Conclusion: Patients following Open-Access welcome the flexibility and involvement in disease control. However, patients need relevant information to be able to act adequately to the new patient role. Interacting with both rheumatologists and nurses, combined with sufficient time for dialogue, broaden patients' perspective, make opportunities for action visible, and contribute to patient's ability to participate in the managing of their own condition.

REFERENCES:

- [1] Smolen JS, et al. Treating spondyloarthritis, including ankylosing spondylitis and psoriatic arthritis, to target: recommendations of an international task force. *Ann Rheum Dis* 2014
- [2] Smolen JS, et al. Treating rheumatoid arthritis to target: 2014 update of the recommendations of an international task force. *Ann Rheum Dis* 2016
- [3] Bykerk VP, et al. Flares in rheumatoid arthritis: frequency and management. A report from the BRASS registry. *J Rheumatol* 2014
- [4] Combe B, et al. 2016 update of the EULAR recommendations for the management of early arthritis. *Ann Rheum Dis* 2017

Disclosure of Interests: Bianca Bech: None declared, Jens Jørgen Lykkegaard: None declared, Tine Lundbak: None declared, Line Mette Birkegaard: None declared, Mette Lund Schlyter: None declared, Lotte Hanne Hansen : None declared, Lillian Dalsgaard: None declared, Bente Appel Esbensen Speakers bureau: For Pfizer
DOI: 10.1136/annrheumdis-2019-eular.822

THU0708-HPR CORRELATIONS BETWEEN FATIGUE AND PATIENT REPORTED OUTCOME IN PEOPLE WITH INFLAMMATORY ARTHRITIS

Bente Appel Esbensen¹, Sandra Elkjær Stallknecht², Maria Madsen², Lise Hagelund³, Trine Pilgaard³. ¹Copenhagen Centre for Arthritis Research, Centre for Rheumatology and Spine Diseases, Centre for Head and Orthopaedics, Rigshospitalet, Glostrup, Denmark; ²Incentive, Holte, Denmark; ³Pfizer, Ballerup, Denmark

Background: Fatigue is one of the most common symptoms of people with inflammatory arthritis (IA) and often rated as high as or higher than pain. However, it remains unexplored how fatigue is associated with patient related outcomes (PRO) such as work impairment, quality of life, sleep, depression, physical functioning and pain.

Objectives: To explore fatigue and to analyze possible correlations between fatigue and PROs in people with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and axial spondyloarthritis (axSpA).

Methods: A cross-sectional study. People ≥ 18 years with a confirmed diagnosis of RA, PsA or axSpA were consecutively recruited for the study over a 6-month period via routine visits to outpatient rheumatology clinics in two hospitals departments. Trained study nurses collected information on informed consent, diagnosis, medical treatment and disease activity status. Fatigue was evaluated by a self-completed questionnaire using the FACIT-Fatigue sub-scale. The questionnaire also included the following PRO scales: Work Productivity and Activity Impairment scale (WPAI), EuroQol (EQ-5D), Medical Outcomes Study Sleep Scale (MOS), Major Depression Inventory (MDI), and Health Assessment Questionnaire (HAQ) on quality of life and pain. Data was analyzed in SAS. Correlations were assessed by a) Pearson correlation coefficients and b) raw and adjusted linear regressions.

Results: In total 633 persons were invited and 487 (77%) (mean age=53.5, SD 14.5) were included (62% women). The mean fatigue score (range 0-52; lower = more fatigued) was 34.3 (SD 11.1) and there was no statistically significant difference between mean fatigue in the three diagnostic groups ($p=0.08$). Altogether 61% expressed that they were suffering from fatigue (i.e. had a FACIT-Fatigue sub-scale ≤ 39). Women generally had a lower overall fatigue score (mean=33.3, SD 11.1) than men (mean=36.0, SD 11.0). Fatigue did not differ between age groups ($p=0.33$). Those who had changed medical treatment within 0-12 months (21.1%) suffered more from fatigue than those with unchanged treatment (mean=30.1, SD 11.7 vs. mean=35.4, SD 10.7, $p<0.0001$). The average disease activity as indicated by DAS28, BASDAI and BASFI showed low disease activity in the cohort. Current medical treatment (csDMARDs and/or bDMARDs or none) was not associated with severity of fatigue ($p=0.85$). Fatigue correlated with all PROs (Pearson correlation coefficients, all p -values <0.0001) (Table 1). Increased work impairment, sleep problems, depression, and pain were all associated with increased fatigue, whereas decreased quality of life and physical functioning were associated with increased fatigue (raw and adjusted linear regressions). The associations did not change significantly after additional adjustment

for socioeconomic factors. Analyses stratified on type of disease did not differ significantly from the primary non-stratified analysis.

