Conclusion: PsA and Ps have proved to be diseases with a high economic burden, and the total costs were mainly driven by direct non-healthcare costs. Moreover, although annual total costs in patients with PsA were similar to those of Ps patients, the combination of both manifestations yielded the highest costs suggesting the importance of the increased disease load.

Disclosure of Interests: Santos Castañeda: None declared, Esther Vicente Speakers bureau: BMS, Roche., Mar Llamas Velasco: None declared, Javier Sanchez Perez: None declared, José Pardo: None declared, Rita Cabeza-Martínez: None declared, Mercedes Miranda-Fontes: None declared, Juan Márquez: None declared, Jaime Calvo Grant/research support from: Lilly, UCB, Consultant of: Abbvie, Janssen, Celgene, susana armesto: None declared, Isabel Belinchón: None declared, Alejandro Gómez: None declared, María Dolores Miranda: None declared, Silvia Martínez Pardo: None declared, Leticia Merino-Meléndez: None declared, Miguel Angel Casado Consultant of: UCB Pharma, María Yébenes: None declared, Araceli Casado: None declared

DOI: 10.1136/annrheumdis-2020-eular.3298

OP0263-HPR MAJOR STRESSORS IN THE YEAR PRIOR TO RA DIAGNOSIS: IMPACT ON PATIENT-REPORTED OUTCOMES ONE YEAR LATER

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Background: Stress is implicated in RA onset and poorer prognoses through changes in neuro-endocrine and autoimmune function. Although many people with RA link disease onset to recent stressful life events, results from retrospective studies are unclear.

Objectives: To describe the incidence of major stressors (+STRESS) in year prior to diagnosis and compare characteristics and patient-reported outcomes (PROs) of newly diagnosed RA patients with and without +STRESS at 0 and 12 months.

Methods: Data were from early RA patients (symptoms <1 yr) enrolled in the Canadian Early Arthritis Cohort (CATCH) from 2007-17 who met 1987/2010 ACR/EULAR criteria and had ≥12 months of follow-up. Patients reported major psychological (death, divorce/separation, family, financial, other) and physical (motor vehicle accident, surgery, major illness/infection, other) stressors in previous year. We used independent t-tests and chi square to compare characteristics by stressors at baseline, and multivariable regression to examine the impact of +STRESS on disease activity and PROs at 1 year, adjusting for age, sex, education, fibromyalgia, and SJC.

Results: The 1933 adults were mostly female (72%), with a mean (SD) age of 55 (15) years. 52% reported 1+ stressors in previous year; family (48%), financial stress (36%), death (35%), surgery (28%), and major illness (26%) were the most common stressors. Patients with +STRESS were more likely to be women, younger, have more comorbidities including fibromyalgia, and higher mean DAS28. Patients with +STRESS also had significantly higher mean pain, fatigue, depression, sleep disturbance, patient global, and HAQ scores at baseline. At 1 year, SJC and the proportion in DAS28 REM was similar between groups. However, PROs (pain, HAQ, Fatigue, Pt Global, Depression, Poor Sleep) remained higher in +STRESS, with evidence of an additive effect for number of stressors and having both physical and psychological stressors (Table). The greatest impacts were on mood, sleep disturbance, and fatigue.

Conclusion: In this pan-Canadian early RA cohort, more than half reported 1+ stressful life events in the year prior to diagnosis. Individuals reporting major stressors had significantly worse pain, patient global, disability, depression, fatigue, and sleep disturbance at diagnosis; 1 year later, though disease activity was similar between groups, the effects of +STRESS on PROs persisted. Early RA patients with recent major stressors may benefit from emotional support and stress reduction to optimize how they feel and function.

