Abstract AB0748 – Table 1

	TOTAL	ISOLATED SSC	PAI	p
Raynaud's Phenomenon	1826	1005 (55%)	821 (45%)	1.000
Digital ulcers	745	408 (55%)	337 (45%)	0.888
Calcinosis	322	142 (44%)	180 (56%)	<0.001
Arthritis	270	128 (47%)	142 (53%)	0.064
Myositis	172	37 (22%)	135 (78%)	<0.001
Gastrointestinal involvement	1222	632 (52%)	590 (48%)	<0.001
ILD	795	399 (50.2%)	396 (49.8%)	<0.001
PH confirmed by right heart catheterisation	148	66 (45%)	82 (55%)	0.438
Heart involvement	409	196 (48%)	213 (52%)	0.001
Scleroderma renal crisis	43	27 (63%)	16 (37%)	0.353

We found no significant differences concerning capillaroscopy patterns, or causes of death, neither SSc-related nor non-SSc-related. Finally, a multivariate analysis with logistic regression was performed to evaluate the risk factors for PAI, which are shown on the table 2.

Abstract AB0748 – Table 2

Variables	Multivariate analysis OR (95% I.C.)	p value
Gender	2,72 ^{1,87-3,98}	<0001
Age at dianosis	1,01 ^{1,00-1,02}	0012
Calcinosis	1,63 ^{1,23-2,16}	<0001
ILD	1,37 ^{1,08-1,73}	<0001
Gastrointestinal involvement	1,32 ^{1,05-1,66}	0019
Centromere Ab	1,41 ^{1,12-1,77}	<0001
Ro Ab	1,61 ^{1,18-2,18}	<0001

Conclusions: PAI in SSc is a frequent condition that special attention in these patients. We found a rather higher prevalence compared with those published in the literature, even though the distribution of those associated disorders was similar. In our cohort, there were no remarkable differences between both groups concerning clinical manifestations (although not always statistically significant). Finally, certain circumstances should make us aware of a possible associated condition to SSc.

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AB0749 DON'T FORGET THE CAREGIVERS OF PATIENTS WITH SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (SSc) is a disease with considerable physical and psychosocial impact. Previous studies among partners of patients with other chronic diseases, such as Parkinson's and stroke, showed that 6%–25% of caregivers experience high levels of stress related to caregiving. To our knowledge, the burden experienced by caregivers of patients with SSc has not been determined so far.

Objectives: To evaluate perceived strain, quality of life and health care needs among SSc caregivers.

Methods: During a patient information meeting, companions of SSc patients were invited to complete 3 questionnaires: 1. The Caregiver Strain Index questionnaire (CSI), in which a score ≥ 7 indicates high care burden, 2. Short Form-36 (SF-36): a measure of self-reported Quality of Life (QoL) and 3. a self-designed questionnaire on the needs and preferences for caregiving support. Caregivers with and without high care burden were compared regarding their general characteristics and QoL.

Results: Thirty-six SSc caregiver filled out questionnaires (n=31 completed the CSI questionnaire). Respondents were mostly men (64%), on average 62 years old (SD 14), 35% (n=11) had a paid job, and 50% (n=18) suffered from chronic disease. The majority was in a spousal relationship (75%) with the SSc patient and 56% of patients had been diagnosed with SSc more than 5 years ago. Nineteen percent of patients (n=7) needed daily personal caregiving and 25% (n=9) was

transport-dependent. Median CSI was 2 (range 0 to 5), and 6/31 (19%) perceived high care burden(CSI ≥ 7). Caregivers with high care burden were significantly more often involved in daily personal caregiving of the patients (3/6 vs. 2/25). Although not statistically significant, all caregivers perceiving a high burden were spouses, while the remaining caregivers had varying relationships with SSc patients. SF-36 summary scale scores were similar in both groups (table 1). Regarding needs and preferences of caregivers, 15% (n=5) reported a need for additional individual information, and 21% (n=7) a need for contact with fellow caregivers of patients, preferably during information meetings.

