SAT0641-HPR
FACTORS ASSOCIATED WITH COGNITIVE IMPAIRMENT IN KOREAN ADULTS WITH RHEUMATOID ARTHRITIS
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Background: For persons with chronic diseases including rheumatoid arthritis (RA), undamaged cognitive capacity is critical for daily functioning, treatment compliance, and self-management. The disease-specific features of RA such as systemic chronic inflammation and increased comorbid cardiovascular disease (CVD) risk may be closely linked to neurocognitive dysfunction in RA patients. [1] However, the evidence of brain involvement in RA is very rare or even controversial and very little is known about the pathogenic mechanisms of cognitive decline in persons with RA.

Objectives: This study explored the prevalence of cognitive impairment in Korean adults with RA using a set of computerized neurocognitive tests and the factors that were significantly associated with cognitive impairment.

Methods: Individuals with RA were recruited by their rheumatologists during follow-up visits at one university hospital in Korea. After getting signed consents, a trained research nurse assessed participants with a range of physical, psychological, and biological metrics. Cognitive function was assessed using a set of 6 computerized neurocognitive tests yielding 18 indices covering a range of cognitive domains. Subjects were classified as ‘impaired’ if they performed 1 SD below age-based population norms on each test [2]. The total cognitive function score was calculated by summing the transformed scores, ranging from 0 (no impairment) to 18 (worst impairment). Multiple linear regression analyses were conducted to identify the significant factors influencing cognitive impairment.

Results: Sixty five subjects with a mean (±SD) age of 61.9 (±10.0) years were included. 85% were female, 89% were married, and 76% had less 12 years of education. Mean disease activity score (DAS-28) was 2.3 (±1.3) and mean disease duration was 9.8 (±8.7) years. Mean functional limitations score (HAQ) was 0.3 (±0.5) and mean CVD risk factors were 2.3 (±1.5). Total cognitive function score was 11.1 (± 4.0) [2-18]. The proportion of persons who were classified as cognitively impaired on each test ranged from 25% to 92%. The proportion of persons classified as cognitively impaired on the quarter of total subtests (5 or more out of 18 subtests) was 94%. The multivariate regression model was statistically significant and accounted for 39% of the variance in cognitive impairment (F=5.26, p<0.001). Education (β=0.32, p=0.01), family income (β=0.26, p=0.040), and cardiovascular disease risk factors (β=0.27, p=0.025) were significant predictors of cognitive impairment for other covariates.

Conclusion: A significant number of RA patients were cognitively impaired. Less education, less family income, and increased cardiovascular disease risk factors were the significant factors affecting cognitive impairment in RA. The findings of this study suggest that the burden of cognitive impairment in RA patients is significant, and future studies identifying specific etiological contributors to cognitive impairment are warranted.

References:

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NURSE-LED CARE FROM THE PERSPECTIVE OF PEOPLE WITH EARLY RHEUMATOID ARTHRITIS: A QUALITATIVE SYSTEMATIC REVIEW
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Background: Nurse-led care has been shown to be clinically effective and cost effective in rheumatoid arthritis (RA) but the role of the nurse in early RA is not well defined. Evidence for processes of care in RA is limited and it is not known how well rheumatology nurse-led clinics meet care needs of people with early RA.

Objectives: The aim of this study was to develop an understanding of rheumatology nurse-led care from the perspective of people with early RA.

Methods: A qualitative systematic review was conducted. The review protocol is published in the International prospective register of systematic reviews (PROSPERO). In March 2019, the following databases were searched: MEDLINE, EMBASE, CINAHL, PsycINFO and OpenGrey. Due to lack of studies in early RA this review included adults with early and established inflammatory arthritis, qualitative studies with data on patients’ perspectives of nurse-led care, published in peer-reviewed journals in English between 2010 and 2019. Two reviewers screened titles, abstracts and full texts. Data were extracted and managed in tables. Joanna Briggs Institute Critical Appraisal Checklist was used for quality assessment of the included studies. A thematic synthesis was undertaken using the framework of Thomas and Harden. [1]

Results: The search identified 1034 records. After screening and assessing for eligibility, 8 qualitative studies were included in the review (133 patients), 2 studies included people with early RA. Three main themes were identified (Figure 1).

References:

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CAPTURING THE UNMET NEEDS OF WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND IDENTIFYING THE INFORMATION NEEDED IN PHYSICIAN-PATIENT COMMUNICATION
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Background: Systemic lupus erythematosus (SLE) is known to affect the reproductive health of female patients in various ways. Identifying the unmet information and needs of women with SLE about the impact of the disease on maternal health, pregnancy, family planning and contraception is of paramount importance.

Objectives: Our aim was to understand the information needs of women with SLE and capture the gaps in the knowledge of reproductive issues.

Methods: We interviewed 284 female patients with SLE in three centers all affiliated to Alexandria Faculty of Medicine, using a 41 multiple-choice based questionnaire about pregnancy counselling, contraception and the use of drugs during pregnancy. The questionnaire was adapted from one created by Andreoli et al.,(1) was applied to assess the global knowledge and information of patients on the impact of SLE on reproductive health.

Results: Forty percent of patients declared to have performed the last gynecological visit since 3 years, versus (49.3 %) patients who have done their last visit within a year. 255 patients reported to have received counselling about contraception; 141 of which provided by gynecologists and not rheumatologists. (71% of these abortions occurred in the first trimester). There is a crucial unmet need for women with SLE, identified as a wide gap in communication about reproductive issues. This is influenced by the quality of physician-patient communication, as well as rheumatologist-obstetrician communication.

References:

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