Table 1. Pearson correlations between fatigue (measured by FACIT-F) and PROs

	Pearson correlation coefficient	p-value	N
Work impairment (WPAI)	-0.6359	<0.0001	280
QoL (EQ-5D)	0.7010	<0.0001	487
Sleep (MOS sleep scale)	0.7009	<0.0001	481
Depression (MDI)	-0.7502	<0.0001	483
Physical Functioning (HAQ)	-0.3789	<0.0001	483
Pain (VA)	-0.6118	<0.0001	482

Note: Pearson correlation coefficients range from -1 to 1. A Pearson correlation coefficient of more than 0.80 or less than -0.80 indicates a strong correlation, a coefficient of 0.40 to 0.80 or -0.40 to -0.80 indicates a moderate correlation, and a coefficient below 0.40 or more than -0.40 indicates a weak correlation

Conclusion: Despite the study cohort represents a stable group with low disease activity, fatigue was a frequently expressed symptom across diagnoses. There was a significant correlation between fatigue and the other PROs why fatigue cannot be seen as a single problem, but rather a symptom that broadly affects people living with inflammatory arthritis.

Disclosure of Interests: Bente Appel Esbensen Speakers bureau: For Pfizer, Sandra Elkjær Stallknecht Consultant for: Paid by Pfizer to work on this and other studies, Maria Madsen Consultant for: Paid by Pfizer to work on this and other studies, Lise Hagelund Shareholder of: Pfizer, Employee of: Pfizer, Trine Pilgaard Shareholder of: Pfizer, Employee of: Pfizer

DOI: 10.1136/annrheumdis-2019-eular.1936

THU0709-HPR PERSONS WITH POLYMYOSITIS AND DERMATOMYOSITIS EXPERIENCE REDUCED WORK ABILITY AND QUALITY OF LIFE

Karin Åström¹, Malin Regardt^{1,2}. ¹Karolinska University Hospital, Function area Occupational Therapy and Physiotherapy, Stockholm, Sweden; ²Karolinska Institute, LIME, Stockholm, Sweden

Background: A recent study have described that persons with Polymyositis (PM) and Dermatomyositis (DM) experience reduced work ability (1). Information about whether the reduced work ability affect quality of life is lacking.

Objectives: To describe self-rated work ability with two different assessment and quality of life in persons with PM and DM. To investigate correlations between self-rated work ability and quality of life

Methods: Participants were identified through the Swedish Myositis Network registry (SweMyoNet). Of 78 possible participants, 48 agreed to participate in this study. The median (IQR) age were 57 (45-61) years with a median disease duration of 6 (2-14) years. Fifty-three percent of the participants were women. Seventy-seven percent were working, and the remaining were on sick-leave.

Self-rated work ability was measured by the questionnaire Work Ability Index (WAI) and the Work Ability Score (WAS) which is a single item question. Quality of life by the SF-36.

Results: Self-rated work ability measured by WAI in persons with PM and DM varied between poor work ability and good work ability. The median value of the group was 34 which indicates less good work ability.

Self-rated work ability measured by WAS varied between poor work ability and good work ability. The median of the total group indicates less good work ability.

There was a strong correlation between self-rated work ability measured by WAI and WAS (r_s 0,879 $p=0,01$).

Quality of life measured by SF-36 were rated lower in persons with PM and DM when compared to the general population in dimensions; Physical Function, Role-Physical, General Health, Vitality and Social function ($p\leq 0,02$).

There were moderate to high correlations between self-rated work ability measured by both WAI and WAS, and all dimensions of SF-36 ($p<0,01$)

Conclusion: Persons with PM and DM self-rated their work ability as poor and the quality of life were significantly reduced when compared to the general population. The measures WAI and WAS correlates highly with each other and revealed comparable results indicating that WAS may work as well as WAI as a screening tool to identify reduced work ability. The WAS may also be more feasible with just one single question to use in clinical practice. Our results indicate the importance to measure self-rated work ability in persons with PM and DM in clinical practice.

