CDAI, mean \pm SD	7.3 \pm 7.1	13.3 \pm 11.2	<0.001	7.2 \pm 6.4	14.5 \pm 11.7	<0.001
SDAI, mean \pm SD	8.2 \pm 7.4	14.9 \pm 12.4	<0.001	7.97 \pm 6.7	15.8 \pm 12.97	<0.001
FACIT-F, mean \pm SD	39.8 \pm 7.5	29.3 \pm 7.7	<0.001	39.1 \pm 7.8	29.4 \pm 8.2	<0.001
EQ5D, mean \pm SD	0.43 \pm 0.17	0.28 \pm 0.20	<0.001	0.44 \pm 0.17	0.26 \pm 0.19	<0.001