Table 1. Comparison between GOHAI index scores in RA, SLE and control groups

	RA n= 60	SLE n= 32	Controls n=46			
	Median (SD)	Median (SD)	Median (SD)	RA vs SLE	RA and SLE	Three controls groups
9. Worried about teeth, gum or dentures	2.56 (1.39)	2.06 (1.54)	2.54(1.15)			
10. Self-conscious about teeth, gum or dentures	1.66 (0.94)	1.59 (1.02)	2.02 (1.06)			
11. Uncomfortable eating in front of others	1.54 (0.82)	1.53 (0.8)	1.39(0.8)			
12. Sensitive to hot,cold or sweet food	2.07 (1.06)	2.19 (1.31)	2.22(0.94)			
Total score (12-60)	23.4 (6.94)	22.06 (7.05)	21.54 (5.6)	0.27	0.12	0.19
Physical function	7.6 (3.32)	6.63 (2.6)	6.22 (2.26)	0.15	0.06	0.05
Psychosocial function	10.07(3.23)	9.72 (3.74)	9.48 (3.5)	0.35	0.003	0.02
Pain discomfort	5.78 (2.19)	5.72 (2.48)	5.85 (1.48)	0.69	0.15	0.1

RA: Rheumatoid Arthritis, SLE: Systemic Lupus Erythematosus

Conclusion: RA patients presented an increased alteration in oral health perspective when compared to SLE and controls. This association demonstrates the relationship between RA and periodontitis pathogenesis.

Importance in diagnosing periodontal disorders in rheumatic diseases should be performed due to its influence in quality of life and perpetuation of an inflammatory state and oral symptoms.

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AB1328-HPR INCREASED BODY MASS INDEX AFFECTS SPINAL MOBILITY RATHER THAN DISEASE ACTIVITY IN ANKYLOSING SPONDYLITIS

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Background: Studies have reported the association between overweight or obesity and ankylosing spondylitis (AS), but their relation is still unclear in China.

Objectives: To explore the prevalence of overweight or obesity and its effect on other indicators and their relationships in Chinese AS patients.

Methods: Demographic and clinical variables were collected from 207 AS patients. Patients were categorized to normal BMI group (BMI < 23kg/m²) and overweight group (BMI ≥ 23kg/m²). We used Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metrology Index (BASMI), Health Assessment Questionnaire (HAQ), Ankylosing Spondylitis Quality of Life (ASQoL) and Medical Outcomes Study Short Form 36 (SF-36) to evaluate disease activity, physical function, spinal mobility, functional limitation and health-related quality of life, respectively. Statistical analysis used independent t test, Mann-Whitney U test, Chi-square test and Spearman's rank correlation test.

Results: 56.5% (117) AS patients were overweight or obese, among which 80.3% (94) were male. In the overweight group, patients were older, more being married, and have higher BMI, higher waist circumference, higher waist-to-hip ratio, longer disease duration, higher BASMI score, higher white blood cell count (WBC), higher lymphocyte and higher platelet count compared to the non-overweight group ($P \leq 0.038$). However, there was no distinct difference in BASDAI score between the two groups ($P = 0.891$). In the correlation analyses, gender and marital status ($P \leq 0.036$) were correlated negatively with BMI; while age, waist circumference, waist-to-hip ratio, WBC, lymphocyte count and red blood cell ($P \leq 0.036$) were correlated positively with BMI.

Conclusion: Overweight or obesity is common in Chinese AS patients. Increased BMI affects not disease activity but spinal mobility, which indicates that patients with high BMI are more likely to have limitations in flexion, extension, lateral bending and torsion of spine.

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AB1329-HPR THE CURRENT STATUS AND ASSOCIATED FACTORS OF FATIGUE IN CHINESE PATIENTS WITH GOUT

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Background: Fatigue of chronic diseases has been paid more and more attention. but the status of fatigue in gout patients has not been reported all the world[1].

Objectives: In the absence of previous studies, our study aims to investigate the fatigue status, explore the potential predictors of fatigue and the effects of fatigue on health-related quality of life (HRQoL) among Chinese gout patients.

Methods: This cross-sectional study was conducted from the Affiliated Hospital of Nantong University. A series of questionnaires were applied: Fatigue Scale-14 (FS-14), the 10cm visual analog scale (VAS), the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder questionnaire (GAD-7), the Pittsburgh Sleep Quality Index (PSQI), Health Assessment Questionnaire(HAQ), the Short Form 36 health survey (SF-36). Laboratory examinations were taken to obtain some biochemical indicators. Independent samples t-test, Mann-Whitney U-test, Chi-square analysis, Pearson /Spearman correlation, Stepwise linear regression and binary logistic regression were used to analyze the data.

Results: 411 gout patients were included in this study. Among them, more than 50% patients reported physical fatigue in FS-14, severe disease, poor psychological status and reduced HRQoL were associated with fatigue. Multiple stepwise linear regression and binary logistic regression were applied and showed that pain, sleep quality, anxiety, depression and functional disorder were the potential predictors of fatigue. In addition, we found that the more severe the fatigue, the lower the patient's HRQoL.

Conclusion: Fatigue among gout patients is exceedingly common. The results of this study suggested that rheumatologists should pay closely attention to gout patients who suffer from serious fatigue, especially those with pain, poorer sleep quality, anxiety, depression and functional disorder.

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AB1330-HPR ASSOCIATION OF INTERSTITIAL LUNG DISEASE AND QUALITY OF LIFE IN CHINESE RHEUMATOID ARTHRITIS

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Background: The health-related quality of life (HRQL) of patients with rheumatoid arthritis associated interstitial lung disease (RA-ILD) is less concerned(1). This study hypothesized that HRQL of such patients decreased.

Objectives: The aim of this study was to assess the difference in HRQL between RA with and without ILD, and to predict risk factors of HRQL in Chinese RA-ILD.

Methods: A cross-sectional survey of RA-ILD patients included socio-demographic characteristics, clinical variables, psychological factors and HRQL. Data were analyzed by Student's t or chi-square test. Linear regression analysis was used to investigate the predictors of HRQL in RA-ILD.

Results: The data showed that 35.17% (51/145) of RA patients had ILD. There are significant differences in age, sex, smoking history, disease duration and activity between RA with and without ILD. HRQL of RA-ILD was impaired. Physical component score (PCS) of patients with RA-ILD was also worse than that of RA without ILD (48.91±2.48 vs. 50.80±2.55). Linear regression analysis showed that DAS28 and fatigue were risk factors for PCS in patients with RA-ILD, while depression and rural residence were risk factors for mental components summary in Table 1.

Table 1. Stepwise multiple linear regression analysis of PCS and MCS in RA-ILD

Predictors	B	SE	t	P	95%CI
PCS					
DAS28	-0.777	0.227	-3.425	0.001	-1.236,-0.319
Fatigue	-0.655	0.206	-3.177	0.003	-1.071,-0.238
MCS					
Depression	2.188	0.669	3.272	0.002	0.836, 3.539
Rural residents	-1.609	0.756	-2.128	0.040	-3.137,-0.081

Footnotes: CI=Confidence interval. PCS=Physical component score; MCS=Mental component score; DAS28=28-joint disease activity score.