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.

References:

Disclosure of Interests: None declared

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AB1328-HPR

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

M. He1, Y. Bao1, Y. Yang1, S. Liu1, C. Dong1, W. Zhou1, J. Guo1, J. Liu1, Y. Chen1, Z. Gu1.
1Affiliated Hospital of Nantong University, Nantong, China

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 Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metropology 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 ≤ 0.038). However, there was no distinct difference in BASDAI score between the two groups (P = 0.691).

In the correlation analyses, gender and marital status (P ≤ 0.036) were correlated negatively with BMI; while age, waist circumference, waist-to-hip ratio, WBC, lymphocyte count and red blood cell (P ≤ 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.

References:

AB1330-HPR

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

Y. Wang1, R. Zhao1, G. Dong1, Z. Gu1, 1Affiliated Hospital of Nantong University, Nantong, China

Background: The health-related quality of life (HRQoL) 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 HRQOL between RA with and without ILD, and to predict risk factors of HRQOL in Chinese RA-ILD.

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

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>P</th>
<th>95%CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAS28</td>
<td>-0.777</td>
<td>0.227</td>
<td>-3.425</td>
<td>0.001</td>
<td>-1.236, -0.319</td>
</tr>
<tr>
<td>Fatigue</td>
<td>-0.655</td>
<td>0.206</td>
<td>-3.177</td>
<td>0.003</td>
<td>-1.070, -0.238</td>
</tr>
<tr>
<td>MCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>2.188</td>
<td>0.669</td>
<td>3.272</td>
<td>0.002</td>
<td>0.836, 3.539</td>
</tr>
<tr>
<td>Rural residents</td>
<td>-1.029</td>
<td>0.756</td>
<td>-1.328</td>
<td>0.184</td>
<td>-2.532, 0.475</td>
</tr>
</tbody>
</table>

Footnotes: CI=Confidence interval; PCS=Physical component score; MCS=Mental component score; DAS28=28-joint disease activity score.
Background: Ankylosing spondylitis (AS) is a chronic inflammatory disease that mainly affects the sacroiliac joints and the spine, resulting in decline in quality of life[1,2]. Poor QoL is significantly related to high disease activity[3]. However, there is no systematic report on which prognosis indicators are affected by disease activity in AS patients.

Objectives: This study aimed to evaluate the patient-reported outcome measures and health-related quality of life (HR-QoL) in AS patients defined on the basis of the Bath Spondylitis Ankylosing Disease Activity Index (BASDAI).

Methods: 204 AS patients were involved in this study. A serious of questionnairenaires were used to overall assess AS patients, which include: 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 Fatigue Severity Scale(FSS) and the Short Form 36 Health Survey (SF-36). Independent samples t-test, Mann–Whitney U-test, Chi-square analysis and Pearson /Spearman correlation were used to analyze the data.

Results: The results demonstrated 31.4% AS patients were in active disease activity stage. Active AS patients were older, unemployed, and had less exercise therapy than stable AS patients. Besides, AS patients with active disease activity presented more severe pain(P<0.001), poor physical function(P<0.001) and spina! mobility(P=0.001). They were more anxious(P<0.001) and had more sleep disturbance(P=0.001). Compared with active AS patients, stable AS patients had more leukocytes(P=0.040), lymphocytes(P=0.002), erythrocytes(P=0.001) and hemoglobin(P<0.001). Active disease activity had a significant impact on all dimensions of quality of life in AS patients(P<0.001).

Conclusion: These findings suggested that medical personnel should pay more attention to active AS patients and make effective interventions to improve quality of life.

References:

Acknowledgments: Thanks to all the authors for their efforts and thanks to all members of the Department of Rheumatology of Affiliated Hospital of Nantong University for their helpfulness in the acquisition of data. Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.6286