A SYSTEMATIC LITERATURE REVIEW (SLR) ON PHYSICAL ACTIVITY BEFORE, DURING AND AFTER SCLEROSIS (SSC)

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Background: SSC affects significantly patients’ functionality and Quality of Life (QoL). Specific Nursing Sensitive Outcomes (NSOs) still need to be established in SSC.

Objectives: This SLR was aimed at identifying NSOs in SSC patients and the related screening tools.

Methods: MedLine, CINHAL, EMBASE and PsycINFO were searched to identify relevant studies. Experimental and observational studies that reported nursing interventions and NSOs were included. All potentially eligible studies were read in full text and examined against the selection criteria previously listed. Quality assessment was carried out through Critical Appraisal Skills Programme tools; and, the OMERACT (Outcome Measures in Rheumatology) comprehensive conceptual framework for health was used to contextualise and summarise findings.

Results: 7015 records were screened for title and abstract, 39 full-text studies were non-exercisers. By pregnancy week 30, only 20% were still regular exercisers and 53% were non-exercisers.

Conclusion: The results identify outcomes that may allow the structuring of a preliminary behaviour flow chart for nursing SSC case management. Further researches are warranted to examine the multidimensional and complex role of nursing in SSC management.

Flow chart of the SLR:

Figure 1

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AB1355-HPR

PHYSICAL ACTIVITY BEFORE, DURING AND AFTER PREGNANCY IN WOMEN WITH SPONDYLOARTHRITIS – DATA FROM REVNATUS

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Background: There are no known studies on physical activity (PA) in pregnancy for women with spondyloarthritis (SpA).

PA is an essential and well-documented part of treatment for SpA [1]. A Swedish study of patients with SpA has shown that only 7 out of 10 patients with SpA meet the World Health Organization (WHO) recommen-
dations of PA [3]. In MoBa 46.4% were regular exercisers (≥ 3 times a week) before pregnancy, while 25% were non-exercisers (≤ 3 times a month). At pregnancy week 17, 28% were regular exercisers, and 41% were non-exercisers. By pregnancy week 30, only 20% were still regular exercisers and 53% were non-exercisers [2].

Objectives: To describe the level of PA before, during and after pregnancy for Norwegian women with SpA.

Methods: Women with SpA (ICD-10 M45, M46.1, M46.4 and M46.9) enrolled in the Norwegian nationwide quality register RevNatus that have self-report their level of PA, are included. Data from seven time points are presented.

Results: BASDAI – Bath Ankylosing Spondylitis Disease Activity Index, BMI – body mass index, VAS – visual analogue scale

Conclusion: During pregnancy, the percentage of women with SpA in the non-exercising group are increasing. The percentage of regular exercisers is lower 12 months after delivery than pre-pregnancy. Throughout the seven time points, 68 – 91% of the women with SpA do not fulfil the WHO recommendations for PA. SpA should be an integral part of standard care throughout the course of disease for people with SpA and healthcare providers should take responsibility for promoting it and make necessary referrals to ensure that people with SPA receive appropriate PA-interventions [1].

REFERENCES


Disclosure of Interests: None declared


Abstract AB1356HPR Table 1. Level of exercise, BASDAI, VAS pain, VAS fatigue and BMI presented with mean scores and standard deviation (SD)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Before pregnancy</th>
<th>1st trimester</th>
<th>2nd trimester</th>
<th>3rd trimester</th>
<th>6 weeks postpartum</th>
<th>6 months postpartum</th>
<th>12 months postpartum</th>
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<tbody>
<tr>
<td>Regular exercisers</td>
<td></td>
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<tr>
<td>≥ 3 times a week</td>
<td>32.2%</td>
<td>21%</td>
<td>20.3%</td>
<td>8.9%</td>
<td>9.5%</td>
<td>24.5%</td>
<td>13.6%</td>
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<tr>
<td>Irregular exercisers</td>
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<tr>
<td>≤ 2 times a week</td>
<td>40.7%</td>
<td>46.6%</td>
<td>38%</td>
<td>35.6%</td>
<td>25.4%</td>
<td>36.7%</td>
<td>34.1%</td>
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<tr>
<td>Non-exercisers</td>
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</tr>
<tr>
<td>≥ 3 times a month</td>
<td>21.1%</td>
<td>34.4%</td>
<td>41.8%</td>
<td>55.9%</td>
<td>65%</td>
<td>38.7%</td>
<td>52.3%</td>
</tr>
</tbody>
</table>

DATA FROM REVNATUS

Table 1: Level of exercise, BASDAI, VAS pain, VAS fatigue and BMI presented with mean scores and standard deviation (SD)

Disclosure of Interests: None declared


PROSPECTIVE ANALYSIS OF IRREVERSIBLE ORGAN DAMAGE IN PATIENTS WITH KRYGZ NATIONALITY

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Background: Special attention in recent decades has been paid to the accumulation of irreversible organ effects (SLICC) with systemic lupus erythematosus (SLE) in the form of most diseases, as well as therapy. Along with an increase in survival, the structure of lethal outcomes also changed: cardiovascular pathology, complications of drug therapy, malignant neoplasms, chronic renal and pulmonary insufficiency.

