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 demographic 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. Considering the time as caregiver 48% of them had been carrying the task for less than a year, 16% for 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 while15% 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.

<table>
<thead>
<tr>
<th>Variable</th>
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<tr>
<td>Zarit Score</td>
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<tr>
<td>0-21 (little or no burden)</td>
<td>9</td>
<td>6.34</td>
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<tr>
<td>22 - 40 mild to moderate burden</td>
<td>82</td>
<td>57.75</td>
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<tr>
<td>41 - 60 moderate to severe burden</td>
<td>43</td>
<td>30.28</td>
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<tr>
<td>61-88 severe burden</td>
<td>8</td>
<td>5.63</td>
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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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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, physiologi- cal or combination of both. Current studies showed that most of Ankylos- ing 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 part- ners 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

CLINICAL FEATURES IN COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN KAZAKHSTAN

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Background: Systemic lupus erythematosus (SLE) refers to socially significant diseases and the improvement of diagnosis, treatment of the disease belongs to the target indicators of the State Program in Kazakhstan.

Objectives: The aim of this study was to assess the demographic, clinical features, the degree of activity, damage to internal organs and therapy in patients with SLE.

Methods: The study involved 89 patients with a documented diagnosis of SLE (ACR, 1997) hospitalized for inpatient treatment in rheumatology centers. The register included an assessment of gender, age, Disease Activity Index (SLEDAI 2K), organ Damage Index (DI, SLICC, 2012), and therapy. For qualitative signs, absolute and relative values (%, n) are presented.

Results: In the studied cohort of patients with SLE prevailed women (98.8%). The mean age of patients was 33.610.47 years, 47% of them under 30 years old. The debut of the disease in the overwhelming majority (52%) patients is associated with stress, pregnancy and childbirth. By ethnicity: Kazakh - 67 (75.2%), Russian - 7 (7.6%), Uighurs - 6 (6.7%), Korean - 5 (5.6%), other 5 (6.6%). 56% of patients had higher and secondary-special education. Only a third of patients SLE was diagnosed in the first months of the disease, the rest had erroneous diagnoses, such as rheumatoid arthritis, reactive arthritis, and other systemic diseases. The disease activity (SLEDAI 2K) was very high in 9 (10.1%), high in 24 (26.9%), medium in 39 (43.9%), low in 15 (16.8%) patients and without activity were 2 (2.2%) patients.

Among SLE patients, 92% with mucocutaneous manifestations, 64% had photosensitivity, 56.2% had anemia, 77.5% had arthritis and arthralgia, 28.1% with serositis, 55% had renal involvement, 25.8% had neurological and 58.4% had hematological disorders. Irreversible organ damages (SLICC) were detected in 67.4% of patients: low DI (1 point) - 26 (29.2%), moderate (2-4 points) - 33 (37.1%) and high (>4 points) - in 3 (3.4%) patients. Medium and high DI were observed in patients with renal and neurological involvement.

Patients were predominantly in therapy: methylprednisolone (98%), cytostatics and mycophenolate mofetil (42.3%), hydroxychloroquine (39%). Biological therapy (rituximab, belimumab) was performed in patients with a high degree of activity, nephritis, and neurolupus and in 6 (6.7%) patients with good effect and the possibility of reducing glucocorticoids to minimal doses.

Conclusion: Creating a register and forming a cohort allows for a more complete assessment of activity, organ damage and therapy in patients with SLE.

Disclosure of Interests: None declared