Results: 151 patients participated: 50 with RA (90% women, mean age 55.12 ± 13.64 years), 51 with AS (51% women, 52.59 ± 12.15 years) and 50 patients with SLE (96% women, mean age 47.14 ± 11.3 years). The most frequent comorbidities were arthritis, visual impairment, anxiety and depression (table 1). These results present a greater tendency to depression and anxiety patients of SLE. No significant differences were observed in most of the social questionnaires analyzed between groups (table 2), except in a worse mobility in patients with RA and AD compared to SLE (p = 0.017). About half of the patients in all groups had depression (43%) and reduced mobility (83.6%). All groups are satisfied with their social role (86.5%), have the capacity to participate in social activities (96.6%) and feel accompanied (97.4%). On the contrary, the social isolation figure is 42 (28%). Social isolation implies an affection of the serious social role in patients who claim to be accompanied, so it is not secondary to loneliness or lack of family support. In the multivariate analysis it was observed that the independent variables that were associated with the ability to participate in social activities were satisfaction with social relations (β = 0.349 [p < 0.001]), mobility (β = 0.309 [p < 0.001]) and depression (β = 0.186 [p = 0.011]) and social isolation (β = 0.195 [p = 0.001]). This model would explain 32% of the variability in the ability to participate in social activities. (R2 = 0.32).

Conclusion: The predictors of the ability to participate in social activities in patients with RA, AD and SLE were: depression, mobility deficit, social isolation and satisfaction with social activities. Patients with RA, AD and SLE present similar data, so there are no differences due to pathologies in the social role, highlighting that they have a good social support and despite this there is social isolation being able to be associated with the deficit in mobility and high rates of depression.

Disclosure of Interests: None declared

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SAT0623-HPR THE LIVED EXPERIENCES OF COGNITIVE DYSFUNCTION IN ADULTS WITH FIBROMYALGIA: A QUALITATIVE SYSTEMATIC REVIEW

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Background: Adults with fibromyalgia frequently report symptoms of cognitive dysfunction, often referred to as fibrofog. However primary research exploring cognitive dysfunction in the lives of adults with fibromyalgia is very limited (Kravitz and Katz, 2015).

Objectives: The aim of this review was to synthesise qualitative literature on the lived experiences of cognitive dysfunction in adults with fibromyalgia, develop common themes through thematic analysis and identify knowledge gaps to inform future research and clinical practice in this area.

Methods: Seven electronic databases (MEDLINE, Embase, CINAHL, PsycINFO, Amed, Scopus and OpenGrey), reference lists of key articles and two high impact qualitative journals were searched from 1990 to November 2018. Articles were eligible for inclusion if they reported primary qualitative data exploring the experiences of cognitive dysfunction in adults with fibromyalgia. Included studies were appraised using the Critical Appraisal Skills Programme (CASP) qualitative checklist and extracted data analysed using narrative synthesis.

Results: Of the 1413 records identified, 15 studies were selected for inclusion. The results included 208 women and 22 men with fibromyalgia, aged 18 to 72 years and representing seven different countries. Duration of diagnosis was four months to 34 years. Fourteen studies used interviews and one focus group. The included studies focussed exclusively on cognitive function in adults with fibromyalgia. Three studies identified themes specific to cognitive dysfunction and fibromyalgia symptoms. The remaining 12 studies presented relevant data intertwined with the overall lived experiences of fibromyalgia.

Conclusion: Adults with fibromyalgia experience unpredictable and emotionally impactful difficulties related to cognitive dysfunction. Functional impact was broad-reaching, particularly around work ability and employment opportunities. It is unclear how cognitive symptoms in fibromyalgia related to comorbid symptoms such as pain, fatigue and poor sleep. Further research focusing on the full impact of cognitive function on the lives of adults with fibromyalgia is recommended to inform clinical practice. Research to establish clarity of definition of the terms cognitive dysfunction and fibrofog within fibromyalgia is highly recommended.

References:
SAT0624-HPR  THE IMPACT OF PSORIATIC ARTHRITIS ON FOOT HEALTH AND INDICATION OF PODIATRY NEED IN A SECONDARY CARE SETTING

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Background: Psoriatic Arthritis (PsA) is a rheumatic disease affecting 0.19% of the UK population (1). It is characterised by asymmetric oligoarticular or polyarticular peripheral arthritis or axial disease with or without associated psoriasis (2). Foot manifestations of synovitis, enthesitis, dactylitis, and skin and nail involvement are reported (3). Patients with PsA also have skin involvement, which may impair daily function and quality of life (4). Objectives: To identify the impact of PsA on foot health and indication of podiatry need in a secondary care outpatient setting. Methods: A three-month convenience sample was taken from a rheumatology outpatient clinic. Only those with a diagnosis of PsA were included. Sampling was conducted over a ten-week period. Screening was done using the Swindon Foot and Ankle Questionnaire (SFAQ) (7). Visual Analog Scale (VAS), clinical judgement of need for podiatric intervention and the trust’s eligibility criteria for routine podiatric care. Results: The sample (n=16) was 31.3% male with a median age of 59 years (range 28-81).

