Figure c

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AB1393-HPR COMPARISON OF THE QUALITY OF LIFE, FUNCTIONAL AND EMOTIONAL STATUS OF INPATIENTS AND OUTPATIENTS WITH RHEUMATIC DISEASES

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Background: Quality of life, function and emotional status of inpatients with rheumatic diseases may be estimated worse than outpatients. Previous studies had shown that there was a worsening in the emotional state of inpatients (1).

Objectives: The aim of this study is to compare the quality of life, functional and emotional status in inpatients and outpatients with rheumatic diseases.

Methods: The study included 78 patients (inpatient, n = 31; outpatient, n = 47) with rheumatic disease. The Health Assessment Questionnaire (HAQ) (2) and SF-36 (3) were used to evaluate the functionality and quality of life, and the Hospital Anxiety and Depression Scale (HADS) (4) was used to determine their emotional status. The variables were investigated using visual and analytical methods to determine whether or not they are normally distributed. Since physical function, mental health and general health perception values of SF-36 and HADS-Anxiety were normally distributed, the Students T-test was used to compare these parameters between two groups. Physical role limitation, pain, social status, emotional difficulty, energy viability of SF-36, HAQ and HADS-Depression were not normally distributed. Thus, Mann-Whitney U test was used to compare these scores between two groups.

Results: The mean age of the subjects (n = 78) included in the study was 46.09 13.89 years and the mean BMI was 27.59 15.08. There was a significant difference in depression, anxiety and pain and social functioning sub-parameters of SF-36 (p <0.005) but there was no significant difference in other parameters (p > 0.005).

Abstract AB1393HPR Table 1. Comparison of the scores of inpatients and outpatients

	INPATIENTS (XSD)	OUTPATIENTS (XSD)	p
HAQ	0,930,82	0,890,68	0,152
HADS-Anxiety	9,873,8	8,215	0,022
HADS-Depression	9,935,02	7,474,34	0,006
SF-36 Physical Function	47,9428,42	48,3623,81	0,669
SF-36 Physical Role Limitation	27,533,7	27,6336,2	0,869
SF-36 Pain	33,6632,28	54,0721,42	0,011
SF-36 Social Status	39,5828,63	55,0627,09	0,032
SF-36 Mental Health	6121,8	62,7316,08	0,761
SF-36 Emotional Difficulty	31,1038,08	33,3243,83	0,717
SF-36 Energy Vitality	30,8320,63	43,2820,86	0,317
SF-36 General Health Perception	36,1621,68	47,4716,15	0,393

Conclusion: It was thought that during the period of admission to the hospital, inpatients should be supported in terms of pain management, social functioning and anxiety and, depression as well as taking medication. Besides, caregivers in hospitals should encourage inpatients with regard to maintaining physical activity.

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AB1394-HPR CAN SUPPORT FROM SIGNIFICANT OTHERS REDUCE SICKNESS ABSENCE IN EARLY RHEUMATOID ARTHRITIS?

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Background: Persons with rheumatoid arthritis (RA) are at higher risk of sickness absence, and the probability of returning to work is lower compared to the general population [1]. In order for persons with RA to continue working, support from the social environment is claimed to be of importance [2]. However, this relation needs to be further investigated.

Objectives: To analyze how support from significant others affects the associations between disease related variables (medication, disease activity and activity limitations) at time for RA diagnosis and sickness absence one year after diagnosis.

Methods: Data were collected from 326 (71% women) patients in working age (18-63 years) included in the Swedish early RA cohort TIRA-2 [3] during 2006-2009. At time of inclusion, mean age was 50 years (SD=11), 89% were prescribed disease modifying anti-rheumatic drugs (DMARDs), mean disease activity score 28 joint count (DAS28) was 4.73 (SD=1.34), and mean score for activity limitation reported by Health Assessment Questionnaire (HAQ) was 0.91 (SD=0.60). The number of days with sickness absence during the first year after diagnosis and inclusion was retrieved from the Swedish Social Insurance Agency. Perceived support from significant others, family and friends separately, were self-reported

by VAS scales, zero indicating no support and 100 indicating full support. The associations of disease activity, activity limitation and DMARD use with sickness absence and how these associations were moderated by support from significant others, were analyzed using zero-inflated negative binomial regression.

