Conclusion: The fatigue VAS and FACIT-F are easy, brief and valid measures for monitoring this symptom and its effects on patients with RA. A fair agreement was noted between the two scores.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3346

AB0176

PATHOLOGICAL PHENOTYPES OF BODY COMPOSITION IN PATIENTS WITH RHEUMATOID ARTHRITIS

A. Feklistov¹, N. Toroptsova¹, O. Nikitinskaya¹, A. Efremova¹, N. Demin¹. ¹V.A. Nasonova Research Institute of Rheumatology, Osteoporosis, Moscow, Russian Federation

Background: Inflammation, decreased physical activity, hormonal disorders, and the use of glucocorticoids lead to changes in the composition of the body in rheumatoid arthritis (RA). Various combinations of decreased muscle and bone mass and increased adipose tissue have led to the release of various pathological phenotypes of the composition of the body.

Objectives: To determine the frequency of pathological phenotypes of body composition in patients with RA.

Methods: The study included 79 women with RA, with a median age of 60 y.o. [55; 65]. 92% of the women were postmenopausal. The median duration of the disease was 9 years [3; 11]. Basic anti-inflammatory therapy was received by 81% of patients. Methotrexate was used most often as the basic therapy – in 52% of cases. 49% of patients were treated with glucocorticoid drugs. All patients underwent dual-energy X-ray absorptiometry. The mineral density of the tissues was determined in the standard measurement areas – the spine and the proximal thigh, and the content of muscle and adipose tissue was analyzed. We calculated appendicular muscle mass (AMM), which is the sum of upper and lower limb muscle mass and appendicular muscle index (AMI), the ratio of appendicular muscle mass to the square of height. AMM < 15 kg, AMI < 6 kg / m² corresponds to sarcopenia.

Results: The average AMM was 17.8±3.0 kg. 18% patients had AMM < 15 kg / m². The average AMI was 6.8±1.0 kg / m². 25% patients had AMI < 6 kg/m². The average body mass index (BMI) was 27.6±4.8 kg/m². 37% patients were overweight (25 ≤ BMI < 29.9 kg/m²), 28% of women had a BMI corresponding to obesity. The average fat content was 28.2 kg. 71% of women had an obesity, according to X-ray absorptiometry, which is 2.5 times higher than the number of cases of obesity detected by BMI. A decrease a bone mineral density (BMD) was found in 73% of women, including osteoporosis in 25%. The most frequent phenotype was osteopenic obesity (Table 1), which was detected in almost 40% of patients. Isolated osteoporosis (16.5%) and obesity (17.7%) and osteosarcopenic obesity (16.5%) were found with approximately the same frequency. Osteosarcopenia was found in 9% of patients. In 4%, no changes in the compositional composition of the human body were detected.

Table 1. Pathological phenotypes of body composition

Pathological phenotypes of body composition	n=79
Osteoporosis, n (%)	13 (16,5)
Obesity, n (%)	14 (17,7)
Osteosarcopenia, n (%)	7 (8,9)
Osteopenic obesity, n (%)	29 (36,7)
Osteosarcopenic obesity, n (%)	13 (16,5)

Conclusion: The overall frequency of pathological phenotypes of body composition was high and amounted to 96.2% in women with RA. The most common pathological phenotype was an osteopenic obesity characterized by a decrease in BMD and an increase in fat mass.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3381

AB0177

ANXIETY-DEPRESSIVE SPECTRUM IN PATIENTS WITH RHEUMATOID ARTHRITIS AND ANKYLOSING SPONDYLITIS

M. Letaeva¹, M. Koroleva¹, J. Averkieva¹, O. Malyshenko¹, T. Raskina¹.

¹Kemerovo State Medical University, Department of Propedeutics of Internal Medicine, Kemerovo, Russian Federation

Objectives: to assess the frequency of occurrence of the anxiety-depressive spectrum in patients with rheumatoid arthritis and ankylosing spondylitis.

Methods: A survey was conducted of 44 patients aged from 21 to 57 years (average age - 42.3 ± 6.7 years), who were treated at GAUZ KO OKGGV. All patients had a verified diagnosis of RA and AS according to the ACR criteria and received treatment with basic drugs. The control group consisted of 40 people comparable in age and sex, without concomitant pathology of RA and AS.

The depression screening card, the subjective well-being scale, and the hospital anxiety and depression scale (HADS) were used to assess and detect anxiety-depressive syndrome. The assessment of the condition is carried out over the last 2 weeks, which corresponds to the temporary diagnostic criterion for depression.

