AB0285 DO SPOUSES' ILLNESS PERCEPTIONS AFFECT THE WOMEN WITH RHEUMATOID ARTHRITIS?

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Background: Spouses are often significant source of support and the spouse's views about rheumatoid arthritis (RA) are related to better psychological and physical health in women with RA.

Objectives: The aim was to investigate the effect of spouses' illness perceptions on health status of women with RA.

Methods: One-hundred and one married women diagnosed with RA and their husbands were enrolled. Husbands' beliefs about RA were assessed by husband-version of the Illness Perception Questionnaire-Revised (IPQ-R). Visual analogue scale-pain (VAS-pain), DAS-28, the Health Assessment Questionnaire-Disability Index (HAQ-DI), and Beck Depression Inventory (BDI) were evaluated in patients. Kolmogorov-Smirnov and Spearman's correlation tests, multiple regression analyses were used for statistical analysis.

Results: Median age of patients and husbands were 57⁽²²⁻⁷⁵⁾ years and 60⁽²⁴⁻⁷⁷⁾ years, respectively. There were positive correlations between consequences subscale and VAS-pain, HAQ-DI, and BDI ($p<0.001$). Positive correlations were detected between emotional subscale and HAQ-DI, BDI ($p<0.001$) and VAS-pain ($p=0.021$). Timeline cyclical subscale was positively correlated with HAQ-DI ($p<0.001$) and BDI ($p=0.001$). The husband-version of the IPQ-R domains was not correlated with DAS-28. In regression analysis; consequences ($p<0.001$), emotional representations ($p<0.001$) and timeline cyclical ($p<0.05$) subscales were found to be influential variable on HAQ-DI. Significant correlation with VAS-pain was consequences, and BDI was associated with emotional representations ($p<0.05$).

Conclusions: We found that in general having more pessimistic illness perceptions in spouses was related to higher disability, pain and depression levels in women with RA. Having more optimistic perceptions of spouses about RA may result in improved health status in women with RA.

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AB0286 ASSESSMENT OF TREATMENT ADHERENCE IN RHEUMATOID ARTHRITIS ITALIAN PATIENTS USING A VALIDATED VERSION OF THE 5-ITEM COMPLIANCE QUESTIONNAIRE FOR RHEUMATOLOGY (I-CQR5)

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Background: The 5-item Compliance Questionnaire for Rheumatology (CQR5) allows the identification of patients likely to be high adherers (HA) to anti-rheumatic treatment (i.e. taking $\geq 80\%$ of their medications correctly), or "low" adherers (LA).¹ We have previously validated an Italian version of the questionnaire (I-CQR5) following standardised guidelines.

Objectives: The objective was to investigate what factors are associated with high treatment adherence according to I-CQR5 in RA.

Methods: RA patients (disease duration >1 year, undergoing treatment with ≥ 1 self-administered biological or conventional synthetic disease-modifying anti-rheumatic drugs (bDMARDs, csDMARDs), capable of completing the questionnaire unaided) completed I-CQR5 on one occasion. I-CQR5 were anonymous and clinical data were retrieved anonymously from the local database. To investigate what factors were associated with high adherence, we included demographic and social characteristics, clinical and treatment information. Factors achieving a $p<0.10$ in univariate analysis were included in the multivariate regression analysis.

Results: Among 604 RA patients, 328 patients were enrolled, 18 questionnaires were incomplete.

Median age of the patients was 57 years,⁴⁸⁻⁶⁷ females were 232 (82%), disease duration was 12 years;⁷⁻¹⁹ 193 (64.3%) patients were treated with bDMARDs and 107 (54.6%) with csDMARD only; 270 (90.3%) were in low disease activity or remission (figure 1).

HA were found to be 35.2% (109/310) of the patients. 40.2% (79/193) were on bDMARDs and 22.4% (24/107) on csDMARDs. Older age, lower education level, higher prednisone daily dose, use of a csDMARD (particularly hydroxychloroquine and sulfasalazine) and higher patient-VAS were significantly more frequent in LA compared with HA (figure 1). In the multivariate analysis, bDMARD treatment and employment resulted independently associated with high adherence: OR 2.88 (1.36-6.1), $p=0.006$ and OR 2.36 (1.21-4.62), $p=0.012$ respectively (table 1).

Abstract AB0286 – Table 1. Factors associated with high adherence to anti-rheumatic treatment defined by I-CQR5: a multivariate regression analysis model

	OR (95% C.I.)	p value
Female gender	0.79 (1.58-0.39)	0.501
Employment	2.36 (1.21-4.62)	0.012
bDMARD treatment	2.88 (1.36-6.1)	0.006
Patient-VAS (per 10-unit increase)	0.88 (0.78-1)	0.052
Model constant		<0.001

OR odds ratio, C.I. confidence interval, bDMARD biological DMARD, DMARD disease-modifying anti-rheumatic drug, VAS visual analogic scale.

