Abstract OP0215 – Table 1. Number (N), proportion of females (%), and mean ages at baseline of incident patients with inflammatory arthritides between 2010 and 2014 in Finland.

	RA+ n=6186	RA- n=2970	UA n=2959	SpA n=3577	PsA n=2670
Age, mean (SD)	58 (15)	57 (17)	49 (17)	38 (12)	49 (13)
Proportion of females (%)	66.4	67.2	67.4	52.3	48.8

Abstract OP0215 – Figure 1. Proportion of opioid purchasers among patients with incident A) seropositive rheumatoid arthritis (RA+), B) seronegative rheumatoid arthritis (RA-), C) unspecified arthritis (UA), D) spondyloarthritis [(SpA), including ankylosing spondylitis and non-radiographic axial spondyloarthritis], and E) psoriatic arthritis (PsA) and their controls one year before and after the index date. F) Odds ratio for long-term opioid use among incident RA+, RA-, UA, SpA, and PsA patients versus controls after the index date.

Conclusions: IA patients are more likely to buy opioids one year before and one year after the diagnosis and prescription of antirheumatic medication than controls from the general population. The opioid purchases peak just before the index date in most IA patients. Long-term opioid use is also more common among patients with newly-onset IA, especially among those with SpA.

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OP0216 EXAMINING MODIFIABLE PSYCHOLOGICAL & SOCIAL HEALTH FACTORS ASSOCIATED WITH USE OF OSTEOARTHRITIS ORAL ANALGESIC TREATMENT

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Background: EULAR recommends the use of non-opioid oral medicines (acetaminophen, NSAIDs, or COX-2 inhibitors) for the management of knee osteoarthritis (OA). Opioids are also recommended when these other therapies fail. There are known demographic and clinical differences in OA treatment use. Patients' social and psychological health may also influence use of medications, yet their association with the utilisation of opioid or non-opioid oral OA treatments is unknown.

Objectives: Determine which modifiable social and psychological health factors are associated with use of oral opioid and non-opioid medications for OA.

Methods: Baseline data from a randomised controlled trial that examined the effects of a positive psychological intervention on pain in veterans with knee OA were used. For our study, patients were categorised based on self-reported use of the following oral medications for OA at baseline: opioids (with/without other oral analgesic treatments), non-opioid analgesics, and no oral analgesic treatment.

We used χ^2 or analysis of variance to compare sociodemographic, clinical, social, and psychological health variables by baseline OA treatment use. We used multinomial logistic regression models to estimate adjusted relative risk ratios (RRRs) of using an opioid or a non-opioid analgesic (vs. no oral analgesic treatment),

comparing patients by levels of social support (Medical Outcomes Study), health literacy ('How confident are you filling out medical forms by yourself'), and depressive symptoms (Patient Health Questionnaire-8). All models were adjusted for age, sex, race, income, OA symptom severity (WOMAC), self-reported Charlson comorbidity index, and body mass index.

Results: In this sample, 30.6% (n=110) reported taking opioid analgesics for OA, 54.2% (n=195) reported non-opioid use, and 15.3% (n=55) reported no oral analgesic use. Compared to the other groups, those taking opioids were younger (mean age 62.5 vs 64.3 vs 67.1, respectively, p=0.002) and had higher mean WOMAC scores (54.5 vs 45.7 vs 42.7, p<0.001). Opioid users also had lower mean social support scores (10.0 vs 10.5 vs 11.9, p=0.007) and were more likely to have moderate-severe depression (42.7% vs 24.1% vs 14.5%, p<0.001). Having adequate health literacy did not differ by treatment group type.

Abstract OP0216 – Table 1 Social and psychological variables associated with oral analgesic treatment use*

	Adjusted relative risk ratio	95%CI	p-value
Non-Opioid Oral Analgesic Use †			
Social support	0.94	(0.86,1.03)	0.188
Adequate health literacy	0.52	(0.21,1.30)	0.160
Depression, moderate to severe	1.93	(0.72,5.12)	0.189
Opioid Use ‡			
Social support	0.92	(0.83,1.02)	0.120
Adequate health literacy	0.53	(0.20,1.42)	0.207
Depression, moderate to severe	2.96	(1.08,8.07)	0.035
Opioid Use §			
Social support	0.98	(0.92,1.05)	0.601
Adequate health literacy	1.02	(0.55,1.89)	0.954
Depression, moderate to severe	1.53	(0.87,2.71)	0.140

*Multinomial model adjusted for age, sex, race, income, WOMAC, comorbidity, BMI

†Reference: No oral medication use for OA

‡Reference: Non-opioid oral analgesic use

The table 1 shows the associations between the social and psychological health measures with oral analgesic use, adjusted for sociodemographic and clinical factors. Having moderate-severe depression was associated with higher risk of opioid analgesic use compared to no oral analgesic use (RRR 2.96, 95% CI: 1.08 to 8.07) when adjusted for sociodemographic and clinical factors. Depression level was not significantly associated with non-opioid oral medication use, compared to no oral analgesic medication use, in a similarly adjusted model. Neither social support nor health literacy was associated with opioid or non-opioid oral analgesic use in fully adjusted models.

Conclusions: Knee OA patients with more severe depression symptoms, compared to those without, were more likely to report using opioid (vs. non-opioid) analgesics for OA. Social support and health literacy were not significantly associated with oral analgesic use for OA when sociodemographic and clinical factors were accounted for.

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What is lupus – syndrome or different entities?_____

OP0217 A PERMEABLE BLOOD-BRAIN BARRIER IS NOT REQUIRED FOR NEUROPSYCHIATRIC MANIFESTATIONS IN SLE AND PSS

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Background: A prevailing hypothesis for neuropsychiatric (NP) manifestations in systemic lupus erythematosus (SLE) and primary Sjögren's syndrome (pSS) is that brain reactive autoantibodies can enter the brain through an impaired blood-brain barrier (BBB) during inflammatory conditions. Based on murine models the cytokine TWEAK could contribute to NP phenomena by binding Fn14 on brain endothelial cells. This will open the BBB and allow brain-reactive autoantibodies produced in the periphery to reach their targets in the brain.

Objectives: The aim of this study was to investigate the role of the BBB's permeability for NP manifestations in human SLE and pSS. Also, we wished to investigate whether increased TWEAK concentrations could be attributed to brain