impairment").² The dimensions of RAND-36 have scores between 0–100 (where 100="best possible health").³

Results: BASFI-scores were highest in third trimester, significantly higher than six weeks postpartum (mean BASFI 3.6 vs. 2.6, $p<0.001$). In line with this result, scores of RAND-36 physical functioning was significantly lower in third trimester compared to six weeks postpartum (mean physical function 54.5 vs. 71.0, $p<0.001$). The women reported considerable pain throughout the study period, with worst reported pain in second trimester, when scores of RAND-36 bodily pain were significantly lower than six weeks after postpartum (mean bodily pain 44.3 vs. 49.6, $p=0.01$). Scores of RAND-36 mental health were high and stable throughout the study period, with best reported mental health six weeks after delivery, when mental health was significantly better than in all time points in pregnancy.

Abstract THU0672 – figure 1. shows changes in functionality and mental health from preconception to one year after delivery, and disease activity and CRP in the same time period.

Conclusions: Even though women with axSpA reported considerable pain and gradually worsening of physical function in pregnancy, they experienced good and stable mental health from preconception to one year after delivery.

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THU0673 DISEASE ACTIVITY DURING AND AFTER PREGNANCY IN WOMEN WITH PSORIATIC ARTHRITIS

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Background: The few previous studies on disease activity of psoriatic arthritis in pregnancy have shown diverging results.^{1–3} None of the studies used validated disease activity measures and the only prospective study was conducted before the widespread use of biological DMARDs.

Objectives: The aim of this project was to prospectively study disease activity in women with psoriatic arthritis before, during and after pregnancy with DAS28-CRP-3 as disease activity measure.

Methods: RevNatus is a Norwegian nationwide register designed for the follow-up of pregnant women with rheumatic diseases. Our study comprised 108 pregnancies in 103 women with psoriatic arthritis with mainly peripheral involvement, included in RevNatus between 2006 - 2017. The women had seven visits at a rheumatology unit; before pregnancy, in each trimester, and six weeks, six months and twelve months postpartum. DAS28-CRP-3-scores from each visit

were analysed in a linear mixed model. We did additional analyses with "tumour necrosis factor inhibitor (TNFi) in pregnancy (yes/no)" as covariate.

Results: Altogether, our study demonstrated stable, low disease activity during and after pregnancy in women with psoriatic arthritis. However, as shown in figure 1, disease activity decreased in pregnancy and increased within six months postpartum, with disease activity six months postpartum significantly higher than six weeks postpartum (estimated mean DAS28 2.71 vs. 2.45, $p=0.016$). Women using TNFi in pregnancy had significantly lower disease activity than women not using TNFi (estimated mean DAS28 six weeks postpartum 1.97 vs. 2.48, $p=0.039$).

Abstract THU0673 – Figure 1. also shows self-reported pain, physical functioning and mental health throughout the study period.

Conclusions: Studying women with psoriatic arthritis, we found that disease activity was highest six months postpartum, but altogether stable in the period from planning pregnancy to one year after delivery. Women using TNFi in pregnancy had significantly lower disease activity.

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THU0674 RHEUMATIC DISEASES AND PREGNANCY: A SINGLE CENTRE DEDICATED CLINIC EXPERIENCE

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Background: Pregnancy causes immune and endocrine systems alterations, therefore it can change the course of the rheumatic diseases. On the other hand, rheumatic diseases can negatively influence pregnancy outcome. Therefore, in the past pregnancy has been discouraged in patients with rheumatic diseases, for high maternal-fetal risks. Nowadays we are aware that counselling, planning of pregnancy, multidisciplinary management and follow up in a dedicated clinic are mandatory for a good maternal-fetal outcome.

Objectives: To assess the impact of close multidisciplinary rheumatological-obstetrical management on high risk pregnancies.

Methods: We considered patients diagnosed with a rheumatic disease before pregnancy who had at least one pregnancy prospectively followed at our dedicated clinic. Each patient underwent a monthly rheumatological and obstetrical evaluation during the all pregnancy. All obstetrical complications were recorded and a final pregnancy outcome was assessed: favourable outcome (delivery) or