The Depression Screening Scale is a 35-item self-questionnaire that assesses 7 categories of signs: sleep and appetite disorders, anxiety, emotional instability, cognitive impairment, loss of self, guilt, and suicidal tendencies. A total score of 65 and above indicates a high likelihood of depression.

The Subjective Well-Being Scale is a psychodiagnostic screening tool for measuring the emotional component of subjective well-being or emotional comfort.

Hospital Anxiety and Depression Scale Zigmond A.S., Snaitch R.P. was developed for the primary detection of depression and anxiety in a general medical practice. The HADS scale consists of 14 statements with 4 possible answers and includes two parts: anxiety and depression. The sum of points of 8 or more is regarded as "subclinically expressed anxiety / depression", 11 or more points - "clinically expressed anxiety / depression".

Results: According to the results of the depression screening questionnaire, 34 (77.3%) patients with RA and AS showed signs of depression, while in the control group only 6 (15%) patients tested positive for the presence of depressive disorders. According to the data obtained when assessing the scale of well-being in the main group, 26 (59.1%) patients showed signs of emotional discomfort (the indicator was 80% or more), in the control group - in 6 (15%). Using the hospital scale of anxiety and depression HADS, anxiety-depressive syndrome was detected in 36 (81.8%) patients with RA and AS: 16 (44.4%) patients had anxiety, 20 (55.6%) - depression, of them, subclinically expressed anxiety and depression were observed in 10 (27.7%) and 12 (33.3%) people, respectively. Anxiety-depressive syndrome in the control group, according to the HADS questionnaire, was detected only in 8 (20%) patients, of whom 4 (10%) patients had subclinical anxiety and 4 (10%) had signs of depression. No clinically pronounced anxiety and depression were registered in the control group.

Conclusion: In most patients with rheumatoid arthritis and ankylosing spondylitis, anxiety-depressive disorders have been identified, which can directly affect both the course of the disease itself and the development of various complications. Timely diagnosis of mental disorders and close cooperation of rheumatologists, psychiatrists and psychologists in the selection of adequate therapy can improve the course and prognosis of the disease.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3444

AB0178

COMORBIDITIES IN RHEUMATOID ARTHRITIS: DO THEY INTERFERE WITH MYOCARDIAL FUNCTION?

R. Dhahri¹, W. Lahmar¹, Y. Ben Abderrazek¹, M. Slouma¹, B. Louzir², L. Metoui¹, I. Gharsallah¹, H. Mahfoudhi³, C. Chourabi³, W. Fehri³. ¹Military Hospital of Instruction of Tunis, Department of Rheumatology, Tunis, Tunisia; ²Military Hospital of Instruction of Tunis, Department of Internal Medicine, Tunis, Tunisia; ³Military Hospital of Instruction of Tunis, Department of Cardiology, Tunis, Tunisia

Background: Patients with rheumatoid arthritis are at increased risk for cardiovascular disease (CVD). The early myocardial dysfunction in RA patients may be detectable sooner using speckle-tracking echocardiography to evaluate ventricular strain especially the global longitudinal strain (GLS), this has provided more comprehensive information on ventricular dysfunction in these patients.

Objectives: In the present study, we evaluated comorbidities that interfered the most with the GLS in rheumatoid arthritis patients.

Methods: The study population was comprised of a case group (36 patients with rheumatoid arthritis with no history of CVD and normal LVEF in the outpatient population of the Rheumatology department in the military hospital of Tunis) and a matched control group (individuals without a history of rheumatoid arthritis or cardiac abnormalities referred for clinical check-ups). In both groups, 2D and 3D echocardiographic examinations were performed by a single cardiologist to assess cardiac functional parameters.

Results: Anemia (36%) was found to be the most common comorbidity followed by diabetes mellitus (25%), arterial hypertension (17%) and dyslipidemia (17%). Myocardial deformation study revealed that rheumatoid arthritis patients had a significantly worse global longitudinal strain than healthy controls (18.99±2.81% vs 20.42±1.33%; P=.015). Moreover, a third of the rheumatoid arthritis patients (and no healthy controls) exhibited subclinical left ventricular systolic dysfunction (GLS<18%).

Anemia (r=-0.368, P=.027), Age (r=-0.365, P=.029), Diabetes mellitus (r=-0.540, P=.001) and E/A (r=0.351, P=.036) were significantly correlated with