Conclusion: Systemic lupus erythematosus patients with lower levels of disease activity are less burdensome to the healthcare system and experience a significantly better HRQoL and lower levels of productivity impairment. There is a need to establish a universal definition of low disease activity as a treatment goal to benefit patient quality of life and reduce HCRU.

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AB1172

IMPROVEMENT OF DEPRESSION BY JOINT SURGERY IN ESTABLISHED RHEUMATOID ARTHRITIS: RESULTS FROM MULTICENTER PROSPECTIVE COHORT STUDY FOR EVALUATION OF JOINT SURGERY ON PATIENT’S REPORTED OUTCOME

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Background: Total management including reconstructive joint surgery and rehabilitation should be needed for further improvements of physical function for long-standing RA patients. In these days, it is very important to evaluate the effectiveness of joint surgery as well as drug therapy based on patient-reported outcome (PRO).

Objectives: The purpose of this study is to explore the relationship among depression, clinical variables and other PROs including physical function and to explore whether joint surgery can improve the depression.

Methods: Multicenter prospective observational cohort study was conducted among patients who underwent elective joint surgery for RA from April 2012 to March 2016 (Study registration: UMIN000012649). In this study, we collected data at baseline and at 6 or 12 months after the surgery. These data were as follow: age, sex, disease duration, drug therapies, and disease activity (DAS), TUG, and patient-reported outcome [HAQ-DI, EQ-5D (QOL), pain and BDI (depression)]. Correlation between BDI-II and other variables were determined using multiple liner regression analysis.

Results: Totally, 346 patients before elective joint surgery were analyzed cross-sectionally. Mean age, disease duration, pain VAS, DAS28, HAQ-DI, TUG, and patient-reported outcome [HAQ-DI, EQ-5D (QOL), pain and BDI (depression)] were significantly different between BDI-II and other variables. Multivariate analysis showed that BDI-II was affected by age, sex, and depression at baseline.

Conclusion: The rate of depression was 12.1% during the follow-up period in patients with BDI-II. Therefore, it is important to consider joint surgery as effective intervention for treatment of RA patients with depression.

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