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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.

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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.

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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

100 the best state of health. Data were collected at admission and at 2-years after transplantation. Results underwent statistical analysis. Significance levels were established at $p < 0.05$.

Results: The study included intragroup comparisons (Pre vs post-HSCT; Table 1) and intergroup comparisons (G1 vs G2; Table 2)

Abstract THU0712HPR Table 1. - Mean and median scores of SF-36 domains, before and after HSCT in G1 (n = 22) and G2 (n = 34)

Domain	G1 Pre-HSCT			G1 Post-HSCT			p-value
	Mean	SD	Median	Mean	SD	Median	
PF	41.3	33.9	35	67.2	28.4	85	0.008
RPF	23.8	40.4	0	42.3	30.0	50	0.008
P	46.8	32.9	46.5	71.1	25.9	67.3	0.013
GHP	52.2	27.0	55	66.6	14.3	67	0.03
VIT	55.2	30.1	60	67.2	20.3	75	0.27
SRF	20.3	23.2	62.5	68.5	27.6	68.7	0.60
ERF	54.5	45.4	50	54.5	41.8	33.8	0.96
MH	59.4	24.5	64	64.6	23.8	68	0.47

Domain	G2 Pre-HSCT			G2 Post-HSCT			p-value
	Mean	SD	Median	Mean	SD	Median	
PF	29.71	28.44	20	50.15	29.81	60	0.0003
RPF	19.85	30.01	0	39.71	33.78	25	0.0003
P	69.68	28.89	74	83.97	24.13	100	0.0007
GHP	68.88	18.3	67	85.97	16.78	97	0.0006
VIT	57.94	18.14	55	71.91	17.97	75	0.0004
SRF	48.97	32.57	50	71.69	24.1	75	0.0003
ERF	45.09	44.85	33.3	65.67	40.61	83.3	0.0187
MH	72.18	15.89	75	79.65	19.07	84	0.0006

Abstract THU0712HPR Table 2. - Comparison of the mean scores of SF-36 domains, in G1 (n = 22) and G2 (n = 34), before and at 2 years after HSCT

Domain	Pre-HSCT			Post-HSCT		
	Mean G1	Mean G2	p-value	Mean G1	Mean G2	p-value
PF	41.3	29.71	0.030	67.2	50.15	0.403
RPF	23.8	19.85	0.904	42.3	39.71	0.155
P	46.8	69.68	0.056	71.1	83.97	0.043
GHP	52.2	68.88	0.081	66.6	85.97	0.0001
VIT	55.2	57.94	0.912	67.2	71.91	0.337
SRF	20.3	48.97	0.779	68.5	71.69	0.156
ERF	54.5	45.09	0.412	54.5	65.67	0.357
MH	59.4	72.18	0.258	64.6	79.65	0.004

In the intragroup analyses, comparing pre and post-HSCT scores, there was general improvement in both disease groups, especially in G2. The intergroup comparisons indicate that before HSCT patients in G1 had better FP than those in G2 ($p = 0.03$). The other aspects were not significantly different between groups. After HSCT, patients in G2 had a better QoL scores in P ($p = 0.4338$), GHP ($p = 0.0001$) and MH ($p = 0.0049$). **Conclusion:** These results may be interpreted as positive outcomes of HSCT for MS and SSc. However, our data indicate that HSCT may benefit patients with MS (G2) more than those with SSc (G1).

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THU0713-HPR LINKING THE PATIENT EXPERIENCE OF FOOT INVOLVEMENT RELATED TO PSORIATIC ARTHRITIS TO THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

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Background: Previous research has shown merit in linking domains of impact in psoriatic arthritis (PsA) to the International Classification of Functioning, Disability and Health (ICF) to categorise the effect of global disease [1, 2]. Localised disease predominance and persistence in the foot in PsA is well recognised [3], but limited foot-specific research exists and there are no outcome measures to comprehensively assess foot involvement and its impact in PsA. To date little is known about the patient experience of foot involvement and how this may link to the ICF to capture disease impact.

