AB0397

PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG PATIENTS AFFECTED BY CHRONIC INFLAMMATORY ARTHRITIS: PRELIMINARY RESULTS OF A SINGLE-CENTRE EXPERIENCE IN ITALY

S. Pezzato¹, S. Tomassi², E. Fracassi¹, A. Giollo¹, C. Caimmi¹, F. Martinis¹, M. G. Gnatta², D. Cristofalo², C. Bonetto², M.L. Marognoli¹, S. Tosato², A. Carletto¹.
¹Rheumatology, Reumatologia – AOU Verona; ²Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy

Background: Depression and anxiety disorders are more common in chronic inflammatory arthritides (CIA) than in the general population.¹ In rheumatoid arthritis (RA), depressive and anxiety symptoms have been associated with disease activity and pain perception,¹ physical disability,² health care costs,³ and mortality.⁴ To our knowledge, data on the prevalence of depression in Italian patients with RA are scarce.

Objectives: To estimate the prevalence and factors associated with depression among patients affected by RA.

Methods: During an one year period, patients affected by RA have been consecutively enrolled. For each patient demographics and disease characteristics were recorded; the Hospital Anxiety and Depression Scale (HADS) was administered. HADS is a validate questionnaire to assess depressive and anxiety symptoms in patients affected by somatic disorders admitted to general hospital. An HADS ≥ 11 was considered diagnostic for depression.

Results: The table summarises the main results. We recruited 231 patients affected by RA, finding a prevalence of depression of 13.9% (95% CI 9.4%–18.3%). Overall, patients with depression, when compared with patients without, were older, more frequently females, with a lower education, higher physician global assessment and patient global assessment, more comorbidities. In particular, they had any cardiovascular, neurologic or musculoskeletal issue ($p=0.018$, $p=0.032$, $p=0.014$, respectively) and more often used glucocorticoids or NSAIDs. Conversely, no association was found between depressive symptoms and the use of biologic therapies or the presence of inflammatory markers. Interestingly, a positive history of depression was present only in few patients with an HADS ≥ 11 .

Abstract AB0397 – Table 1

	Non-depressed (n=199)	Depressed (n=32)	P value
Age, years	57.5 (12.3)	63.5 (11)	0.008
Female sex	152 (76)	29 (91)	0.049
Employed	86 (43)	5 (16)	0.002
Higher education	89 (45)	8 (25)	0.036
Disease duration, years	12 (9.2)	14.2 (8.3)	0.202
Erosive disease	72 (36)	12 (38)	0.516
TJC 0–28	1.9 (3.4)	2.3 (2.6)	0.500
SJC 0–28	0.9 (2.2)	1.1 (2.0)	0.688
PhGA 0–10	3.9 (2.7)	5.6 (2.4)	0.001
PGA 0–10	4.9 (2.4)	6.8 (2.0)	<0.001
ESR, mm/h	19.2 (16.1)	22.2 (13.5)	0.326
CRP, mg/L	6.4 (14)	4.4 (3.8)	0.425
Comorbidities	176 (88)	32 (100)	0.027
csDMARD	136 (68)	18 (56)	0.127
bDMARD	129 (65)	24 (75)	0.177
Glucocorticoid	87 (44)	20 (63)	0.037
NSAID	32 (16)	12 (38)	0.007
Antidepressant	18 (9)	11 (34)	<0.001

Conclusions: These preliminary results suggest that more than one every seven patients with RA could suffer from depression, thus depression might be undiagnosed in a significant number of patients. Comorbidities, anti-inflammatory medications and both physician- and patient- driven evaluation of disease burden were the most striking factors associated with depression in this cohort of patients with RA.

REFERENCES:

- [1] Kojima M, et al. Arthritis and rheumatism 2009 Aug 15;61(8):1018–24.
- [2] Peck JR, et al. Arthritis and rheumatism 1989 Sep;32(9):1100–6.
- [3] Joyce AT, et al. J Rheumatol 2009 Apr;36(4):743–52.
- [4] Ang DC, et al. J Rheumatol 2005 Jun;32(6):1013–9.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5152

AB0398

INVESTIGATION OF PREOPERATIVE INTRANASAL COLONISATION IN ORTHOPAEDIC SURGERY FOR PATIENT WITH RHEUMATOID ARTHRITIS

S. Tsuji¹, J. Hashimoto¹, T. Noguchi², S. Akita², K. Yachi², M. Saito², S. Ohshima¹, Y. Saeki³. ¹Department of Rheumatology and Allergology; ²Department of Orthopaedic Surgery; ³Department of Clinical Research, National Hospital Organization, Osaka Minami Medical Center, Kawachinagano City, Osaka, Japan

Objectives: Coagulase-negative staphylococci (CoNS) is listed as the major SSI causative organism in the field of orthopaedic surgery, but detailed report on the presence or absence of methicillin-resistant CoNS of intranasal colonisation is not found.

