sample the presence of aortic root dilation and conduction disturbances (AVB, BBB, IVCD) had a statistically significant association. The principal limitations of this study are the small sample size and the retrospective nature in patient selection.

REFERENCES:

- [1]. ARD 2018;0:1–8.
- [2]. Am J Cardiol 2017;120:2226–2232.
- [3]. Rev Esp Cardiol 2005;58(6):657–65.
- [4]. BMC Muscul Dis 2013;14:237.
- [5]. Scand J Rheumatol 2010;39:38–41.
- [6]. Joint Bone Spine 2011;78:451–455.
- [7]. Clin Rheumatol 2015;34:995–998.
- [8]. Arth and Rheum 2016;68:2476–2486.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.6737

FRI0198

WHICH FACTORS INFLUENCE PSYCHOLOGICAL WELL-BEING OF PATIENTS WITH AXIAL SPONDYLOARTHRITIS? – DATA FROM A CROSS-SECTIONAL SURVEY LINKED TO INSURANCE CLAIMS

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Background: Psychological well-being is considered an important determinant of quality of life. Importantly, well-being is related not only to medical factors, but also to social and economic factors.

Objectives: The aim of this study was to examine the psychological well-being of patients with axial spondyloarthritis (axSpA) and its determinants.

Methods: A stratified random sample of subjects with a diagnosis of axSpA (International Classification of Diseases, Tenth Revision, [ICD-10] code M45) was drawn from German health insurance data to whom a postal questionnaire was sent asking about disease-related, psychological, and lifestyle factors as well as socioeconomic status. Additional information to verify the axSpA diagnosis was collected. The psychological well-being was assessed by the World Health Organisation Well-Being Index (WHO-5), which is considered a sensitive and specific screening tool for depression. The following established cut-offs on the WHO-5 were applied: >50: good well-being, no depressive symptoms, 29–50: mild depressive symptoms, ≤28: moderate-to-severe depressive symptoms. Information on comorbidities, drug prescriptions and non-pharmacological treatment was retrieved from claims data and linked to the questionnaire data.

Results: A total of 1736 persons with a confirmed axSpA diagnosis were included; mean age was 55.8 years and 46.3% were female. We found a mean WHO-5 score of 44.70 in axSpA subjects, which is considerably below the WHO-5 score of 69.95 reported among the population in Germany aged 41 to 60 years.¹ Using the cut-offs on the WHO-5, 533 persons (31%) were found to have moderate-to-severe depressive symptoms, 479 (28%) had mild depressive symptoms, and 724 (42%) had a good well-being. Persons with moderate-to-severe depressive symptoms had higher disease burden of axSpA, lower household income and reported more often a lack of exercise and a perception of suffering from stress (table 1). Multivariable logistic regression revealed that higher disease activity of axSpA, higher level of functional impairment, lower income, self-reported stress and lack of exercise, and younger age were associated with moderate-to-severe depressive symptoms.

Abstract FRI0198 – Table 1. Main demographic, disease-related, lifestyle and socioeconomic characteristics of patients and axSpA.

	Total N=1736	no N=724 (42%)	mild N=479 (28%)	moderate/severe N=533 (31%)	P-value
Sex, female	46.3	41.0	50.6	49.7	0.0009
Age, years	55.8±0.1	57.4±0.4	54.1±0.5	55.1±0.4	<.0001
Symptom duration, years	25.2±0.3	26.6±0.5	23.9±0.6	24.3±0.6	0.0013
Duration since diagnosis, years	19.4±0.3	21.3±0.5	17.9±0.6	18±0.6	<.0001
In rheumatologic care, %	46.1	39.5	47.2	54.0	<.0001
HLA-B27 positive, %	86.0	87.4	83.5	86.6	0.2816
BASDAI, 0–10	4.5±0.1	3.3±0.1	4.8±0.1	5.8±0.1	<.0001
BASFI, 0–10	4.1±0.1	2.9±0.1	4.2±0.1	5.6±0.1	<.0001
Inflammatory bowel disease (ever, self-reported), %	8.8	6.9	6.2	13.9	<.0001
Uveitis (ever, self-reported), %	27.3	28.7	28	24.9	0.3181
Psoriasis (ever, self-reported), %	15.1	12.1	16.8	17.7	0.0152
Body Mass Index, kg/m ²	27±0.1	26.8±0.2	27±0.2	27.4±0.2	0.0872
Lack of exercise, %	24.4	19.0	25.3	30.8	<.0001
Suffering from stress, %	39.9	25.5	47.8	52.6	<.0001
Full-time employment, %	31.7	32.2	35.6	27.4	0.0187
Household income, €					
<1500	25.9	20.1	26.7	33.1	<.0001
1500–3200	56.0	55.0	58.3	55.2	
>3200	18.1	24.9	15.0	11.7	
Smoking, current, %	18.9	14.8	20.0	23.4	0.0006
Pharmacological treatment, %					
NSAIDs	59.7	50.9	63.4	68.6	<.0001
Non-opioid analgesics	22.6	18.2	20.6	30.3	<.0001
Opioids	16	9.4	16.5	24.4	<.0001
bDMARDs*	17.1	15.5	19.1	17.5	0.2520
csDMARDs**	11.7	10.6	10.5	14.4	0.0818
Glucocorticoids	18.3	15.6	17.5	22.8	0.0046
No pharmacological treatment, %	22.1	30.3	21.2	11.8	<.0001

Values are presented as mean ± standard error of the mean for continuous characteristics and as percentages otherwise. P-values were assessed using analyses of variance for continuous characteristics and Rao-Scott chi-square tests otherwise.
WHO-5, 5-item World Health Organization Well-Being Index; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; BASFI, Bath Ankylosing Spondylitis Functional Index; NSAIDs, Nonsteroidal Anti-inflammatory Drugs; csDMARDs, conventional synthetic Disease-Modifying Anti-Rheumatic Drugs; bDMARDs, biological Disease-Modifying Anti-Rheumatic Drugs.
* bDMARDs: 17.0% TNF blocker, 0.07% secukinumab, 0.06% tocilizumab, 0.06% ustekinumab, 0.05% abatacept.
** csDMARDs: 5.7% sulfasalazine, 5.6% methotrexate, 0.9% leflunomide, 0.6% azathioprine, 0.2% cyclosporin.

Conclusions: Moderate-to-severe depressive symptoms are frequent in patients with axSpA. They are associated with a high disease burden as well as sociodemographic factors. These findings highlight the need for the careful evaluation of depressive symptoms as a part of the management strategy for axSpA, helping to improve axSpA outcomes.

REFERENCE:

- [1] Brähler E, Mühlan H, Albani C, Schmidt S. Teststatistische Prüfung und Normierung der deutschen Versionen des EURO-HIS-QOL Lebensqualität-Index und des WHO-5 Wohlbefindens-Index. Diagnostica 2007;53(2):83–96.

Acknowledgements: This work was supported by the Federal Ministry of Education and Research within the research network PROCLAIR (01EC1405).

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5317

FRI0199

FUNCTIONING CATEGORIES BY ASAS HEALTH INDEX IN PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS AND CONCOMITANT FIBROMYALGIA

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Background: Ankylosing spondylitis (AS) is a chronic rheumatic disease that characterised by prevalent inflammatory spinal involvement. Concomitant fibromyalgia (FM) can significantly modify this condition. In 2014, ASAS Health Index and Environmental Factors (ASAS H/EF) appeared as new tool to assess the health status of patients with spondyloarthritis, able to describe the total impairments, restrictions and functional limitation due to AS.¹