Table 1. Footcare/Podiatric need identified

<table>
<thead>
<tr>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthotic intervention, acute or routine care</td>
</tr>
<tr>
<td>Already being met</td>
</tr>
<tr>
<td>Eligible for care in podiatry primary care service</td>
</tr>
</tbody>
</table>

Table 2. SFAQ results

<table>
<thead>
<tr>
<th>Percentage Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past week have your feet or ankles:</td>
</tr>
<tr>
<td>Been painful?</td>
</tr>
<tr>
<td>Been swollen?</td>
</tr>
<tr>
<td>Made walking difficult?</td>
</tr>
<tr>
<td>Made standing up difficult?</td>
</tr>
<tr>
<td>Stopped you going to work?</td>
</tr>
<tr>
<td>Made other daily activities difficult?</td>
</tr>
<tr>
<td>Do your shoes rub the skin on your feet or ankles?</td>
</tr>
<tr>
<td>Do you have callus or hard, dry skin?</td>
</tr>
<tr>
<td>Have you had your footwear adapted or insoles made?</td>
</tr>
<tr>
<td>Have you had surgery, or are you waiting for surgery, on your feet or ankles?</td>
</tr>
</tbody>
</table>

Conclusion: Of this patient group, 81.3% had a variety of foot care needs but these were being met in a limited number of cases (25%). For more patients (81.3%) were eligible for care in the local trust’s primary care podiatry service but were not engaging with this. 50% of the sample reported difficulty in the past week and 273% found their foot pain stopped them from going to work, indicating a clear need for foot health intervention. Recommendations:

- Raise awareness of availability of podiatric care for PsA patients among patients and secondary care staff.
- Ensure adequate resources are allocated to manage this cohort of patients at a service provision level.
- Further research involving PsA patients referred into podiatry to assess the impact of podiatric intervention.

References:


6. Carter K et al. (2019) Linking the patient experience of foot involvement related to psoriatic arthritis to the international classification of functioning, disability and health. EULAR poster abstract THU0713-HPR


SAT0625-HPR  FATIGUE AND CONTRIBUTING FACTORS IN CHINESE PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Ankylosing spondylitis (AS) is a systemic chronic inflammatory disease, which most likely occurs in young men. It mainly affects sacroiliac joints, axial skeleton, thoracic cage and seriously decreasing quality of life in AS patients[1,2]. Recent years, fatigue of AS patients has been paid more and more attention[3]. Fatigue is a complex feeling, diseased individuals describe fatigue as a sense of tiredness at rest, exhaustion with activity, lack of energy which affects daily work, inertia or lack of endurance, or as loss of vitality. It has been confirmed that fatigue is not only a symptom but may also be quantified by fatigue scores and can be modified by various measures depending on the underlying cause[4,5]. However, there has been no study about fatigue in AS patients in China.

Objectives: This study aimed to evaluate the predictors of fatigue and the effects of fatigue on HR-QoL among patients with AS.

Methods: A total of 150 AS patients were involved in the study. A series of questionnaires included: Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Metrology Index (BASMI), Bath Ankylosing Spondylitis Functional Index (BASFI), the Self-Rating Anxiety Scale (SAS), the Self-Rating Depression Scale (SDS), the Pittsburgh Sleep Quality Index (PSQI), the Health Assessment Questionnaire-Disability Index (HAQ-DI), the Short Form 36 Health Survey (SF-36) and the Fatigue Severity Scale(FSS). Independent samples t-test, Mann–Whitney U-test, Chi-square analysis, Pearson /Spearman correlation and binary logistic regression were used to analyze the data.

Results: The results demonstrated that 48.7% individuals with AS suffered from fatigue. Compared with AS patients without fatigue, AS patients with fatigue showed higher WHR(0.05), increased BASDAI (P<0.01) and poorer BASFI (P<0.05). Meanwhile, AS patients with fatigue tended to have more severe pain(P<0.05), higher degree of anxiety(0.001), more serious functional disability(P<0.01) and worse sleep quality(P<0.01). Binary logistic regression indicated that WHR (OR=1.78, P<0.05), BASDAI (OR=1.34, P=0.01), sleep disturbance (OR=2.35, P<0.05) were independent predictors of fatigue in AS patients. Additionally, the occurrence of fatigue significantly reduced the quality of life in AS patients both physically and psychologically.

Conclusion: These findings suggested that medical personnel should pay more attention to AS patients with fatigue and take effective measures to relieve fatigue.

References:


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