Mean (SD) or N (%)	No Stress (N=928; 48%)	Physical (N=131; 7%)	Psychological (N=658; 34%)	Both (N=216; 11%)
Age	56 (15)	56 (15)	53 (14)	52 (15)
Women	622 (67%)	82 (63%)	512 (78%)	174 (81%)
College Education	464 (50%)	76 (58%)	345 (52%)	126 (58%)
Rheum Dis Comorbid Index	1.1 (1.2)	1.4 (1.4)	1.1 (1.3)	1.4 (1.3)
OA or Spinal pain	168 (18%)	35 (27%)	117 (18%)	55 (25%)
Fibromyalgia diagnosis	15 (2%)	2 (2%)	13 (2%)	11 (5%)
Symptom duration (months)	5.6 (3.0)	5.7 (3.0)	5.9 (3.0)	5.9 (3.0)

Mean (SD) or N (%)	No Stress (N=928; 48%)	Physical (N=131; 7%)	Psychological (N=658; 34%)	Both (N=216; 11%)
DAS28 – mean	5.0 (1.4)	5.1 (1.5)	5.0 (1.5)	5.2 (1.4)
MTX ±csDMARDs	679 (73%)	100 (76%)	489 (74%)	166 (77%)
Oral Steroids	295 (32%)	40 (31%)	215 (33%)	55 (25%)
Pain (0-10)	5.3 (2.8)	5.5 (2.9)	5.7 (2.8)	6.2 (2.8)
HAQ-DI	1.0 (0.7)	1.2 (0.7)	1.1 (0.7)	1.3 (0.7)
Fatigue (0-10)	4.7 (3.1)	5.0 (3.0)	5.7 (2.9)	5.9 (2.9)
Patient Global (0-10)	5.6 (2.9)	6.0 (2.9)	6.0 (2.9)	6.4 (3.0)
Depression (SF12 MCS < 45.6)	329 (35%)	54 (41%)	356 (54%)	123 (57%)
Poor sleep (0-10)	4.5 (3.4)	4.8 (3.3)	5.3 (3.2)	6.0 (3.1)

Effect of stress in year prior to diagnosis on outcomes at 12 months (N=1933).*

	Pain	Fatigue	Patient Global	Depression	Poor Sleep	HAQ-DI	DAS28 REM	Swollen Joints
Any Stress	0.27 (0.02, 0.53)	0.39 (0.12, 0.66)	0.25 (-0.01, 0.51)	1.55 (1.24, 1.95)	0.49 (0.21, 0.76)	0.05 (-0.01, 0.11)	1.02 (0.82, 1.27)	0.12 (-0.19, 0.42)
Total stressors	0.24 (0.12, 0.37)	0.32 (0.18, 0.45)	0.24 (0.11, 0.37)	1.30 (1.17, 1.45)	0.37 (0.24, 0.51)	0.05 (0.02, 0.08)	1.00 (0.90, 1.12)	0.05 (-0.10, 0.20)
1 (n=928, 48%)	REF	REF	REF	REF	REF	REF	REF	REF
2 (n=575, 30%)	-0.02 (-0.31, 0.28)	0.14 (-0.17, 0.46)	-0.04 (-0.34, 0.26)	1.31 (1.00, 1.71)	0.18 (-0.14, 0.50)	0.00 (-0.07, 0.06)	1.12 (0.87, 1.43)	0.05 (-0.29, 0.42)
3 (n=295, 15%)	0.54 (0.17, 0.92)	0.59 (0.19, 0.99)	0.54 (0.16, 0.92)	1.79 (1.29, 2.48)	0.80 (0.40, 1.20)	0.10 (0.02, 0.18)	0.99 (0.72, 1.35)	0.20 (-0.25, 0.65)
4 (n=88, 5%)	1.06 (0.45, 1.66)	0.73 (0.08, 1.39)	0.81 (0.19, 1.44)	3.10 (1.15, 3.16)	0.72 (0.06, 1.38)	0.18 (0.04, 0.32)	0.90 (0.53, 1.52)	0.23 (-0.50, 0.96)
4+ (n=47, 2%)	0.75 (-0.11, 1.61)	1.78 (0.84, 2.72)	1.02 (0.12, 1.91)	3.45 (1.70, 6.99)	2.10 (1.16, 3.04)	0.19 (0.00, 0.38)	0.46 (0.21, 1.03)	0.03 (-0.99, 1.05)

*Multivariable linear regression coefficient adjusted for age, sex, education, baseline fibromyalgia diagnosis and swollen joints.

