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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 peripheral arthritis (2). Foot manifestations of synovitis, enthesitis, dactylitis and skin and nail involvement (3) are reported. Hyslop et al. have previously reported high levels of foot involvement but low current access to foot care (4). Outcome measures that include specific PsA related foot features do exist, e.g. Leeds Enthesitis Index, Tender Dactylitis Count (5). However there is currently no measure of foot involvement and impact in PsA (6).

Objectives: To identify the impact of PsA on foot health and indication of podiatry need in a secondary care outpatient setting.

Methods: convenience sample was taken from a consultant rheumatologist's outpatient clinic and screened. 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 Analogue 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

	Percentage (%)
Orthotic intervention, acute or routine care	81.3
Already being met	25.0
Eligible for care in podiatry primary care service	81.3

Table 2. SFAQ results

	Percentage Yes (%)
During the past week have your feet or ankles:	
Been painful?	68.8
Been Swollen?	62.5
Made walking difficult?	81.3
Made standing up difficult?	50.0
Stopped you going to work?	27.3
Made other daily activities difficult?	42.9
Do your shoes rub the skin on your feet or ankles?	31.3
Do you have callus or hard, dry skin?	50.0
Have you had your footwear adapted or insoles made?	25.0
Have you had surgery, or are you waiting for surgery, on your feet or ankles?	18.8

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%). Far 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 standing in the past week and 27.3% 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.

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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]. In 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]. 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 10cm Visual Analog Scale (VAS), 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($P<0.05$), 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($P=0.001$), more serious functional disability($P=0.001$) and worse sleep quality($P=0.001$). 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.

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