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.

REFERENCES

- [1] Hansen, SM., Hetland, ML., Pedersen, J., et al. Work ability in rheumatoid arthritis patients: a register study on the prospective risk of exclusion and probability of returning to work. *Rheumatology*. 2017;56(7):1135-1143.
- [2] Feddersen, H., Kristiansen, TM., Andersen, PT., et al. Construction of meaningful identities in the context of rheumatoid arthritis, motherhood and paid work: a meta-ethnography. *Journal of Clinical Nursing*. 2017;26(23-24):4117-4128.
- [3] Thyberg, I., Dahlström, Bjrk, M., et al. Hand pains in women and men in early rheumatoid arthritis, a one year follow-up after diagnosis. The Swedish TIRA project. *Disability and Rehabilitation*. 2017;39(3):291-300.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2935

AB1395-HPR BURDEN IN CAREGIVERS OF PATIENTS WITH RHEUMATIC CONDITIONS

Diana Buitrago-Garcia¹, Laura Villarreal², Michael Cabrera³, Pedro Santos-Moreno⁴, Fernando Rodriguez⁵. ¹Biomab – Center for rheumatoid arthritis, Nursing research, Bogotá, Colombia; ²Biomab – Center for rheumatoid arthritis, Psychology, Bogotá, Colombia; ³Biomab – Center for rheumatoid arthritis, EHR administration, Bogotá, Colombia; ⁴Biomab – Center for rheumatoid arthritis, Rheumatology, Bogotá, Colombia; ⁵Biomab – Center for rheumatoid arthritis, Patient program coordinator, Bogotá, Colombia

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, Sjogren 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.

Disclosure of Interests: Diana Buitrago-Garcia: None declared, Laura Villarreal: None declared, Michael Cabrera: None declared, Pedro Santos-Moreno Grant/research support from: Dr Santos has received research grants from Janssen, Abbvie and UCB, Speakers bureau: Dr Santos has received speaker fees from Sanofi, Lilly, Bristol, Pfizer, Abbvie, Janssen and UCB, Fernando Rodriguez: None declared

DOI: 10.1136/annrheumdis-2019-eular.6462

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

S. Yaprak Cetin¹, Ayse Ayan², Alime Buyuk Gonen¹. ¹Akdeniz University, Department of Physiotherapy and Rehabilitation, Antalya, Turkey; ²Antalya Education and Research Hospital, Rheumatology, Antalya, Turkey

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.

REFERENCES

- [1] -Aguir R, Ambrsio C, Cunha I, Barcelos A. Sexuality in spondyloarthritis the impact of the disease *Acta Reumatol Port*. 2014;39:152-157
- [2] -Bal S, Bal K, Turan Y, Deniz G, Grgan A, Berkir IK, Sendur OF. Sexual functions in ankylosing spondylitis. *Rheumatol Int* 2011; 31:889-894.
- [3] -Healey EL, Haywood KL, Jordan KP, Garratt AM, Ryan S, Packham JC. Ankylosing spondylitis and its impact on sexual relationships. *Rheumatol* 2009; 48(11):1378-1381. 12.
- [4] -Demir SE, Rezvani A, Ok S. Assessment of sexual functions in female patients with ankylosing spondylitis compared with healthy controls. *Rheumatol Int* 2012; 33(1): 57-63. 13. 5-Ozkorumak E, Karkucak M, Civil F, Tiriyaki A, Ozden G. Sexual function in male patients with ankylosing spondylitis. *Int J Impot Res* 2011; 23(6):262-267.