adherent patients tend to perceive a worse disease condition. Further studies can clarify if low adherence is causally associated with less efficacy of therapy.

REFERENCES


AB0360E

SLEEP DISORDER OR DEPRESSION IN KOREAN RHEUMATOID ARTHRITIS, AND ITS ASSOCIATION WITH DISEASE ACTIVITY

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Background: Rheumatoid arthritis is a chronic autoimmune disease. Psychological stress and mood disorders such as sleep disorder or depression are more frequent in patient with RA.

Objectives: The aim of this study was to evaluate the relationship between disease activities and sleep disorder or depression in Korean patients with RA.

Methods: The study enrolled 334 patients with RA who visited Hallym University Sacred Heart Hospital (South Korea). The diagnosis of insomnia and depression was based in patient questionnaire such as Pittsburgh sleep quality index (PSQI) and Beck depression inventory (BDI). Insomnia was defined as PSQI≥5 and depression was defined as BDI≥13. Patients were divided into two groups (insomnia vs no-insomnia, depression vs no-depression) and the clinical aspects were compared by Mann-Whitney U-test. Age, gender, erythrocyte sedimentation rate (ESR), 28 joint disease activity score (DAS28), DAS28-P score (the subjective components of the DAS28 relative to the total components), tender joint count (TJC) and swollen joint count (SJC), quality of life measured with health assessment questionnaire (HAQ) were analyzed.

Results: The mean disease duration was 6.4±9 years and the mean DAS28 score was 3.6±1.1. Seventy percent of the patient had insomnia and 8% had depression. Compared with patients without insomnia, insomnia patients had a higher DAS28 (3.7±1.16 vs. 3.2±1.0, P<0.001), higher pain DAS28 (0.37±0.17 vs. 0.32±0.16, P<0.004), higher TJC (4.6±5.8 vs. 2.3±3.45, P<0.001) and higher HAQ score (0.49±0.53 vs. 0.19±0.36, P<0.001). Compared with no depression patients, depression patients had a higher DAS28 (4.07±1.37 vs. 3.51±1.11, P<0.001), higher pain DAS28 (0.44±0.17 vs. 0.35±0.44, P<0.015), higher TJC (6.5±6.57 vs. 3.7±1.52, P<0.006), higher SJC (1.81±5.2 vs. 0.67±1.28, P<0.003), and higher HAQ score (0.63±0.51 vs 0.38±0.5, P<0.021).

On univariable logistic regression analysis, insomnia was positively associated with age, DAS28, DAS28-P and BDI score. After adjustment, insomnia was positively associated with sex (female), age, BDI and DAS28 score. On univariable logistic regression analysis, depression was positively associated with PSQI and DAS28-P score. After adjustment, depression was positively associated with PSQI and DAS28-P score.

Conclusion: Rheumatoid arthritis patient with the sleep disorder or depression had worse clinical symptoms than those without. Rheumatologist should take sleep disorder or depression into consideration on evaluation of disease severity in RA patients.


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DETECTABLE HBV DNA AT TREATMENT BASELINE PREDICTED HEPATITIS B VIRUS REACTIVATION IN INFLAMMATORY ARTHRITIS PATIENTS WITH NEGATIVE HEPATITIS B SURFACE ANTIGEN BUT POSITIVE ANTI-HEPATITIS B CORE ANTIGEN

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Background: Hepatitis B virus (HBV) reactivation in inflammatory arthritis patients with negative hepatitis B surface antigen (HBsAg−) but positive anti hepatitis B core antibody (HBsAg/+anti-HBc+) is well defined. The risk of reactivation in patients with negative hepatitis B surface antigen but positive anti hepatitis B core antibody (HBsAg+/anti-HBc+) is less well defined.

Objectives: To investigate factors predicting reactivation.

Methods: IA patients attending the rheumatology specialist clinic in a local tertiary hospital between 1st January 2011 and 31st December 2016 were included if they had HBsAg+/anti-HBc+ status. Demographic data, clinical parameters including treatments for IA and any use of antiviral prophylaxis, and laboratory results including anti hepatitis B surface antibody (anti-HBs) and serial HBV DNA levels were obtained. Logistic regression was used to identify factors predicting HBV reactivation.

REFERENCES