Objectives: To categorise the patient experience of PsA-related foot problems by linking it to the ICF.

Methods: Participants were recruited from rheumatology outpatient clinics in Sydney, Australia and Auckland, New Zealand. People with PsA were interviewed about their foot problems and the impact they have on daily living until qualitative data saturation. Three multi-disciplinary focus groups

were undertaken with clinicians to explore their understanding of the patient experience. All interviews were audio-recorded and transcribed. Codes, representing concepts obtained from the interviews, were linked to the most appropriate ICF category according to established linking rules. All codes were independently linked to the ICF by 2 investigators and a third investigator for adjudication. Investigator professional backgrounds included occupational therapy and podiatry.

Results: Twenty-one people with PsA-related foot problems and 17 experienced clinicians participated. Over 100 distinct ICF categories were linked to the interview and focus group codes. The most represented ICF category was environmental factors (33%) followed by body functions (26%), activities and participation (25%) and body structure (16%). Environmental factors relevant to patients were shoes and assistive devices, healthcare access and climate. Clinicians identified a greater proportion of body functions and fewer activity and participation categories compared with patients, indicating a possible mismatch of key concerns. Concepts that could not be precisely linked to the ICF were related to coping, aspects of time and knowledge, consistent with previous work. Difficulties in linking highly specific information to categories such as sensations of pain, sensations of skin and emotional functions revealed a limitation in the ICFs ability to discriminate between various effects of the disease, a shortfall previously noted. Toenail changes were frequently cited by patients and linked to domains of body image and social relationships. Interdisciplinary group analysis demonstrated merit as differences between the predominantly medical approach by podiatry and psychosocial approach by occupational therapist in clinical practice led to additional ICF categories being identified between clinicians, which mostly related to cognitive functions.

Conclusion: Despite the localised anatomical focus of this study, the effect of foot problems in PsA was linked to all components of the ICF, confirming the profound impact on functioning and daily life. Difficulties with linking psychological concepts reflect deficiencies in the ICF and is a major limitation in defining foot disease burden. These findings offer new knowledge using patient and clinician perspectives that could inform the development of an instrument to measure the impact of foot involvement in PsA.

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THU0714-HPR RELATIONSHIP BETWEEN TRUNK POSITION SENSE, TRUNK MUSCLE ENDURANCE AND BALANCE IN WOMEN WITH FIBROMYALGIA SYNDROME

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Background: Position sense plays a fundamental role in human movement which is crucial for daily activities, exercise and sports [1]. Trunk endurance and balance were also integrated part of normal functional movements. Decreased balance and trunk muscle endurance were reported in women with fibromyalgia syndrome (FMS) [2]. However, to our knowledge, the relationship between trunk position sense, trunk muscle endurance and balance has not been studied in women with FMS.

Objectives: This study aimed to determine the relationship between trunk position sense, trunk muscle endurance and balance in women with FMS.

Methods: Women with FMS (n: 25, age: 42.88±11.66 years, body mass index: 25.69±3.48 kg/m²) were recruited. Trunk position sense was assessed with digital inclinometer by trunk reposition errors in which higher scores indicates poor trunk position sense [3]. Trunk flexor, extensor, dominant and non-dominant lateral side muscle endurance with McGill's trunk muscle endurance tests [4] in seconds and balance with the Mini-Balance Evaluation Systems Test (Mini BEStest) [5] were assessed. Spearman's rank correlation test was used for analysis.

Results: There were significant negative correlations between trunk position sense and trunk flexor, extensor, dominant and non-dominant lateral side muscle endurance ($r = -0.61$, $p = 0.001$; $r = -0.49$, $p = 0.011$; $r = -0.048$, $p = 0.014$; $r = -0.048$, $p = 0.014$, respectively). There were also high significant negative correlations between trunk position sense and Mini BEStest score ($r = -0.73$, $p < 0.001$).