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.

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

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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 χ^2 -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 $\pm$ 2.3, ASDAScrp=2.24 $\pm$ 1.07), and the mean function index (BASFI) was 2.57 $\pm$ 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

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

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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 $\pm$ 11.8, PsA patients was 51.6 $\pm$ 13.7, and healthy controls was 37.4 $\pm$ 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 ($p \leq 0.001$) and the overall score ($p < 0.001$). Controls had significantly higher FSFI scores than the PsA patients across four of the six domains ($p \leq 0.026$) 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

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

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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