REFERENCES:

- [1] M. Regardt, I. E. Lundberg, et al. Work ability in patients with polymyositis and dermatomyositis: an explorative and descriptive study. Accepted for publication Work 2015;53:265-77.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6906

THU0710-HPR IMPACT OF SPONDYLOARTHRITIS ON FAMILY AND SOCIAL LIFE IN TUNISIAN PATIENTS

Kawther Ben Abdelghani, Leila Rouached, Alia Fazaa, Saoussen Miladi, Leila Souabni, Kmar Ouenniche, Salma Kassab, Selma Chekili, Zakraoui Leith, Ahmed Laatar. *mongi slim hospital, rheumatology, tunis, Tunisia*

Background: Spondyloarthritis (SA) is a chronic inflammatory disease that could significantly affects the patient's quality of life and alter the social activities and relationship.

Objectives: Here, we aimed to investigate the impact of spondyloarthritis on quality of the social and family life in Tunisian patients.

Methods: This is a cross sectional study including patients with SA (ASAS criteria). A survey comprising questions about family and social relations and the impact of flare on it, were applied between November 2018 and January 2019. Demographic data, marital status, the disease activity (BASDAI and ASDAS) and the function index (BASFI) were obtained. For statistical analysis, we used Chi²-test for qualitative variables and Student-test for quantitative variables. A p value ≤0.05 was considered significant.

Results: We included forty patients. The average age was 41 years-old (±12.9) and the sex ratio was 12.3. 60% of patients were married. The SA was axial in 25%, peripheral in 20% and both in 55%. 17.5% had psoriatic arthritis, 55% had ankylosing spondylitis and 27.5% had inflammatory bowel disease spondyloarthritis. coxitis was found in 47.4% of patients. Most of patients had a moderat activity (29.4%) and the mean activity scores were : (BASDAI =2.75±2.3, ASDAScrp=2.24±1.07), and the mean function index (BASFI) was 2.57±2.5. 57.5% of patients were on biologics (25% Adalimumab, 22.5% infliximab, 10% Etanercept). 67.5% of patients declared having difficulty in accepting their illnesses. Social relationship were deteriorated after the diagnosis of SA in: 27.5% with partners and 20% family members, 15% with friends and 20% with colleagues in work. Moreover, SA reduced the frequency of social activities like sport in 62.5%, traveling in 62.5%, cultural activities in 77.5% and sex practice in 37.5%.

The impact of flares was also evaluated, the patients declared having difficulties in: crossing the street (57.5%), corporal hygiene (30%), sleeping (70%), private life (32.5%) and doing daily tasks (77.5%) and professional activity (81.8%).

No significant relationship was found between social relationship and activities regarding biologic treatment (p=0.74, p=0.68). However presence of coxitis was significantly associated with a lack of friends (p=0.05), and a bad impact in the professional activities (absenteeism and drop job performance) (p=0.05) and the self-esteem (p=0.06).

Conclusion: Our results suggest that family and social relations are deteriorated in Tunisian SA patients due to their illness. Moreover, coxitis has substantial impact on the self-esteem and the social life.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5757

THU0711-HPR COMPARISON OF FEMALE SEXUAL FUNCTION INDEX IN PATIENTS WITH RHEUMATOID AND PSORIATIC ARTHRITIS AND HEALTHY CONTROLS

Denise Boone¹, Ashley Ronson², Jacob Karsh³. ¹The Ottawa Hospital Riverside Campus, Rheumatology, Ottawa, Canada; ²NA, Ottawa, Canada; ³Ottawa Hospital Riverside Campus, Rheumatology, Ottawa, Canada

Background: Alteration in sexual functioning is not well understood in rheumatoid arthritis (RA) and psoriatic arthritis (PsA). A review of the limited current literature suggests that decreased sexual function in female RA patients is common (Zhang et al., 2018). Although RA and PsA differ in presentation and patient experience, literature regarding sexual health of female PsA patients is lacking. The Female Sexual Function Index (FSFI) is a validated and reliable self-reporting tool to assess sexual function in women within six domains: desire, subjective arousal, lubrication, orgasm, satisfaction, and pain (Rosen, et al., 2000).

