Objectives: The aim of this study was to determine whether depression level is effected by response to therapy and compare the effectiveness of DMARD therapies in terms of quality of life, anxiety and depression levels in patients with RA.

Methods: A total of 105 patients (Conventional DMARDs, n=67; Biological Therapy, n=38) with RA participated to the study. Disease activity was assessed using the Disease Activity Score in 28 joints (DAS28). Remission was defined as the absence of disease activity (i.e. tender joint count [TJC]=0+ swollen joint count [SJC]=0+ESR <10 mm/hr). The Hospital Anxiety and Depression Scale (HADS) was used to measure both anxiety and depression level. The Rheumatoid Arthritis Quality of Life (RAQoL) questionnaire was applied to assess quality of life. The drug therapy groups were compared using the Kruskal-Wallis test and the Chi-square test. Correlation between the scales was evaluated by Spearman's correlation coefficient.

Results: There was no statistical difference in terms of RAQoL scores, disease activity and anxiety/depression scores between conventional DMARDs (RAQoL=16.78; DAS Remission=%46.3; Anxiety score=9.31; Depression score=7.34) and biological therapy (RAQoL=13.87; DAS Remission=%36.8; Anxiety score=8.24; Depression score=9.13) (p=0.096; p=0.816). RAQoL scores were significantly higher in patients with higher disease activity treated with conventional DMARDs (conventional DMARDs, DAS Activity=%43.3; biological therapy, DAS Activity=%39.5; RAQoL=17.54; p=0.006). RAQoL scores were statistically lower in patients with lower disease activity (p<0.001). Depression levels were statistically higher than anxiety levels (p=0.008).

Conclusions: Our results demonstrated that the presence of depression coexisting with RA independent from disease activity may result in poorer clinical response to standard therapies. According to recent ACR recommendations, RA patients who may be candidates for biologics (eg, infliximab, etanercept, adalimumab) include patients with high disease activity, and those who have previously failed to respond adequately to conventional DMARD therapy. However, the results of the study suggest that different pharmacological therapies are not enough to improve quality of life in patients with RA. There is a need for certain non-pharmacological treatments integrated with medication management based on bio-psycho-social approaches to cope with depression in RA patients.

REFERENCES:

- [1] Matcham F, Ali S, Irving K, et al. Are depression and anxiety associated with disease activity in rheumatoid arthritis? A prospective study. *BMC Musculoskeletal Disord* 2016;17:155. doi:10.1186/s12891-016-1011-1
- [2] Rathbun AM, Harrold LR, Reed GW. A prospective evaluation of the effects of prevalent depressive symptoms on disease activity in rheumatoid Arthritis Patients Treated with biologic response modifiers. *Clin Ther* 2016;38:1759–72. doi:10.1016/j.clinthera.2016.06.007

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1151

AB1454-HPR INTERACTIONS BETWEEN WOMEN WITH RHEUMATOID ARTHRITIS AND NURSES IN NURSING CONSULTATIONS – BALANCING ILLNESS, MOTHERHOOD AND WORK LIFE

H Feddersen^{1,2,3}, T.M. Kristiansen⁴, P.T. Andersen⁵, K. Hørslev-Petersen^{1,2}, J. Primdahl^{1,2,6}. ¹Institute for Regional Health Research, University of Southern Denmark, Odense; ²King Christian Xth Hospital for Rheumatic Diseases, Graasten; ³Institute for Health Education, University College of Southern Denmark, Aabenraa; ⁴Department of Medicine and Health Technology, Aalborg University, Aalborg; ⁵Department of Public Health, University of Southern Denmark, Esbjerg; ⁶Hospital of Southern Denmark, Aabenraa, Denmark

Background: Patients with rheumatoid arthritis (RA) are offered outpatient follow-up in nurse-led consultations.¹ RA affects almost every aspect of daily life.² Many women with rheumatoid arthritis find it challenging to be mothers and simultaneously participate in paid work.³

Objectives: To investigate how women's understanding of RA, motherhood and working life are parts of the interactions with nurses during nursing consultations.