Disclosure of Interests: Nicole Andersen: None declared, Orit Schieir: None declared, Marie-France Valois: None declared, Gilles Boire Grant/research support from: Merck Canada (Registry of biologics, Improvement of comorbidity surveillance)

Amgen Canada (CATCH, clinical nurse)

Abbvie (CATCH, clinical nurse)

Pfizer (CATCH, Registry of biologics, Clinical nurse)

Hoffman-LaRoche (CATCH)

UCB Canada (CATCH, Clinical nurse)

BMS (CATCH, Clinical nurse, Observational Study Protocol IM101664. SEROPOSITIVITY IN A LARGE CANADIAN OBSERVATIONAL COHORT)

Janssen (CATCH)

Celgene (Clinical nurse)

Eli Lilly (Registry of biologics, Clinical nurse), Consultant of: Eli Lilly, Janssen, Novartis, Pfizer, Speakers bureau: Merck, BMS, Pfizer, Janet Pope Grant/research support from: AbbVie, Bristol-Myers Squibb, Eli Lilly & Company, Merck, Roche, Seattle Genetics, UCB, Consultant of: AbbVie, Actelion, Amgen, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Eicos Sciences, Eli Lilly & Company, Emerald, Gilead Sciences, Inc., Janssen, Merck, Novartis, Pfizer, Roche, Sandoz, Sanofi, UCB, Speakers bureau: UCB, Glen Hazlewood: None declared, Louis Bessette Grant/research support from: AbbVie, Amgen, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer, Roche, Sanofi, UCB Pharma, Consultant of: AbbVie, Amgen, Bristol-Myers Squibb, Celgene, Eli Lilly, Janssen, Merck, Novartis, Pfizer, Sanofi, Carol Hitchon Grant/research support from: UCB Canada; Pfizer Canada, Diane Tin: None declared, Carter Thorne Consultant of: AbbVie, Centocor, Janssen, Lilly, Medexus/Medac, Pfizer

Speakers bureau: Medexus/Medac, Edward Keystone Grant/research support from: AbbVie, Amgen, Bristol-Myers Squibb, F. Hoffmann-La Roche Inc, Gilead, Janssen Inc, Lilly Pharmaceuticals, Pfizer Pharmaceuticals, Sanofi-Aventis, Consultant of: AbbVie, Amgen, AstraZeneca Pharma, Biotech, Bristol-Myers Squibb Company, Celltrion, Crescendo Bioscience, F. Hoffmann-La Roche Inc, Genentech Inc, Gilead, Janssen Inc, Lilly

Pharmaceuticals, Merck, Pfizer Pharmaceuticals, Sandoz, UCB., Speakers bureau: Amgen, AbbVie, Bristol-Myers Squibb Canada, F. Hoffmann-La Roche Inc., Janssen Inc., Merck, Pfizer Pharmaceuticals, Sanofi Genzyme, UCB, Vivian Bykerk: None declared, Susan J. Bartlett Consultant of: Pfizer, UCB, Lilly, Novartis, Merck, Janssen, AbbVie, Speakers bureau: Pfizer, UCB, Lilly, Novartis, Merck, Janssen, AbbVie

DOI: 10.1136/annrheumdis-2020-eular.4826

OP0264-HPR PERSPECTIVES ON APPROACHES TO PREDICT THE DEVELOPMENT OF RHEUMATOID ARTHRITIS: A QUANTITATIVE ASSESSMENT OF PATIENTS AND THEIR FIRST DEGREE RELATIVES

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Background: There is considerable interest within the medical research community in the identification of individuals at risk of developing rheumatoid arthritis