population has OA. This study aimed to analyze the indications and average doses prescribed in the treatment of knee osteoarthritis in Primary Care in Spain.

Objectives: This study aimed to analyze the comorbidity profile of men and women affected by symptomatic knee OA and the differences between genders in the perception of health status with regard to pain and loss of function due to their OA, quality of life and mental health.

Methods: The EMARTRO study was designed as an observational, multicenter, transversal study to compare probability of suffering a comorbidity based on presence of symptomatic knee OA visited by GPs. Sociodemographic, anthropometric, clinical parameters and clinical variables of interest were recorded. The probability of suffering comorbidities based on presence OA was estimated using the Odds Ratio estimation with conditioned logistic regression models. Depending on the variable, comparisons between groups were done using t-Student, Chi-square and Mann-Whitney.

Results: A total of 646 patients were included, 71% were women. Mean (SD) age was 67.9 (6.6) years.

Patients were obese without gender differences, with a BMI of 30.4 (4.4) and 31.2 (5.5) ($p=0.0651$) in men and women, respectively.

Men had a mean (SD) systolic blood pressure higher than women, 134.7 (15.0) vs 132.2 (14.5) mmHg ($p=0.0453$) and no differences were observed in diastolic pressure ($p=0.5930$).

As regards to the concomitant pathologies, no increase was detected in the likelihood of suffering comorbidities linked to the gender [OR=0.607 (95% CI: 0.260–1.418) $p=0.2490$]. Men with OA were more likely to have angina pectoris [OR=4.493 (95% CI: 1.299–15.536) $p=0.0176$] and underwent coronary bypass [OR=3.706 (95% CI: 1.389–9.890) $p=0.0089$].

Osteoarthritic women elicited more pain in Huskisson's VAS 62.8 (14.7) vs 66.8 (15.4) mm ($p=0.0027$) and worse function according to the Lequesne index 10.0 (4.9) vs 12.1 (4.7) ($p<0.0001$).

In terms of quality of life according to the EuroQol, women presented worse quality of life in dimension of mobility ($p=0.0001$) and in the dimensions of daily activities, pain/discomfort and anxiety/depression ($p<0.0001$).

Finally, regarding mental health status, women had worse scores in the Goldberg scale to detect psychological disorders ($p<0.0001$) and more cases of anxiety and depression according to the HAD scale ($p<0.0001$).

Conclusions: The results of the present study indicate that women with osteoarthritis of the knee, despite having the same diagnosis and a similar comorbidity profile to men, have a worse perception of health status regarding the symptoms of their osteoarthritis, their quality of life and their mental health.

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AB1148 INFODEMIOLOGY AND SEASONALITY OF SYSTEMIC LUPUS ERYTHEMATOSUS USING GOOGLE TRENDS

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Background: People affected by chronic rheumatic conditions, such as systemic lupus erythematosus (SLE), frequently rely on Internet and search engines to look for terms related to their disease, and its possible causes, symptoms and treatments. "Infodemiology" and "infoveillance" are two recent terms created to describe a new developing approach for public health, based on Big Data monitoring and data mining¹. Different clinical and epidemiological studies have been conducted on seasonality of SLE, and focused on flare, fatigue and periodicity of onset of clinical manifestations. Overall, SLE disease activity has been associated with specific seasonal patterns in both, Northern and Southern hemispheres, possibly in relation to sun exposure, meteorological factors and vitamin D levels^{2,3}.

Objectives: In this study, we aimed to investigate trends of Internet research linked to SLE and symptoms associated to the disease seasonality by applying a Big Data monitoring approach.

Methods: We analyzed the large amount of data generated by Google Trends, considering "lupus", "relapse" and "fatigue" in a 10-year web-based research. Google Trends automatically normalized data for the overall number of searches, and presented them as relative search volumes, in order to compare variations of different search terms across regions and periods. The Menn-Kendall test was used to evaluate the overall seasonal trend of each search term and possible correlation between search terms.

Results: We observed a seasonality for Google search volumes for lupus-related terms (Figure 1). In Northern hemisphere, relative search volumes for "lupus" were correlated with "relapse" ($\tau=0.85$; $p=0.019$) and with fatigue ($\tau=0.82$; $p=0.003$), whereas in Southern hemisphere we observed a significant correlation between "fatigue" and "relapse" ($\tau=0.85$; $p=0.018$). Similarly, a significant correlation

Profile plots for relative search volumes. Profile plots show the relative search volumes for 'lupus' (A and D), 'relapse' (B and E) and 'fatigue' (C and F), in the Northern and Southern hemispheres, respectively, for different months of the year, with estimates sinusoidal curves.

between "fatigue" and "relapse" ($\tau=0.70$; $p<0.001$) was seen also in the Northern hemisphere.

Conclusions: Despite the intrinsic limitations of this approach, the current study provides additional evidence for seasonality of lupus by using Google Trends. Internet-acquired data might represent a real-time surveillance tool and an alert for healthcare systems in order to plan the most appropriate resources in specific moments with higher disease burden

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AB1149 THE ABILITY OF THE HEALTH SYSTEM TO IDENTIFY THE BURDEN OF RHEUMATOID ARTHRITIS IN SERBIA: A EULAR SURVEY

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Objectives: to estimate the rheumatoid arthritis (RA) prevalence in two urban regions of Serbia, covering the northern and the southern part, under the European League Against Rheumatism (EULAR) prevalence survey; to assess the ability of the health system to recognize and treat patients with RA.

Methods: The survey was conducted in four Serbian towns: Belgrade in the north and three towns in the south: Cacak (Moravicki region), Uzice (Zlatiborski region) and Krusevac (Rasinski region), covering 36.5% of the total Serbian population with more than 99% Caucasians, mostly orthodox Serbs (83%), <4% Hungarians, Roms and Bosnians and a minority of other nationalities. The first-detection phase of the study comprised previously translated and validated telephone Questionnaire usage with 33 items covering signs, symptoms, self-reported diagnosis and classification criteria for RA (ACR 1987) (1). Diagnoses were confirmed by rheumatologists in a second-confirmation phase. Prevalence results were standardized for age and sex with regard to Serbian population (national census 2002). Confirmed RA cases were asked two more questions: "How long had you had symptoms before you were given the diagnosis of RA" and "How had you been treated for that period of time".

Results: 6213 people were contacted and 63.6% answered the survey; joint pain was reported by 1,799 persons, and joint pain accompanied with joint swelling by 606 persons. A total of 23 RA cases were identified; 2 newly diagnosed. The standardized RA prevalence estimates were 0.30% (95% confidence interval [95% CI] 0.09;0.51) for the north, e.g. 0.09 (95% CI 0.08;0.26) for men and 0.49% (95% CI 0.19;0.79) for women. RA prevalence estimates were 0.42% (0.12;0.72) for the south; 0.28 (0.00;0.56) for men and 0.55% (0.09;1.00) for women, with