Methods: Participant observations were conducted during 10 women's attendance in nursing consultations and subsequently the women were interviewed about their experiences. Data generation and analysis were carried out according to the principles of constructivist grounded theory.⁴

Results: A core category was developed: "Cooperation through mutual recognition" which describes how women and nurses through verbal and non-verbal communication confirm their common understanding of the

content and form of nursing consulting. Furthermore, three sub-categories were identified:

- 1) "On safe ground" illuminates, that biomedical aspects of the disease such as blood tests results, examination of the joints and pharmacological treatments represent the foundation of the dialogue. This interaction has elements that may be characterised as ritualised behaviour.
- 2) "Taking risks" documents how both parties are more aware of the counterparts' reaction when it comes to dialogue concerning how the women manage illness in everyday life along with motherhood and paid work.
- 3) "Gentle correction" shows how the nurses gently express when they find the women's talk is too far out.

Conclusions: The biomedical aspects of the disease (disease perspective) constitute the starting point for a discussion and allow both parts to initiate conversations on the women's subjective understanding (illness perspective) of how illness, motherhood, and work are managed.

REFERENCES:

- [1] de Thurah, A., et al., *Efficacy of embedded nurse-led versus conventional physician-led follow-up in rheumatoid arthritis: a systematic review and meta-analysis*. *RMD Open*, 2017. 3(2): p. e000481.
- [2] Kristiansen, T.M., et al., *It means everything: continuing normality of everyday life for people with rheumatoid arthritis in early remission*. *Musculoskeletal Care*, 2012. 10(3): p. 162–70.
- [3] Feddersen, H., et al., *Construction of meaningful identities in the context of rheumatoid arthritis, motherhood and paid work: A meta-ethnography*. *Journal of Clinical Nursing*, 2017. 26(23–24): p. 4117–4128.
- [4] Charmaz, K., *Constructing Grounded Theory*. 2nd ed. 2014, Los Angeles: Sage.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7516

AB1455-HPR THE EXPERIENCE OF LIVING WITH FATIGUE AMONG PEOPLE WITH RHEUMATOID ARTHRITIS – A QUALITATIVE META-SYNTHESIS

J Primdahl^{1,2}, A. Hegelund³, A.G. Lorenzen⁴, K.B. Loeppenthin⁵, E. Dures⁶, B. A. Esbensen⁷. ¹King Christian X's Hospital for Rheumatic Diseases, University of Southern Denmark, Graasten; ²Hospital of Southern Jutland, Aabenraa; ³Center of COPD Competence in Region Zealand, Naestved, Slagelse and Ringsted Hospital, Denmark, Slagelse; ⁴Department of Quality, Research, Innovation and Education, Odense University Hospital, Odense; ⁵The Danish Cancer Society Research Center, Copenhagen, Denmark; ⁶University of the West of England, Bristol, UK; ⁷Centre for Rheumatology and Spine Diseases VRR, Head and Orthopaedics Centre, Rigshospitalet, Copenhagen, Denmark

Background: People with Rheumatoid Arthritis (RA) experience fatigue as the most significant symptom of their illness. Despite a substantial body of knowledge about fatigue, there is a need for an overall comprehensive understanding of the experience of living with fatigue among people with RA

Objectives: To identify, appraise and synthesise qualitative studies on experiences of living with fatigue in people with RA

Methods: We conducted a qualitative meta-synthesis, inspired by Sandelowski and Barroso¹. This included a systematic literature search conducted in February 2017, for studies published in the past 15 years, in the databases PubMed, Cinahl, Embase, SveMed, PsychInfo and Web of Science. To be included the studies had to include findings regarding the experience of adults with RA living with fatigue. The international Critical Appraisal Skills programme was used to assess the quality. The analysis and synthesis were inspired by Malterud's systematic text condensation²

Results: Eight qualitative articles were included. The synthesis resulted in an overall theme 'fatigue: the vicious cycle of an unpredictable symptom'. In addition, the analysis derived five subthemes, 'being alone with fatigue', 'necessary prioritising in everyday life', 'when time gets a different meaning', 'language as a tool for increased understanding' and 'strategies to manage fatigue'. Fatigue affects all areas of everyday life for people with RA. They strive to plan and prioritise, pace, relax and rest. In addition, they try to make use of a variety of words and language to help others understand that the RA-related fatigue they experience is not 'normal' fatigue. People with RA-related fatigue experience feeling alone with their symptom, but they develop their own strategies to manage fatigue in their everyday life

Conclusions: The unpredictability of RA-related fatigue is dominant, pervasive and is experienced as a vicious cycle, which can be described in relation to its physical, cognitive, emotional, social and behavioural impact.