Objectives: The purpose of this study was to identify and compare the FSFI of three female populations: RA, PsA, and healthy individuals.

Methods: Convenience sampling was used for this descriptive correlational study to recruit 50 female RA patients, 33 female PsA patients, and 25 healthy females for the control group between June to September 2018. Data collection was obtained using questionnaires and a review of the medical record including demographic characteristics, the validated FSFI, medication history, pain score, patient global, Health Assessment Questionnaire (HAQ), and laboratory data. Data was analyzed using ANOVA test with Tukey's post-hoc to determine if any differences exist for FSFI scores based on diagnosis. Analysis was run twice, initially for all participants, and secondly removing the participants who reported not having had sex within the last month.

Results: The mean age of the RA patients was 53.1 ±11.8, PsA patients was 51.6 ± 13.7, and healthy controls was 37.4 ± 10.4. Controls were significantly younger than RA (p <.001) and PsA patients (p =.002). Data including all participants: Based on the total sexual functioning cutoff score of 26.55, 68% of RA female patients (34/50), 67% of PsA females patients (22/33), and 44% of healthy controls (11/25) met the criteria for sexual dysfunction.

Data excluding participants who reported not having had sex in the past month: Controls had significantly higher FSFI scores than the RA patients across all six domains (p≤0.001) and the overall score (p<0.001). Controls had significantly higher FSFI scores than the PsA patients across four of the six domains (p≤0.026) and the overall score (p=0.008). There were no statistically significant differences between the RA and PsA group.

Conclusion: These findings demonstrate that decreased sexual functioning is more common in patients with RA and PsA when compared to a control group. All female patients with RA and PsA should be screened for sexual dysfunction.

REFERENCES:

- [1] Rosen, R., Brown, C., Heiman, J., Leiblum, S., Meston, C., Shabsigh, R., Ferguson, D., & D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, 26(2), 191-208. doi: 10.1080/009262300278597
- [2] Zhang, Q., Zhou, C., Chen, H., Zhao, Q., Li, L., Cui, Y., & Shen, B. (2018). Rheumatoid arthritis is associated with negatively variable impacts on domains of female sexual function: Evidence from a systematic review and meta-analysis. *Psychology, Health & Medicine*, 23(1), 114-125. doi: 10.1080/13548506.2017.1338738

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.343

THU0712-HPR QUALITY OF LIFE OF PATIENTS WITH MULTIPLE SCLEROSIS AND SYSTEMIC SCLEROSIS SUBMITTED TO HSCT: A COMPARATIVE AND LONGITUDINAL STUDY

Érika Arantes de Cardoso¹, Ana Luísa Carvalho Guimarães², Juliana Tomé Garcia Mareze¹, Lucas Dos Santos Lotério¹, Breno César Almeida Silva¹, Karla Costa Pereira², Belinda Pinto Simões², Maria Carolina Oliveira², Manoel Antônio Santos¹. ¹USP, Ribeirão Preto, Brazil; ²HCFMRP-USP, Ribeirão Preto, Brazil

Background: Multiple Sclerosis (MS) and Systemic Sclerosis (SSc) are chronic autoimmune diseases that comprise physical and psychological aspects. Disease progression is usually associated with a continuous decline in quality of life. In this devastating scenario, hematopoietic stem cell transplantation (HSCT) has emerged as an alternative treatment, improving physical outcomes and, at the same time, restoring a more normal life. Quality of life evaluations may be used to measure the effects of therapeutic interventions, considering their impact on patient life in the medium and long term.

Objectives: To evaluate the impact of HSCT on the Quality of Life (QoL) of SSc (G1) and MS (G2).

Methods: In this comparative, longitudinal, cross-sectional study, 56 patients (22 SSc and 34 MS) were included. The Medical Outcomes Study Short-Form 36 (MOS SF-36) scale, used for data collection, mainly assesses the physical health component (PHC) and the mental health component (MHC). The PHC encompasses the following domains: physical functioning (PF), role limitations due to physical problems (RPF), bodily pain (P) and general health perceptions (GHP). The MHC comprises: vitality (VIT), social functioning (SRF), role limitations due to emotional role functioning (ERF) and general mental health (MH). The results of each domain range from 0 to 100, where zero represents the worst and