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 (63.6%). All groups are satisfied with their social role (85.3%), have the capacity to participate in social activities (85% and feel accompanied 147 (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 < 0.001]) 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 activities. 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.

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

S. Durham1, J. Lewis2,3, E. Dures4,5, F. Cramp3,1, 2Royal United Hospitals Bath NHS Foundation Trust, Complex Regional Pain Syndrome Service, Bath, United Kingdom; 3University of the West of England, Department of Allied Health Professions, Bristol, United Kingdom; 4Royal United Hospitals Bath NHS Foundation Trust, Complex Regional Pain Syndrome Service, Bath, United Kingdom; 5University of the West of England, Centre for Health and Clinical Research, Bristol, United Kingdom; 6Bristol Royal Infirmary, Department of Nursing and Midwifery, Bristol, United Kingdom

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 (Krivitz and Katz, 2015).

Objectives: The aim of this review was to (i) synthesise the qualitative literature on the lived experiences of cognitive dysfunction in adults with fibromyalgia, (ii) develop common themes through thematic analysis and (iii) 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. SD conducted critical appraisal of the included studies. The extraction of data was completed by FL and ED. FL and ED reviewed five papers each. All papers were reviewed by two co-authors. Of the 1413 records identified, 15 studies were selected for inclusion.

Results: These studies 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. Three of 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.

Cognitive dysfunction, as a part of fibromyalgia, was often unpredictable. Problems with memory and concentration that were most commonly reported were emotional distressing and affected functional and vocational activities. Participants found communication effortful, with a negative impact on work, leisure and social activities. Stress, fear and worry around perceived cognitive changes were commonly expressed. Lost employment or changed work roles and relationships, due to cognitive difficulties, had negative impacts for many participants. The terms cognitive dysfunction and fibrofog were used interchangeably within the studies, but lacked common definition. This introduced uncertainty around whether participants and authors were describing the same phenomenon.

Conclusion: Adults with fibromyalgia experience unpredictable and emotionally impactful difficulties related to cognitive dysfunction. Functional impact was broad-reaching, particularly around work ability and lost employment opportunities. It is unclear how cognitive symptoms in fibromyalgia related to co-morbid 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.

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