HOW DOES THE DURATION OF THE DISEASE INFLUENCE THE QUALITY OF LIFE?

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Background: It is noticed that over the last decades the prognostic in patients with Idiopathic Inflammatory Myopathies (IIM) – a group of autoimmune disease characterised by muscle involvement, has improved along with increase of disease duration and thus affects the quality of life.

Objectives: To assess the patient’s quality of life related to the duration of the disease.

Methods: We performed a cross-sectional study from December 2015 to December 2017, the patients included fulfilled the Bohan and Peter criteria for IIM. Demographic and clinical data were collected using a special questionnaire. Consistent with the objective the study group was divided in two subgroups by disease duration 1-less than 24 months and second subgroup more than 2 years. In order to estimate the quality of life (QoL) was applied Short Form-8 with 8 items for 8 domains and two components: mental and physical. Statistical data was analysed using MedCalc software version 12.

Results: There were 67 patients enrolled in the study, including 51 females and 16 males with a F:M ratio of 3.2:1, mean age 53.1±12.5 (range 25-78). The disease mean disease duration was 8.3±5.3 (range 0.5-12) years, there were 16 patients in the subgroup with the disease duration less than 2 years. The mean physical component was 36.48±9.05 and the mental component – 41.69±9.62 points, determined as reduced quality of life. Regarding the QoL of patients from subgroup 1, we found the physical component – 38.15±8.83 and the mental component 40.95±9.22 points. In the second subgroup we appreciated the physical and the mental component – 35.77±9.14 and 42.01±9.86 points, respectively. It was identified moderate correlation (r=0.49 p<0.005) between the both domains of the QoL and disease duration till 2 years, for the duration of more than 2 years we found moderate correlation (r=0.51 p<0.005) with mental component and a weak one for physical domain (r=0.24 p<0.005).

Conclusions: Patients with idiopathic inflammatory myopathies had reduced quality of life by both domains. Disease duration in patients with early idiopathic inflammatory myopathies – less than 2 years, has a greater impact on patient’s quality of life.

REFERENCE:

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FREQUENCY OF OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN WITH SYSTEMIC SCLEROSIS

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Background: The prevalence of low bone mass or osteoporosis in patients with systemic sclerosis (SSc) varies significantly between studies performed in different countries and vary from 3% to 51% (Omar MA et al. 2013).

Objectives: To determine the frequency of osteoporosis (OP) in postmenopausal women with SSc in comparison with healthy control.

Methods: 163 postmenopausal women were enrolled in the study: 83 with SSc (mean age 58.5±8.1 years, mean disease duration 9.7±6.8 years) and 80 healthy control (mean age 59.2±6.6 years). Demographic characteristics and risk factors for OP in study groups are summarised in table 1. BMD was measured at lumbar spine, femoral neck and total hip by dual energy X-ray absorptiometry (DXA, Hologic 4500A). BMD decreasing grade was determined in according to WHO criteria.

Results: BMD in women with SSc was significantly lower than in control group at p<0.05. Low BMD was associated with age and interstitial lung disease in SSc women (p=0.05). At the same time no associations were found out among low BMD and disease duration, daily and cumulative doses of glucocorticoids. 23 (28%) of patients had osteoporotic fracture, among them 8 (10%) of women had two or more fractures in the anamnesis. The most frequent localizations of the fractures were distal forearm and vertebral: 7 (32%) and 5 (23%) patients, respectively.

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