Abstract AB0286 – Table 2. Demographics and clinical variables according to high and low adherence to treatment defined by I-CQR5.

	Total	HA	LA	p value
No.	310	109	201	-
Females (%)	232 (82)	88 (85.4)	144 (80)	0.081 [†]
Age, years, median (IQR)	57 (48-67)	54 (46-64.8)	59 (49-66)	0.011 [†]
BMI, median (IQR)	24 (22-28)	25 (23-28)	24 (21-27.3)	0.094 [†]
Smokers, n (%)	45 (17.2)	13 (16)	32 (17.7)	0.746
Employed, n (%)	127 (44.1)	58 (62.4)	69 (35.4)	$p<0.001^{\ddagger}$
Education level				0.114
Primary school, n (%)	35 (12.1)	10 (9.4)	25 (13.6)	
Middle school, n (%)	115 (39.7)	35 (33)	80 (43.5)	
Secondary school, n (%)	101 (34.8)	45 (42.5)	56 (30.4)	
University, n (%)	39 (13.4)	16 (15.1)	23 (12.5)	
Primary/middle school education, n (%)	150 (51.7)	45 (30)	105 (70)	0.016 [†]
Social status				0.921
Living with parents and family	18 (7)	6 (7.5)	12 (6.8)	
Living alone	34 (13.2)	10 (12.5)	24 (13.6)	
Living with partner and family	187 (72.8)	57 (71.3)	130 (73.4)	
Other	18 (7)	7 (8.8)	11 (6.2)	
Positive RF and/or ACPA, n (%)	129 (43.7)	40 (38.5)	89 (46.5)	0.178
Disease duration, years, median (IQR)	12 (7-19)	12 (7.3-18)	11 (6.8-20)	0.876
Fibromyalgia, n (%)	51 (18)	15 (14.6)	36 (20)	0.252
csDMARD treatment, n (%)	165 (54.5)	44 (40.7)	121 (62.1)	$p<0.001^{\ddagger}$
Methotrexate, n (%)	114 (37.6)	32 (29.6)	82 (42.1)	0.033
Leflunomide, n (%)	31 (10.2)	8 (7.4)	23 (11.8)	0.227
Other csDMARD, n (%)	42 (13.9)	7 (6.5)	35 (17.9)	0.006
bDMARD treatment, n (%)	193 (64.3)	79 (76.7)	114 (57.9)	0.001 [†]
Treatment duration ≥ 24 months, n (%)	178 (79.5)	75 (78.1)	103 (80.5)	0.667
PDN daily dose, median (IQR)	1 (0-5)	1 (0-2.5)	1.5 (0-5)	0.011 [†]
NSAIDs, n (%)	185 (65.6)	62 (62.6)	123 (67.2)	0.439
Painkillers, n (%)	76 (28.6)	30 (30.6)	46 (27.4)	0.574
Concomitant chronic treatment, n (%)	156 (53.1)	51 (49)	105 (55.3)	0.307
DAS28, median (IQR)	2.3 (1.8-2.8)	2.1 (1.7-2.7)	2.3 (1.9-2.3)	0.088 [†]
Remission [†] , n (%)	173 (57.9)	60 (55.6)	113 (59.2)	0.544
Low disease activity [‡] , n (%)	270 (90.3)	101 (93.5)	169 (88.5)	0.158
Patient - VAS, median (IQR)	30 (10-51)	20 (6-54)	40 (20-56.3)	0.003 [†]
Physician - VAS, median (IQR)	10 (5-20)	12.5 (1.3-20)	10 (5-20)	0.984
HAQ, median (IQR)	0.5 (0-1)	0.3 (0-1)	0.5 (0-1.1)	0.114
Disease flares, median (IQR)	44 (31.4)	10 (27)	34 (33)	0.501
No. of assessments per year, median (IQR)	3 (2-4)	3 (2-4)	3 (2-4)	0.49
Distance from clinic, km, median (IQR)	30 (11-45)	30 (20-50)	25 (9-45)	0.037 [†]

[†]defined as DAS28 <2.6 ; [‡]defined as DAS28 <3.2 ; [‡]variables included in the multivariate analysis as achieving a p value <0.10 in the univariate analysis.

HA high adherers, LA low adherers, IQR interquartile range, BMI body mass index, ACPA anti-citrullinated peptides, RF rheumatoid factor, csDMARD conventional synthetic DMARD, bDMARD biological DMARD, DMARD disease-modifying anti-rheumatic drug, PDN prednisone, NSAIDs non-steroidal antiinflammatory drugs, HAQ Health Assessment Questionnaire, DAS28 disease activity score in 28 joints, VAS visual analogic scale.

Conclusions: Only one third of Italian RA patients were highly adherent to treatment according to I-CQR5. Treatment with bDMARDs and employment status were the major determinants of treatment adherence, increasing by almost 3-fold the likelihood of being highly adherent.

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