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## THU0473 POLYSYMPTOMATIC DISTRESS SCALE, WIDE SPREAD PAIN INDEX, AND SYMPTOM SEVERITY SCALES, AND THEIR CORRELATES IN 169 PATIENTS WITH FIBROMYALGIA SYNDROME

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**Background:** The polysymptomatic distress scale (PSD) is considered a measure of FM severity and ranges from 0 to 31. It is calculated by adding the two components of the American College of Rheumatology (ACR) 2010 fibromyalgia (FM) criteria, widespread pain index (WPI) and symptoms severity scale (SS).
**Objectives:** Determine the relationship between depression, anxiety, function disability and pain related disability, with fibromyalgia severity as measured by PSD and its subsets, WPI and SS.
**Methods:** All consecutive FM patients who met the ACR 2010 criteria completed the following questionnaires: PSD, patient health related questionnaire (PHQ-9), a measure of depressive symptoms, general anxiety disorder questionnaire (GAD-7), health assessment questionnaire disability index (HAQ-DI), and pain disability index (PDI).
**Results:** Of 169 patients, 85.7% were women, mean age 42.3 (13.3), BMI 29.3 (7.1), PHQ-9 13.7 (5.2), GAD-7 10.2 (9.1), HAQ-DI 1.6 (2.9), PDI 6 (2.1), WPI 14.3 (2.7), SS 10 (1.6). In univariate analysis PSD correlated significantly ($p<0.01$) with PHQ-9 (0.576), PDI (0.422), and GAD-7 (0.356). Widespread pain index correlated significantly with PHQ-9 (0.313), GAD-7 (0.239), HAQ-DI (0.259), and PDI (0.296). Symptom severity scale correlated significantly with PHQ-9 (0.496), GAD-7 (0.337), HAQ-DI (0.275), PDI (0.340). A linear regression analysis model, which included PHQ-9, GAD-7, PDI and HAQ-DI predicted 0.269 of PSD variance, p=0.001, and only PDI remained significantly correlated with PSD. A similar model predicted 0.348 of SS variance, ($P<0.0001$), and only PHQ-9 remained significantly correlated with SS. This model did not significantly predict WPI variability.
**Conclusions:** Depression, anxiety, pain disability and functional disability predict a small variance of fibromyalgia severity measured by PSD. In regression analysis, pain disability measured by PDI is the only variable that remains independently correlated with PSD. None of these variables predicted WPI, while depression measured by PHQ-9 remains independently correlated with SS, indicating that PSD subsets measure different dimensions of FM.
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## THU0474 A CROSS-SECTIONAL STUDY INTO THE EFFECTIVENESS OF THE FIBROMYALGIA RAPID SCREENING TOOL FOR DETECTING FM IN PATIENTS WITH CHRONIC ARTHRITIS UNDERGOING FULL AND TAPERED BIOLOGICAL DISEASE-MODIFYING ANTIRHEUMATIC DRUG THERAPY