Abstract AB0749 – Table 1. Characteristics of caregivers of SSc patients with and without high care burden (CSI ≥ 7).

	Total (n=36)	CSI<7 (n=25)	CSI ≥ 7 (n=6)	p-value
CSI, median (IQR)	2.0 (0.0–5.0)**	2.0 (0.0–4.0)	8.0 (7.0–8.0)	n.a.
Gender, n (% female)	13 (36)	10 (40)	1 (17)	0.383 ¹
Age (years, median (IQR))	65.5 (53.8–72.0)	66.0 (51.0–73.0)	63.5 (56.8–66.0)	0.448 ²
Relationship (%)				
Partner	27 (75)	18 (72)	6 (100)	0.293 ¹
Father/mother	2 (6)	2 (8)	0 (0)	
Friend	2 (6)	1 (4)	0 (0)	
Son/daughter	4 (11)	4 (16)	0 (0)	
Involved in daily personal caregiving patient SSc (%)	7 (19)*	2 (8)	3 (50)	0.038 ¹
Transport dependency patient SSc (%)	9 (25)*	5 (20)	2 (33)	0.596 ¹
SF –36 (mean $\pm$ SD)				
Physical component score	50.9 $\pm$ 7.2***	51.2 $\pm$ 7.0****	53.6 $\pm$ 3.4	
Mental component score	43.7 $\pm$ 6.8***	43.4 $\pm$ 7.8****	42.9 $\pm$ 3.8	

¹ Fisher's exact ² Mann-Withney U *n=35, **n=31, ***n=28, ****n=19
Conclusions: Within a small group of SSc caregivers, 19% experienced high care burden. In particular caregivers involved in personal caregiving seem to be at risk for increased strain related to caregiving. The results of the current study can direct clinical practice aiming at support of the caregivers.
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AB0750 RHEUMATIC DISEASES WITH LUNG INVOLVMENT AND PSYCHOLOGICAL STATUS

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Objectives: assess the impact of psychological status indicators on lung function in patients with rheumatic diseases with lung lesions

Methods: A study of 30 patients with diagnoses of systemic sclerosis (SSD) – 14 patients, systemic vasculitis (CB) – 10, rheumatoid arthritis (RA) – 6 patients. The average age of the patients was 56.55 $\pm$ 10.59 (from 22 to 77 years). All patients had high activity of the underlying disease and received pathogenetic therapy in the form of pulse therapy for HA – 19 patients, high doses of HA (1 mg/kg) per os – 11 patients; were hospitalised in connexion with the first detected lung lesions or signs of progression of the existing lung injury (increased dyspnea, reduced exercise tolerance). Patients are consulted by a cardiologist to exclude the cardiac genesis of symptoms.

All patients underwent a standard clinical examination, in addition they performed: high-resolution RCT of lung (64-slice CT system Philips Diamond Select Brilliance), a 6 min walk test.

Evaluation of lung function was carried out using spirometry, bodipletizmography, diffusion "single breath".

The following scales were used to assess the psychological status: State-Trait Anxiety Inventory (STAI)personal and situational anxiety assessment, symptomatic questionnaire SCL-90-R (English Symptom Check List-90-Revised), anxiety and depression, the Toronto Alexitimic Scale (TAS)

Results: All patients according to RKT data had manifestations of IZL in the form of nonspecific interstitial pneumonia. Among the patients examined, the group with DV 1st. was 11 patients, DN 2 tbsp. – 14 patients, DN 3 tbsp. – 5 patients. A high level of situational anxiety was present in 11 patients (36.7%), personal – in 13 patients (43.3%). At the same time, the DLCO relationship to the alveolar volume was identified with the level of personal anxiety (r=–0.526, p<0.05) and situational (r=–0.423, p<0.05). In addition, the DV index has an average correlation with the level of anxiety (r=0.513, p<0.05). The symptomatic questionnaire revealed a significant degree of somatization in patients with IBD – in 14 patients