Table 1. Hypothesized and actual correlations for convergent validity

	Hypothesized		Actual		Hypotheses Met
	Direction	R	R	p-value	
Internal resource					
Pain self-efficacy	+	0.30 – 0.50	0.48	0.000	Yes
Mental well-being					
HADS anxiety	-	-0.30 – -0.50	-0.37	0.000	Yes
HADS depression	-	-0.30 – -0.50	-0.31	0.000	Yes
SF-36 mental health	+	0.30 – 0.50	0.30	0.000	Yes
Physical well-being					
WOMAC physical function	-	> -0.30	-0.17	0.000	Yes
WOMAC pain	-	> -0.30	-0.16	0.000	Yes
WOMAC stiffness	-	> -0.30	-0.11	0.005	Yes
SF-36 physical functioning	+	< 0.30	0.15	0.000	Yes
Social well-being					
Lubben's social network score	+	< 0.30	0.22	0.000	Yes

HADS: Hospital Anxiety & Depression Scale; SF-36: Short-Form 36; WOMAC: Western Ontario & McMaster Universities Osteoarthritis Index

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AB1325 HAND FUNCTION IS IMPAIRED IN PATIENTS WITH RHEUMATOID ARTHRITIS, PSORIATIC ARTHRITIS, AND PSORIASIS COMPARED TO HEALTHY CONTROLS

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Background: Inflammatory-rheumatic diseases affect hand joints with swelling and pain, leading to joint destruction. Even patients with psoriasis only may suffer subclinical inflammation in the hand joints, leading to changes of bone [1]. Finger joint involvement is different for rheumatoid arthritis (RA), psoriatic arthritis (PsA) and psoriasis (Pso) but hand function in these patients is not well characterized.

Objectives: To quantify and compare grip strength and hand function in patients with RA, PsA and Pso and to relate these outcomes to disease activity.

Figure 1

Methods: Patient diagnosed with RA (ACR/EULAR 2010), PsA (Caspar) and Pso and 54 healthy individuals were included in the study after written informed consent. Maximal isometric grip strength (kPa) was

measured with a hand dynamometer (Lafayette Instrument, Lafayette, IN, USA) as the highest value out of three measurements. Hand function was determined by way of the Moberg Picking-Up Test (MPUT) and the fastest (s) of two measurements was used. Disease activity was calculated as DAS28_ESR and TJC/SJC 78/76 was recorded. One-way Analysis of Variance (ANOVA), factorial ANOVA and Games-Howell post-hoc testing was performed ($p < 0.05$).

Results: 101 RA (63 f; 38 m; age: 59.1 ± 13.2 yrs), 92 PsA (48 f, 44 m; age 54.8 ± 11.6 yrs) and 51 Pso patients (19 f, 32 m; age 47.3 ± 14.1 yrs), as well as 54 healthy control subjects (30 f, 24 m; age 54.6 ± 16.5 yrs) participated in the study. Disease duration (yrs) was not different between groups (RA: 11.03 ± 10.1 , PsA: 9.1 ± 9.75 , Pso: 12.5 ± 11.7 ; $p = 0.156$) but Pso patients in our cohort were younger compared to RA and PsA patients. Mean DAS28_ESR was < 3.2 for all patient groups with control subjects ($\text{DAS28 } 1.6 \pm 0.7$) having lower scores compared to all patient groups and Pso patients presenting with lower DAS28 (2.3 ± 1.3) compared to RA (3.0 ± 1.3) and PsA (2.9 ± 1.3). While TJC was higher for all patients compared to controls (RA: 5.2 ± 6.8 , PsA: 5.9 ± 8.1 , Pso: 3.2 ± 6.4 ; CON: 0.5 ± 1.4 ; $p = 0.00$), SJC was higher for RA and PsA compared to Pso and CON (RA: 0.7 ± 1.0 , PsA: 0.9 ± 2.2 , Pso: 0.1 ± 0.3 ; CON: 0.5 ± 1.4 ; $p = 0.000$). Grip strength of the dominant and/or affected hand of RA patients was lower compared to PsA, Pso and CON (Figure 1A). In contrast to this, hand function of the same hand in all tested patient groups was reduced compared to CON (Figure 1B). The results for grip strength and hand function were not different for the dominant and the affected hand and are independent of age differences between groups.

Conclusion: Overall, RA patients showed significantly lower grip strength compared to PsA and Pso patients as well as to the control group, whereas all three patient groups performed worse in the MPUT compared to the control cohort. This suggests that grip strength may be preserved longer than hand function in patients with inflammatory rheumatic disease. Further, it was surprising that hand function was reduced in Pso patients without arthritic correlate compared to healthy subjects. This suggests that hand function may provide a potential parameter for discriminating Pso patients at risk for subclinical joint involvement.

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AB1326 INCREASED FIBRINOGEN TO ALBUMIN RATIO IN ANKYLOSING SPONDYLITIS: CORRELATION WITH DISEASE ACTIVITY

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Background: Fibrinogen to albumin ratio (FAR) has emerged as a new effective biomarker which can reflect the severity of chronic inflammation. However, none of study has focused on the role of FAR in ankylosing spondylitis (AS).

Objectives: The study aimed to investigate the association between FAR and the disease activity of AS.

Methods: The retrospective study included 117 AS patients and 165 age- and gender-matched healthy controls. AS patients were divided into remission group (Bath Ankylosing Spondylitis Disease Activity Index