Methods: In 13 months from July 2016 to the end of July 2017, 1000 cases of consecutive cases in which nasal cavity culture was performed within one month prior to hospitalisation for patients scheduled for our orthopaedic surgery. 223 men, 777 women, average age 66.4 years old, 197 cases of RA patients, 803 cases except RA patients.

The method of intranasal culture is as follows. After culturing for 18 hours at 35 °C using blood agar medium (daily water) and CHROMager MRSA selective medium (Kanto Kagaku), identification of bacterial species of the genus *Staphylococcus* grown and cultivation of drug susceptibility tests It was carried out by BD Phoenix according to the method of the Association (CLSI).

Results: The results of intranasal culture showed that *S. aureus*, *S. epidermidis*, CoNS (excluding *S. Epidermidis*) and culture negative were 18.2%, 27.8%, 7.8%, and 23.9%, respectively. MRSA, MRSE and MRCoNS (excluding MRSE) with methicillin resistance were 3.2%, 22.1% and 1.7%, respectively, and 27.0% of methicillin resistant bacteria were found to exist.

Especially in patients with RA, the methicillin-resistant bacterial colonisation rate was significantly higher ($p<0.05$) than 38.6% compared with 24.2% other than RA patients.

Conclusions: Methicillin-resistant *Staphylococcus* was found to be 27.0% intranasal colonisation of patients in orthopaedic surgery. Especially in RA patient, it was high rate of 38.6%. In the future, we need to consider the selection of perioperative preventive antibacterial drugs.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4890

AB0399

AUDIT OF INFLUENZA AND PNEUMOCOCCAL VACCINATIONS IN A COHORT OF RHEUMATOID ARTHRITIS PATIENTS ON BIOLOGICS

S. Selvan. Rheumatology, Basildon and Thurrock NHS Foundation Trust, Essex, UK

Background: Rheumatoid arthritis (RA) patients are at increased risk of pneumococcal and influenza disease secondary to a deficient immune system and immunosuppressive medications.¹ Despite the possible reduction in vaccine efficacy in RA, prophylactic vaccination for preventing pneumococcal pneumonia and influenza in RA patients should be routinely advised and practised.² EULAR guidelines recommend that influenza and pneumococcal vaccinations should be strongly considered for all patients with RA.³

Objectives: To study pneumococcal and influenza vaccination rates in a cohort of RA patients on biologic medications.

Methods: We undertook a prospective audit of RA patients on biologics attending routine rheumatology clinics in a DGH over a 6 week period. A proforma was given to patients, and data was collected on medications, comorbidities, Disease Activity Score (DAS) and vaccination status for influenza and pneumococcus.

Results: Of the 25 patients audited, 17 (68%) were female and 8 (32%) were male. The average age of patients included was 59 years (range 37–75). 18 (72%) patients were seropositive, and 7 (28%) were seronegative. The patients included had the following comorbidities; 14 (56%) none, 6 (24%) thyroid disease, 1 (4%) osteoporosis, 1 (4%) hypertension, 1 (4%) type 2 diabetes, 1 (4%) interstitial lung disease.

On reviewing their medications, 7 (28%) patients were on an Etanercept biosimilar (Benpali), 2 (8%) on Tocilizumab, 2 (8%) on Rituximab, 9 (36%) on Adalimumab, 2 (8%) on an Infliximab biosimilar (Remsima), 2 (8%) on Etanercept, and 1 (4%) on Certolizumab. In addition to their biologic agent, all 25 patients were on Methotrexate. 2 patients (8%) were also on Sulphasalazine, and 2 (8%) were on Hydroxy-chloroquine additionally. The average DAS CRP score was 2.7.

8 (32%) patients had received both influenza and pneumococcal vaccinations, and 9 (36%) patients had neither. On analysing the vaccination rates individually, 16 (64%) patients were up to date with influenza and 7 (28%) were up to date with pneumococcal. Of the 9 patients that had neither vaccination, 5 (20%) patients were unaware of their requirement, and 3 (12%) felt they were too unwell to receive them. 1 (4%) patient was unsure whether they could have the vaccinations as they had been recruited into a research trial.