FRI0036

EFFECTS OF DISEASE ACTIVITY, ILLNESS PERCEPTION, SOCIAL SUPPORT AND COPING METHODS ON QUALITY OF LIFE IN THE PATIENTS WITH RHEUMATOID ARTHRITIS AND FIBROMYALGIA SYNDROME

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Background: In chronic diseases, social support, illness perception and coping methods have important effect on quality of life.

Objectives: In the present study, we aimed to compare the quality of life (QOL) of the patients with rheumatoid arthritis (RA) with fibromyalgia (FMS) patients and healthy controls and to assess the relationship between QOL and illness perception, social support, disease coping methods in the patients with RA and FMS.

Methods: Fifty-eight patients with RA, 50 patients with FMS and 50 healthy controls were enrolled in the study. Pain (Visual Analogue Scale, VAS), QOL (Short Form SF-36), illness perception (Revised Illness Perception Scale, IPQ-R), social support (Multidimensional Perceived Social Support Scale, MSPSS) were assessed in the patients. In RA patients, disease activity was evaluated with DAS 28 and Clinical Disease Activity (CDAI), and functional status was evaluated with Health Assessment Questionnaire (HAQ). Fibromyalgia Impact Questionnaire (FIQ) scale was used in the clinical assessment of FMS patients.

Results: While RA and FMS patients had higher COPE-emotional and COPE-problem scores than the healthy controls ($p < 0.05$), there was no significant difference between the patients with RA and FMS ($p > 0.05$). Regarding the all MSPSS scores, there was no significant difference between the three groups ($p > 0.05$). FMS patients had lower scores than the RA patients and healthy controls regarding the physical function, pain, social functioning and mental health subscales of SF-36 ($p < 0.05$).

In RA patients, MSPSS-friend and MSPSS-special one scores were positively correlated with all subscales of SF-36. IPQ-R consequences scores were negatively associated with all subscales of SF-36 ($p < 0.01$). There were positive correlations between IPQ-R treatment control and SF-36 physical function and social function subscales ($p < 0.05$).

In FMS patients, IPQ-R-timeline acute/chronic score was negatively correlated with physical function, pain and social function subscales ($p < 0.05$). While IPQ-R timeline cyclical was negative correlated with SF-36 mental health subscale, COPE-emotional was negatively correlated with SF-36 general health.

Conclusion: In RA and FMS patients, QOL and physical functions were found to be related with illness perception, social support and coping methods as much as disease activity.

Disclosure of Interests: None declared

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FRI0037

DIAGNOSTIC PERFORMANCE OF CURRENT CVR SCORES FOR THE DIAGNOSIS OF CAROTID PLAQUE IN MEXICAN-MESTIZO RA SUBJECTS

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Background: Rheumatoid arthritis (RA) is an inflammatory disease with an increased mortality compared to the general population. The measurement of carotid intima media thickness (CIMT) is used as an independent marker of subclinical atherosclerosis.

Objectives: To determine the prevalence of carotid plaque (CP) in a cohort of Mexican RA subjects and diagnostic performance of cardiovascular risk (CVR) calculators for the prediction of augmented CIMT and CP.

Methods: A cross-sectional study of subjects aged from 40-75 years that fulfilled the 2010 ACR/EULAR RA criteria. Exclusion criteria: previous CV disease and overlap syndromes. CVR was calculated by 6 scales: ACC/AHA 2013, Framingham-lipids (FRS-lipids), Framingham-Body Mass Index (FRS-BMI), Reynolds Risk Score (RRS), QRISK2 and SCORE. Carotid ultrasound (US) was performed by a board-certified radiologist and reviewed by other two. We defined an augmented CIMT as ≥ 0.9 mm and CP as CIMT ≥ 1.2 mm. We categorized subjects in 3 groups: 1)

normal carotid US, 2) augmented CIMT, and 3) CP. We used Kruskal-Wallis test to compare the groups.

Results: 130 patients were included, 124 (95.4%) were females with median age of 57 years old and disease duration of 9.7 years. Almost 50% of the subjects with CP were in the low-risk strata of every CVR calculator. The presence of CP was higher in subjects categorized as moderate/high risk using ACC/AHA 2013 CVR score ($p = 0.013$), moderate/high risk strata of QRISK2 ($p = 0.004$), and high-risk strata of ACC/AHA 2013 CVR score ($p = 0.02$). Of these 3, the highest sensitivity was obtained by the moderate risk stratum of QRISK2 with 51%; the highest specificity was obtained by the high-risk stratum of the ACC/AHA 2013 CVR score with 84%.

Table 1. Comparison groups

	CP presence N=39	CIMT ≥ 0.9 mm N= 29	Normal CIMT N= 62	p
Age years	59 (55-66)	60 (53-70)	51 (44-58)	0.00
BMI kg/m ²	27.3 (25.3-29.9)	27.8 (24.7-31.3)	29.9 (26.6-34.5)	0.022
ACC/AHA 2013	4.6 (2.3-10.2)	5.6 (2.2-11.8)	1.7 (0.7-3.5)	0.00
FRS-LIPIDS	7.1 (5.3-10.3)	9.25 (6.1-13.4)	3.8 (2.1-6.1)	0.00
FRS-BMI	10.4 (7.7-15.4)	12.2 (8.7-21.6)	4.8 (2.7-9.3)	0.00
SCORE	1 (0.5-2)	1 (0-2)	0 (0-1)	0.00
QRISK2	10.5 (5.2-16.7)	11.6 (5.6-17.1)	3.1 (1.9-6.3)	0.00
RRS	2 (1.3-4)	3 (1.5-7)	1 (1-2)	0.00

Variables reported as median, (q25 - q75)

Table 2. Diagnostic test performance

CVR score moderate and high risk	CP (n=39)	No CP (n=91)	p	HR (95% CI)	Sens (%)	Spec (%)	PPV (%)	NPV (%)
ACC/AHA 2013, n (%)	19 (48.7)	24 (26.4)	0.01	2.6 (1.2-5.7)	0.48	0.73	0.44	0.77
FRS-Lipids, n (%)	11 (28.2)	17 (18.7)	0.22	1.71 (0.7-4)	0.28	0.81	0.39	0.72
FRS-BMI, n (%)	20 (51.3)	31 (34.1)	0.06	2.03 (0.9-4.3)	0.51	0.65	0.39	0.75
QRISK2, n (%)	20 (51.3)	23 (25.3)	0.00	3.1 (1.4-6.8)	0.51	0.74	0.46	0.78
RRS, n (%)	2 (5.1)	2 (2.2)	0.37	2.4 (0.3-17.7)	0.05	0.97	0.50	0.70

Conclusion: Increased CIMT or CP might be unidentified if the risk is exclusively determined by CVR calculators. Patients with a CIMT ≥ 0.9 mm had an average score that placed them in the low risk strata, leading to an underestimation of their real CVR. Calculators can be helpful to estimate the CVR, however, they don't seem to be an adequate screening tool for an increased CIMT or CP. Meanwhile, to assess CVR precisely, a carotid US should be performed in all RA patients.

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FRI0038

HERPES ZOSTER IN RHEUMATOID ARTHRITIS. PROSPECTIVE SINGLE CENTER STUDY OF 390 RA PATIENTS FOR 5YEARS

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Background: Immunosuppressed patients such as Rheumatoid Arthritis (RA) patients have a greater risk (1.5-2 times) of presenting herpes zoster (HZ). Both, the disease itself and the use of immunosuppressive