Objectives: Study of irreversible organ damage in patients with SLE, prospective observation.

Methods: The study included 150 (26.31%) Kyrgyz patients out of 570 with a reliable diagnosis of SLE, female (96%), young age (median - 34 [26 - 44]), Kyrgyz nationality (93.33%), high - 61 (40.66%) and very high activity - 40 (26.67%), with the duration of SLE at 1 observation point from 7 months to 10 years, with dynamic observation from 1 year to 3 years. The development of irreversible organ damage was assessed on a scale of damage index (PI) developed by the International Cooperation Organization of SLE Clinics. The absence of damage was rated as 0 points, low PI - 1 point, average PI from 2 to 4 points, high PI more than 4 points.

Results: In the Kyrgyz cohort at the initial visit, the absence of irreversible organ damage was observed in the overwhelming majority of patients - in 127 (84.67%) of 150. In 1 observation point with organ lesions there were 23 patients (15.33%) out of 150, of which with low PI values - 14 (60.87%), with average values - 9 (39.13%), there were no patients with high PI values, due to the small duration of the disease (median - 3 [0.7; 10] of the year). During the initial visit, irreversible organ damage was observed due to the administration of HA (8): aspecific necrosis of the femoral heads - in 2, spondylopathy - in 3, cataract - in 2 and diabetes - in 1. Second point of observation was in 2: spondylopathy - in 3, cataract - in 2 and diabetes - in 1. The variance of discrete quantitative variables between groups the Kruskal-Wallis test was used, with a post-hoc analysis with U-Mann Whitney.

Conclusion: Under dynamic observation, irreversible organ damage was detected in 28.67% of cases, which was 13.34% more compared to the initial state, without statistically significant progression (p > 0.05), mainly due to the administration of GC (55, 82%).

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AB1357-HPR

SUICIDAL BEHAVIORS IN PATIENTS WITH INTRAVENOUS BIOLOGIC THERAPIES

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Background: In patients with rheumatic diseases, suicidal ideation (Si) and suicide attempt (Sa) have been observed more frequently than in the general population.

Objectives: 1. To determine the prevalence of Si and Sa in patients with biological therapies. 2. To evaluate possible factors associated with the Si.

Methods: Observational cross-sectional study in patients with intravenous BT from Day Hospital of a tertiary hospital in Madrid. Sociodemographic, disease features [weight, height, work disability (WD), diagnosis, treatment] and PRO (FIRST, FACIT-F, HAD, and GHQ-28) were collected. We defined the Si according to the answer at the 6th and 7th questions of section D of the GHQ-28. The Sa was registered according the patient’s clinical history. The categorical variables were analyzed with the Chi square test. A logistic regression analysis was performed to evaluate the possible factors associated with suicidal behavior (SB). To evaluate the variance of discrete quantitative variables between groups the Kruskal-Wallis test was used, with a post-hoc analysis with U-Mann Whitney, to determine the difference between pairs.

Results: We included 321 patients, 65% women, with a mean age (range, SD) of 56 years (89-15, 14.1), and a mean disease duration (range, SD) of 16 years, DS (31, 9.7). The sociodemographic and clinical characteristics are described in Table 1 and 2. Of all patients, 4% had or had more Sa and 11% had Si. 23% of patients had associated fibromyalgia (FIRST), 47% fatigue (FACIT-F), 27.4% anxiety (A-HAD), 16.2% depression (D-HAD) and a 48.6% a probable psychiatric disorder (GHQ-28). The final logistic regression model includes FACIT-F, IL, D-HAD, and first biological with Cox R2 and Snell 20.1% and Nagelkerke 35.5%. The area under the curve was 0.849 with significance p < 0.0001 [95% CI (0.786 - 0.912)]. Regarding the GHQ-28 score, a significant difference was observed among the diagnostic groups (p < 0.001); in post-Hoc, a lower score was observed among patients with ankylosing spondylitis p < 0.001. We also observed a significant difference among the treatment groups (p < 0.001) for the GHQ-28 score. In the post-hoc analysis, the Abatacept group had a significantly higher mean p < 0.01 of the GHQ-28 score, however, in the multivariate analysis no significant difference was observed p = 0.416.

Conclusion: There is a high prevalence of Si and Sa in patients with BT. Depression, fatigue, sleep disorders, fibromyalgia and work disability were associated with a higher prevalence of SB.

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