Results: Higher activity limitation (HAQ) was associated with lower risk of sickness absence ($p<.001$) but more days with sickness absence ($p=.001$). Higher disease activity (DAS28) was associated with lower risk of sickness absence ($p=.003$). However, when including family support, this association was not significant ($p=.117$) and associated with higher risk of sickness absence, but the association was weaker with family support ($p=.029$). Disease activity was also associated with more days of sickness absence ($p=.013$). The use of DMARDs had no significant relation to sickness absence ($p=.150$) or number of days with sickness absence ($p=.852$). Although, when including support from friends, DMARD use was associated with higher risk of sickness absence ($p=.041$). However, this association decreased significantly with support from friends ($p=.022$).

Conclusion: Support from significant others has an impact on previously known relationships between disease activity, use of DMARDs and sickness absence. Hence, support from significant others has the possibility to help decrease sickness absence among persons with RA one year after diagnosis.

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AB1395-HPR BURDEN IN CAREGIVERS OF PATIENTS WITH RHEUMATIC CONDITIONS

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Background: Rheumatoid arthritis (RA) is a chronic, disease that affects more than 1% of global population, it is a long term condition that causes pain and disability. Evidence had shown that most of the patients are moderately disabled, which brings the necessity of a caregiver to become the patients companion due to its chronic disease. The caregiving role can have an impact in the psychological and physical spheres of the caregivers life.

Objectives: The aim of this study was to explore demographical characteristics and caregiver burden through the Zarit Scale.

Methods: We conducted a cross sectional study in a meeting where caregivers in a rheumatoid arthritis specialized setting. We collected sociodemographic information, and applied the Zarit caregiver burden interview (ZBI) adapted to Spanish. The ZBI includes 22 questions which has 5 responses from 0 (never) to 4 (nearly always), where scores lower than 47 indicated little to no burden, 47 to 55 low burden and >55 intense burden. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates.

Results: We applied a survey to 132 caregivers. Mean age was 52 years SD 19 and 72% were women, 78% of them were taking care of a patient with rheumatoid arthritis, 12% osteoarthritis 2% lupus, 2% osteoporosis the remaining 6% were caregivers of patients with ankylosing spondylitis, fibromyalgia, Sjögren syndrome. Regarding the time as caregiver 48% of them had been carrying the task for less than a year, 16% between two and three years, 18% for more than three years, and 13% for more than four years 5% of them were temporarily caregivers. In our study 85% of caregivers were a family member while 15% was a

nurse or a non-related person. Zarit mean score was 38.2913, additionally 35% had a score higher than 41 points. See table 1.

Variable	n	%
Zarit Score		
0-21 (little or no burden)	9	6.34
22 - 40 mild to moderate burden	82	57.75
41 - 60 moderate to severe burden	43	30.28
61-88 severe burden	8	5.63

Abstract AB1395HPR Table 1. Zarit scale classification

Conclusion: In our study 93% of our patients reported to have moderate to severe burden; thus, it is important to develop strategies and explore the factors related to burden in caregivers in patient with rheumatoid arthritis.

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AB1396-HPR SEXUAL SATISFACTION AND SEXUAL DYSFUNCTION IN PARTNER OF PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Sexual satisfaction is defined as a special experience with biological rules, value judgments and taboos and also is an important indicator of sexual satisfaction, social harmony and physical-mental well being. Sexual dysfunction or reluctance may be psychological, physiological or combination of both. Current studies showed that most of Ankylosing Spondylitis (AS) patients had sexual problems. They have not also severe joint deformities but also have painful intercourse. Therefore decrease in the range of motion of the hip joint due to AS complicates pelvic pain and sexual dysfunction.

Objectives: The aim of study was investigation of sexual satisfaction and sexual dysfunction in partner of patients with AS.

Methods: 50 individuals: 21 female partner of patients with AS with an average age of 40.38 5.31, 29 male partner of patients with AS with an average age of 52.37 5.84 were included in this study. The male partners were evaluated with the International Index of Erectile Function (IIEF) and the female partners were evaluated with the Female Sexual Function Index (FSFI).

Results: Total score of FSFI was 52.37 5.84 (Sexual desire:5.472.01, arousal:11.664.97, orgasm: 8.524.74, lubrication:12.005.06, satisfaction: 8.474.49, pain:8.044.17) in female partner. Erectile score of IIEF was 24.35 6.65, orgasm score was 8.85 3.28, sexual desire score was 7.271.70, sexual satisfaction score was 10.373.86 and general satisfaction score was 8.142.83 in male partner.

Conclusion: According to the results of the study, female partner had moderate sexual dysfunction, male partner had mild erectile function. This study showed that the sexual functions of female and male partners of patients with AS were affected negatively. Further studies need to assess their pelvic floor symptoms as well.

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