However, a case-control study with a larger population is necessary to determine whether patients with RA express more shame and guilt than their peers without RA.

REFERENCES:


Disclosure of Interests: None declared

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HIGH INDEX OF SEDENTARY BEHAVIOR IN PATIENTS WITH INITIAL RHEUMATOID ARTHRITIS: DATA FROM A LONG COHORT OF INITIAL RA

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Background: The abandonment of a healthy lifestyle can have great impact on the quality of life, the response to the treatment and the control of the symptoms, like pain and fatigue on RA patients. Smoking is a proven trigger in the pathophysiology of RA, but studies show that it also participates in inflammatory activity throughout the course of the disease. RA patients are more likely to develop various comorbidities and increased cardiovascular risk when compared to the general population.

Objectives: To access physical activity engagement along with alcohol and cigarette consumption.

Methods: A cross-sectional study was carried out with patients with rheumatoid arthritis who received treatment on the initial stage of RA and followed up during 15 years in an initial RA cohort of a University Hospital. Participants underwent standardized clinical evaluation and analysis of complementary exams. The study was approved by the Ethics Committee.

Results: A total of 107 RA patients were evaluated. In the sample, 98% of the women were found, with a median age of 52 years. The mean duration of illness was 12.8 years and 11.3% had erosive disease. In relation to the habits of life, the physical activity level, prevalence of alcoholism and smoking were investigated. In general, our population was characterized by non-alcohol users (93.5%), non-smokers (75.7%) and not engaged into regular physical activities (56.1%). In relation to frequency, 21.5% of the patients exercised a minimum of three times a week, 16.8% once or twice a week and 5.6% once or twice a month. The practice of physical activity may be difficult for the patient with RA, who often has functional limitations, but is still of great importance, since it improves the response to treatment, prevents the onset of other comorbidities, or worsening of previous diseases, complications and promotes the improvement of the quality of life.

Conclusion: Even with a multidisciplinary approach and health care professionals qualified to instruct and emphasize the importance of engaging on an active lifestyle, RA patients remain mostly sedentary after 15 years of follow up. Perhaps other strategies of intervention should be investigated to improve such habits.

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