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**Background:** The determination of fibromylagia (FM) in patients presenting diffuse, chronic arthritis is fraught. The Fibromyalgia Rapid Screening Tool (FiRST) is a validated questionnaire with high sensitivity and moderate specificity shown to be able to identify up to 89% of FM cases, even when accompanied by anxiety, depression or functional disability. Decisions to embark upon a course of full or tapered biological disease-modifying antirheumatic drugs (bDMARD) are influenced in part by patient self-assessment scores as well as concomitant pathologies.
**Objectives:** To evaluate the prevalence of FM using the FiRST questionnaire in bDMARD-treated chronic arthritis patients.
**Methods:** This cross-sectional study included 325 patients [178 (54,8%) females and 147 (45,2%) males] diagnosed with chronic arthritis and treated with bDMARD. Patients were consecutively recruited from the Biological Therapy Unit from January to March 2015 all having undergone full or tapered bDMARD for at least 1 year. Dosage tapering had been applied to patients considered to be in remission. All patients self-completed the FiRST questionnaire with a score>5/6 considered positive. Clinical assessment was carried out by one specialist only. Demographic, clinical and laboratory variables were recorded with pathology-specific indices used to assess disease status, i.e.DAS28-ESR, DAS28-CRP, SDAI, CDAI, BASDAI, BASFI, ASDAS-CRP. Patient pathologies were classified as peripheral arthritis (PerAR: RA, PsA, PerSpA) or axial spondyloarthropathy type (AxSpA).
**Results:** A total of 68/325 (21%) patients scored >5/6 in the FiRST. Disease duration and previous bDMARD usage were not significant regarding scores <5/6. In the PerAR vs. AxSpA group, we observed that 19% (n=43) and 35% (n=25) scored FiRST>5/6, respectively (p=NS). Fifteen per cent of patients with tapered bDMARD registered scores >5/6 against 85% of patients in full bDMARD dosage (p=0.001). There were a higher number of remission patients in the PerAR group as defined under DAS28-ESR, SDAI and CDAI [(96%, 94% and 94%) (p=0.01, p=0.04, p=0.032), respectively]. Association was found in the PerAR subgroups between tapered bDMARD and remission in RA patients only, as defined under DAS28-VSG, SDAI and CDAI (p=0.026, p=0.04, p=0.043, respectively). In the AxSpA tapered bDMARD subset, 86% of patients were considered to be in clinical remission as set out under BASDAI (p=0.019).
**Conclusions:** No difference was observed between the PerAR and AxSpA groups for FiRST>5/6. Fewer patients undergoing tapered bDMARD dosage recorded FiRST scores >5/6. Therefore, early identification of chronic arthritic patients presenting FiRST>5/6 may prove to be an important step in furthering understanding of clinical activity in diffuse arthritis as well as offering improved diagnostic and therapeutic outcomes to bDMARD-treated patients with possible concomitant FM.
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## THU0475 EVALUATION OF PELVIC FLOOR STRENGTH AND URINARY INCONTINENCE IN WOMEN WITH FIBROMYALGIA

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**Background:** Fibromyalgia (FM) is characterized by the *American College of Rheumatology* as chronic widespread pain referred for at least 3 months. In 2010, a new diagnostic criteria was proposed and includes symptoms such as fatigue, sleep disorder and memory. Currently, pelvic floor dysfunctions and urinary incontinence (UI) are considered public health problems with high prevalence and great impact on quality of life (QoL) and on women's self-esteem. Physiotherapists have been working to create a new treatment proposal that can cover all aspects of FM, however there are few studies that include pelvic floor evaluation and urinary continence of this population.
**Objectives:** To assess the strength of the pelvic floor and urinary loss in women with FM.
**Methods:** We evaluated 126 sexually active women, aged between 19 and 65 years, with and without medical diagnosis of FM, matched for age and menopausal status, in a single center. The exclusion criteria were sexually transmitted or neurological diseases, pregnancy and use of medications with urinary side effects (urinary loss or retention). We collected in a single interview personal and gynecological data, applied the King Health Questionnaire (KHQ) for incontinent women and accomplished the evaluation of pelvic floor muscle strength according to the Oxford Classification Modified and perineometry. The participants signed the Informed Consent Form. We used for statistical analysis t test for independent variables and Mann-Whitney Test for the others.
**Results:** The FM patients presented the weaker pelvic floor ($p<0.001$) and had lower values in perineometry (p=0.04) than control women. Regarding urinary loss, 64.5% reported UI against 26.6% of women without FM. In the KHQ evaluation, in General Health and Emotions domains, women with FM presented worse performance ($p<0.001$ and p=0.046, respectively).
**Conclusions:** Urinary incontinence is a frequent finding in FM, and it could be related to the degree of strength of the pelvic floor muscles. This condition affects negatively QoL, especially with regard to emotions and general health.
**References:**
[1] Wolfe, et al. The American College of Rheumatology Preliminary Diagnistic Criteria for Fibromyalgia and Measurement of Symptom Severity. Arthritis Care & Research, v.2, n.5, pg. 600–610, 2010.
[2] Jones, K. D. et al. Pelvic Floor and Urinary Distress in Women with Fibromyalgia. Pain Management Nursing, v. 16, n. 6, p. 834–840, Dec 2015.
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## THU0476 EVALUATION OF SEXUAL FUNCTION IN WOMEN WITH FIBROMYALGIA

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**Background:** Fibromyalgia (FM) is defined by the *American College of Rheumatology* as a syndrome of unknown etiology, characterized by chronic and widespread musculoskeletal pain. In 2010, a new diagnostic criteria was proposed and involves not only pain but symptoms such as depression, muscle fatigue, non-restorative sleep and urinary disorders. This may lead to a lack of interest or difficulty in the sexual act, which tends to be aggravated by depression, which is manifested by low self-esteem, decreased desire and orgasm, and pain during sexual intercourse.