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AB0315 EVALUATION OF SLEEP QUALITY, FATIGUE AND SEXUAL PROFILE IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: People over the age of 60 with rheumatoid arthritis (RA) often complain of fatigue, which is considered an extra-articular symptom. This problem has a multidimensional character and sounds on the quality of sleep and on the sexual profile.

Objectives: Our study consists in assessing the prevalence of fatigue and studying the quality of sleep and the sexual profile of patients over 60 years of age with RA compared to subjects suffering from the same illness of younger age.

Methods: This is a prospective study involving 100 patients at the Rheumatology department of Fattouma Bourguiba university hospital in Monastir over a period of 6 months: 40 patients more than 60 years of age with RA compared with 60 patients with RA of younger age. Data collection was based on scales and specific questionnaires (Visual Analogue Fatigue Scale (VAS-F), Multidimensional Fatigue Inventory (MFI-20), Pittsburgh Sleep Quality Index (PSQI), Female sexual Function Index (FSFI), Sexual Health Inventory for Men (SHIM).

Results: The average age was 55.8 years [25-84]. The most represented age group was over 60 (40%). The sex ratio was 5.6.

73% of our patients were married and 81% had children with an average number of 3 children in charge and extremes between 1 and 9. Fatigue, sleep quality and sexual profile were analyzed comparatively and respectively between the 2 groups (1st group ≥ 60 and second < 60 years). The average of the VAS-F was 60.25 compared to 53.5. Fatigue (via MFI-20) was present in all its domains in our patients. General fatigue and physical fatigue were the highest, averaging 13.98 vs. 13.07 and 12.98 vs. 12.33 respectively. Sleeping insomnia (PSQI > 5) was found with the same proportion of 65% in both groups. Low sleep quality was found in 90% versus 93%. A sleep latency > 31 minutes was found in 37.5% against 30%. Sleep duration < 6 hours per night was found in 52.5% versus 50%. Sleep efficiency $< 85\%$ was found at an equal percentage of 75%. Sleep disorders > 10 times in the last 4 weeks were found at an equal percentage of 15%. Regular female sexual activity was found in 42.5% versus 71% and dysfunction (FSFI ≤ 26.55) was noted in 35% against 63.3%. Regular male sexual activity was found in 54.5% against 75% and mild erectile dysfunction (SHIM ≤ 21) was noted in 83.3% against 20%.

Conclusion: A multidimensional approach is needed to explore the different components of fatigue, sleep quality and sexual profile in patients with RA and its very diverse consequences. This should lead to an improvement in the quality of life in the current medical practice.

Disclosure of Interests: None declared

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AB0316 ESTABLISHED SERONEGATIVE RHEUMATOID ARTHRITIS IS CONSIDERED A MILD FORM OF THE DISEASE, ALSO WILL IT BE THE SAME REGARD FOR VERY EARLY SERONEGATIVE RHEUMATOID ARTHRITIS?

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Background: Established Seronegative Rheumatoid Arthritis (ESNRA) is considered a mild form of the disease with a good prognosis and response to therapy compared with seropositive (SP) form [1]. Lately evidence indicates that seronegative (SN) form of arthritis in early stage is serious and should not be underestimated in terms of disease activity, response to therapy and radiographic damage [2,3,4]. At present, the influence of SN status of clinical course and treatment choice in very early stages, in other words less than 3 months from time at onset of disease, is still controversial [5].

Objectives: To evaluate demographical, clinical and treatment differences between Very Early Seronegative Rheumatoid Arthritis (VESNRA) and Very Early Seropositive Rheumatoid Arthritis (VESPPRA) in a Mexican cohort.

Methods: 64 patients with Very Early Rheumatoid Arthritis [(VERA), < 3 months from time at onset of clinical manifestations] that fulfilled ACR/EULAR 2010 criteria (≥ 18 years) from a Mexican cohort recruited from 2015 to 2018 were examined and followed to 3, 6 and 12 months. Patients without presence of rheumatoid factor (RF) and anticitrullinated protein antibodies (ACPA) were considered SN. Demographic factors, clinical features, disease activity measured using DAS28, functional status evaluated using HAQ, comorbidities and pharmacologic treatments were examined for patients with VESNRA and VESPPRA. Charlson's clinical comorbidity index was used to analyze comorbidities. Chi-square and Student-t test was performed by univariate analysis and logistic regression was used by multivariate analysis, both were adjusted for age and gender. Statistical test were conducted at 5% level of significance.

Results: Of 64 patients with VERA 79% were women. The mean age [standard deviation (SD)] was 49.8 (13.5) years. The mean of time at onset of VERA (SD) was 77.8 (15.5) days. A total of 20 (31.2%) patients had VESNRA. In the univariable analyses VESNRA patients were more likely to have minor disease activity and better functional status during their follow-up to 3, 6 and 12 months [Table 1]. Moreover, VESNRA patients were more likely to present lesser work disability, lower comorbidities including fibromyalgia, to use fewer sulfasalazine, leflunomide, biologic agents and corticosteroids. As expected, the modified Charlson's comorbidity index score was lower in VESNRA patients through all their follow-up. In multivariable analyses less frequently use of corticosteroids (OR 0.68, 95% CI 0.42-0.88, $p < 0.001$) remained significant in VESNRA patients.

Conclusion: This study suggests that in very early stage of disease, SN form presents minor disease activity, better functional status, lower comorbidities, also require less aggressive therapy using biologic agents and corticosteroids than SP form in the course of one year. By these clinical and therapeutic differences should be considered VESNRA a mild form of the disease like as ESNRA. These observations must be confirmed in larger studies with further follow-up.

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Table 1. Disease activity and functional status in VESNRA and VESPPRA Patients

Feature	VERA		p value
	Seropositive	Seronegative n= 44	
	(68.8)	n= 20 (31.2)	
Disease activity (DAS28), mean score (SD)			
<i>Baseline</i>	5.99 (0.85)	5.09 (0.76)	NS
<i>3 months</i>	3.43 (1.09)	2.42 (0.85)	0.003
<i>6 months</i>	2.76 (0.97)	2.04 (0.72)	0.008
<i>12 months</i>	2.25 (0.57)	1.74 (0.22)	0.002
Functional status (HAQ), mean score (SD)			
<i>Baseline</i>	2.19 (0.30)	1.72 (0.28)	NS
<i>3 months</i>	1.86 (0.32)	1.29 (0.33)	0.007
<i>6 months</i>	1.49 (0.42)	0.87 (0.35)	0.019
<i>12 months</i>	0.99 (0.36)	0.56 (0.17)	0.025

VESNRA: Very Early Seronegative Rheumatoid Arthritis; VESPPRA: Very Early Seropositive Rheumatoid Arthritis; **SD:** Standard deviation; **NS:** Not significant

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AB0317 THE EFFECT OF ANEMIA ON THE CARDIAC FUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic disease that is characterized by defeat of the musculoskeletal system and is often accompanied by the anemia.