

40 and 60), 18.9% presented a disappointing sexual life (QS between 20 and 40) and 35.4% didn't have any partner.

Our study showed a significant correlation between the duration of the disease and the alteration of the sexual quotient, but no correlation with the clinical and biological parameters of RA.

Conclusions: We conclude that only 24.3% of our RA patients had satisfaction in their sexual life. This alteration of the sexual quotient was found to be correlated with the duration of the disease.

This fact may be explicated by the disability, fatigue and pain caused by this chronic inflammatory disease. This relation should be confirmed by future studies.

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AB0348 SLEEP DISORDERS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) as one of the most common autoimmune diseases is known to be one of the leading causes of disability. Sleep disorders have direct influence on patient's life. But the exact nature of relationship between sleep disorders and Rheumatoid arthritis is not completely understood.

Objectives: The aim of our study is to evaluate the impact of RA in sleep quality and to establish associated factors.

Methods: This is a cross-sectional and descriptive study during a period of the year 2016, including 37 patients followed in the department of Rheumatology in Mahdia Tunisia. All patients were diagnosed with RA based on ACR 1987/EULAR 2010. We evaluated for each patient the parameters of activity of the disease, the quality of life by the HAQ questionnaire and the quality of sleep using two scales: Epworth (ESS) and Pittsburg scale (PSQI) which is composed from 7 components rated each one from 0 to 3.

Results: The age of the RA patients (32 females/5 males) ranged from 21 to 76 years. The mean age was 53.1±12 years. The mean duration of the disease was 11±10 years [1–34]. The mean number of tender joints was 13.2±9.6 and swollen joint was 5.9±7. The mean DAS28 was 5.5±1.5 [2.9–8.2] and HAQ was 1.6±0.9 [0–2.8]. 51.3% of patients had specific joint deformations, 83.8% had radiologic involvement and 29.7% had osteoporosis.

The biologic analysis showed that the mean ESR was 45±27.1 and the CRP was 13.7±25.3. Rheumatoid factors were positive in 37.8% of cases, the ACPA were positive in 32.4% of cases. 81.1% of RA patients were treated by methotrexate and 13.5% were treated by biologic treatments.

The mean Epworth score was 9±5.7 (0–23). 56.8% of patients had no sleep debt, 32.4% had a sleep deficit and only 10.8% had signs of somnolence. Our study confirmed a significant correlation between the Epworth score and the number of tender joints, the ESR, the Health assessment quality (HAQ) score.

Regarding the overall score of Pittsburg, the average was 8.4±4.1 (1–16). The average of the "subjective sleep quality" was 1.35, "latency to sleep" was 1.81, "sleep duration" was 1.24, "habitual sleep efficiency" was 1.08, "sleep disorders" was 1.62, "the use of a sleep medicine" was 0.27 and finally the average of the 7th component about "poor form during the day" was 1.11 out of 3. So the latency to sleep and sleep disorders were the most affected components. We had a significant correlation between PSQI and the number of swollen joints, the HAQ score. The value of the ACPA was found to be associated with high score of PSQI.

Conclusions: Our study showed that the sleep disruption wasn't rare in patients with RA. This can be related to the disability and pain caused by this disease. Further studies with large sample size, as well as more careful tools of sleep disorders, would help to generalize results and suggestions. By providing adequate health care, and recognition of the patients' pain conditions we would ameliorate sleep quality and increase the QOL of RA patients.

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AB0349 THE SERUM LEVEL OF IRISIN IS DECREASED IN THE PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Adipomyokines are proteins that are synthesized by and secreted from both skeletal muscle and adipose tissue, and show their effects through autocrine, paracrine or endocrine pathways (1). Irisin, a novel adipomyokine, is secreted in association with exercise from the skeletal muscle, and from the white fat tissue to help the brown fat tissue gain the energy expenditure phenotype (2). There is evidence that the irisin is associated with metabolic syndrome (MetS) and cardiovascular risk (3,4).

Objectives: Rheumatoid arthritis (RA) is associated with an increased risk of cardiovascular disease (CVD) and MetS compared with the general population (5,6). The aims of this study were to assess the serum level of irisin, and the possible relationships of irisin with disease activity in patients with RA.

Methods: Eighty four consecutive RA patients fulfilling the 2010 ACR/EULAR RA Classification Criteria were included in the study. Fifty age- and sex-matched healthy volunteers were enrolled as the control group. Disease duration, medications, history of traditional risk factors of CVD and demographic data of patients were noted. Body Mass Index (BMI) was calculated as "weight (kg)/height (m)²". HbA1c, lipid profile, insulin were measured. Insulin resistance was assessed with the Homeostasis Model Assessment (HOMA) Index. RA disease activity was assessed by disease activity score based on evaluation of 28 joints (DAS28). Serum irisin level was assessed by ELISA. Measurement of carotid intima media thickness by carotid doppler ultrasonography was performed by a radiologist for cardiovascular risk assessment.

Results: There was no significant difference between the groups in terms of BMI (p=0.20), HbA1c (p=0.15), lipid profiles (p<0.05), insulin resistance (p=0.72) and carotid intima-media thickness (p=0.216).

Serum irisin levels were found to be significantly lower in RA patients (20,65 (minimum:16,94- maximum:99,35) ng/mL) than healthy controls (37,56 (18,37–84,70) ng/mL) (p<0.001). There was no relationship between RA disease activity and irisin levels.

Conclusions: This study showed that irisin was significantly lower than controls. Irisin may be responsible for increased cardiovascular risk in RA patients. But before a definite judgment; prospective studies with a larger sample size assessing the exercise behaviour of patients and the presence of CVD are necessary.

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AB0350 FUNCTIONAL DISABILITY MEASURED BY HEALTH ASSESSMENT QUESTIONNAIRE (HAQ) CORRELATES WITH DISEASE ACTIVITY IN ELDERLY RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid arthritis (RA)'s prevalence increases with age and the recognition of functional disability related to RA could be challenging in elderly patients (1).

Objectives: In this study, we aimed to look at the correlation between disease activity and the functional disability by using HAQ score in elderly RA patients.

Methods: Elderly RA patients, ≥65 years old at their routine visits were included to the study. The composite "disease activity score" in 28 joints (DAS-28) and "Physician Global Assessment" (PhGA) were used to determine disease activity. Health assessment questionnaire (HAQ) scores were calculated to describe the functional disability and compared across the disease activity groups according to DAS-28.

Results: Two hundred and fifty eight RA patients with the mean age of 71±5