SLEEP QUALITY IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS SHOULD BE KEPT IN MIND

O. Deniz1, H. Satis2, C. Cavusoglu3, R.B. Salmar1, O. Varan1, N. Atlas1, S. Cotel1, R.T. Dogru1, H. Babaoglu2, A. Oncul1, H.D. Varan1, M.C. Kizilarslanoglu1, A. Tutur1, B. Gokce1 1Genetics, Rheumatology, Gazi University School of Medicine, Ankara, Turkey

Background: Sleep disturbance is one of the most important geriatric syndromes and its evaluation is part of the routine comprehensive geriatric assessment (CGA). Elderly patients with poor sleep quality are at risk of worse clinical outcomes such as falling, impairment of activities of daily living, depression and anxiety. Rheumatoid arthritis (RA) is an inflammatory disorder characterised by joint pain and may worsen sleep quality. Previous clinical trials in the literature have shown that elderly patients with RA have poorer sleep quality compared to younger patients. However, there is lack of data on sleep quality of elderly patients with RA.

Objectives: We aimed to investigate sleep quality of elderly patients with and without RA and also explore the effects of sleep quality on quality of life (QoL) and its association with disease activity.

Methods: This study was conducted in the Geriatric and Rheumatology outpatient clinics at a tertiary University Hospital. Fifty elderly RA patients diagnosed according to the ACR criteria and 30 age-matched controls without inflammatory arthropathies were included in the study. All patients underwent CGA including evaluation of Basic Activities of Daily Living (ADL), Instrumental ADL, Yesavage Depression Scale (YDS), Mini-Mental State Examination, handgrip strength and Mini-Nutritional Assessment-Short Form. Sleep quality was assessed by Pittsburg Sleep Quality Index (PSQI), disease activity with Disease Activity Score 28 (DAS28-CRP) and QoL with RA QoL questionnaire (RAQoL).

Results: The median age was 70 years (min-max: 65–86) and 62.5% was female. Age, gender and co-morbidities, such as hypertension, coronary artery disease, osteoporosis, urinary incontinence, depression and chronic obstructive pulmonary disease, and comprehensive geriatric assessment parameters were similar between two groups. Diabetes mellitus frequency was higher in the control group compared to RA patients (43.3% vs. 22.0%, p=0.044). Median PSQI global score was higher in elderly patients with RA compared to controls (9 (min-max: 1–20) vs. 5 (min-max: 1–13), p=0.029), indicating poorer sleep quality. In elderly patients with RA, DAS28-CRP score significantly correlated with PSQI global score (r=0.514, p<0.001) and RAQoL scores (r=0.493, p<0.001). PSQI global score also significantly correlated with RAQoL score (r=0.689, p<0.001), number of medication (r=0.324, p=0.022), handgrip strength (r=−0.370, p=0.017) and YDS score (r=0.417, p=0.005).

Conclusions: Our results suggest that elderly patients with RA may have poorer sleep quality compared to elderly control patients. Disease activity of RA had adverse effects on both sleep quality and QoL. In daily practice, when evaluating an elderly RA patient, sleep quality should also be assessed. Further studies are needed to investigate if management of sleep disturbances improve quality of life in elderly patients with RA.

Disclosure of Interest: None declared


THU0174 SEXUAL FUNCTION OF WOMEN WITH RHEUMATOID ARTHRITIS IN COMPARISON WITH HEALTHY VOLUNTEERS

A. Fazaa, R. Ben Saad, K. ouennich, S. Miladi, S. kassab, C. salma, K. Ben Abdelghani, A. laatar. Mongi slim Hospital, tunis, Tunisia

Background: Rheumatoid Arthritis (RA) is one of the first diseases where quality of life (QoL) measurements are considered as a therapeutic goal. Sexual health is an important part of a quality of life. Persons with RA often experience decreased sexual health, due to pain, fatigue and physical disability.

Objectives: To assess the prevalence of sexual dysfunction in married women with RA and to compare it with a control group.

Methods: We conducted a cross-sectional study including seventy one married women with RA (ACR/EULAR Criteria), having sexual activity and seventy one, healthy volunteers women matched for socio-demographic characteristics. Sexual function was assessed by a self-reported questionnaire the Index of Female Sexual Function (FSFI).

The comparison of qualitative variables was performed with the Chi square test and the comparison of qualitative variable and quantitative ones was performed with the Student’s test. The significance level was set at 0.05.

Results: The prevalence of female sexual dysfunction in women with RA and in controls was 49% and 23.9% respectively. There was a significant difference in the total FSFI score between patients and controls (24±6.7 versus 27,05±5.34; p=0.002). We found statistically significant differences between the two groups in dimensions of sexual function: desire (p=0.050), arousal (p=0.038) and satisfaction (p=0.024). However, no significant differences were found for pain (p=0.757), lubrication (p=0.069) and orgasm (p=0.083).

Conclusions: Our findings showed that RA adversely affects women’s sexual function. The FSFI, easy and quick to use, could be proposed for the assessment of female sexual function to optimise the management of patients with RA.

Disclosure of Interest: None declared