AB0415

ANXIETY AND DEPRESSION IN SSc – ASSESSING FUNCTION, QUALITY OF LIFE AND GASTROINTESTINAL INVOLVEMENT

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Background: Systemic Sclerosis (SSc) is a chronic disease with multi-organ manifestations that may contribute to disability and low quality of life.¹ Therefore, anxiety and depression are more frequent in SSc patients than in general population.²

Objectives: To assess the prevalence of anxiety and depression in a SSc cohort and to evaluate its correlation with function, quality of life and assessment of gastrointestinal (GI) involvement scores.

Methods: A cross-sectional study was conducted evaluating a cohort of SSc patients. All patients answered to the Hospital Anxiety and Depression Scale (HADS) questionnaire. A cut-off score < 8 was considered normal. Health Assessment Questionnaire (HAQ), Scleroderma HAQ (SHAQ), 36-Item Short Form Health Survey (SF-36), EuroQol-5D (EQ-5D) and University Of California, Los Angeles, Scleroderma Clinical Trials Consortium Gastrointestinal Scale (UCLA SCTC GIT) 2.0 questionnaires were also obtained. Clinical data was obtained and analyzed.

Results: We included 20 patients, 17 females [n = 17 (85%)], median (min, max) age was 52.5 (28, 75) years-old. Regarding disease classification, 13 (65%) had limited SSc, 4 (20%) had diffuse SSc and 3 (15%) had early SSc. A score ≥ 8 was found in 14 (70%) patients on HADS-A [median (min, max) = 9 (2, 19)] and in 12 (60%) patients on HADS-D [median (min, max) = 8 (1, 15)]. Depressive patients had significantly worst scores on the measures of function, such as HAQ and lung and gastrointestinal involvements and patient global assessment of SHAQ, of quality of life, such as EQ-5D and physical functioning, role physical, bodily pain, vitality, social functioning and mental health domains of SF-36, and on the UCLA SCTC GIT 2.0 scale. Anxious patients had significantly worst scores on social functioning and mental health domains of SF-36 and on the UCLA SCTC GIT 2.0 scale (Table 1).

Conclusion: The prevalence of depression and anxiety on SSc patients is high and should not be neglected. Overall disability and multiorgan manifestations, particularly GI involvement, may contribute to a low quality of life and consequently to depression and anxiety.

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Table 1. Function, quality of life and gastrointestinal (GI) involvement assessment according to HADS score.

Results, median [min, max]	HADS-D ≥ 8 (n = 12)	HADS-D < 8 (n = 8)	P-value	HADS-A ≥ 8 (n = 14)	HADS-A < 8 (n = 6)	P-value
SHAQ						
- GI involvement	26.5 [0, 90]	2 [0, 40]	0.009	18.5 [0, 90]	2.5 [0, 40]	0.091
- Lung involvement	48.5 [5, 90]	2.5 [0, 30]	0.001	18 [0, 90]	3 [0, 65]	0.126
- Patient global assessment	67.5 [30, 100]	4 [0, 85]	0.011	53.5 [2, 100]	41.5 [0, 85]	0.509
HAQ	1.375 [0.5, 2]	0.1875 [0, 1]	0.001	1.25 [0, 2]	0.875 [0, 1.125]	0.147
EQ5D	0.3667 [-0.0573, 0.6937]	0.6752 [0.2870, 1]	0.006	0.4640 [-0.0573, 0.7667]	0.6752 [0.287, 1]	0.075
SF36						
- Physical functioning	25 [15, 75]	75 [50, 100]	0.001	40 [15, 100]	72.5 [25, 85]	0.106
- Role physical	31.25 [0, 75]	72.875 [31.25, 100]	0.025	37.5 [0, 100]	65.625 [31.25, 100]	0.214
- Bodily pain	41 [0, 74]	68 [20, 88]	0.011	41 [0, 88]	61.5 [20, 74]	0.428
- Vitality	25 [0, 43.75]	65.625 [25, 75]	0.001	37.5 [0, 75]	65.625 [12.5, 75]	0.135
- Social functioning	37.5 [12.5, 87.5]	87.5 [50, 100]	0.002	50 [12.5, 100]	87.5 [87.5, 100]	0.003
- Mental health	45 [25, 80]	65.7 [51.4, 85]	0.012	45 [25, 75]	77.5 [51.4, 85]	0.005
UCLA SCTC GIT 2.0						
- Reflux	0.38 [0, 1.25]	0 [0, 1.25]	0.024	0.25 [0, 1.25]	0 [0, 1]	0.139
- Distension	1 [0.5, 2]	0.25 [0, 1.5]	0.017	1 [0.25, 2]	0.125 [0, 1]	0.024
- Total	0.44 [0.1, 0.99]	0.04 [0, 0.97]	0.010	0.34 [0.04, 0.99]	0.02 [0, 0.44]	0.018

Disclosure of Interests: None declared

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AB0416

THE IMPACT OF FATIGUE ON SYSTEMIC SCLEROSIS PATIENTS

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Background: Fatigue is a frequent and commonly undervalued symptom among rheumatic disease, including Systemic Sclerosis (SSc).^{1,2}

Objectives: To determine the prevalence of severe fatigue in a SSc cohort and to evaluate how it correlates with disability, quality of life and mental illness.

Methods: A cross-sectional study was conducted evaluating a cohort of SSc patients. Fatigue was evaluated using Functional Assessment Chronic Illness Therapy (Fatigue) (FACIT-F) questionnaire. A value < 30 was defined as severe fatigue. Health Assessment Questionnaire (HAQ), Scleroderma HAQ (SHAQ), 36-Item Short Form Health Survey (SF-36), EuroQol-5D (EQ-5D) and Hospital Anxiety and Depression Scale (HADS) questionnaires were also filled. Clinical data was obtained and analysed.

Results: We included 20 patients, 17 females [n = 17 (85%)], median (min, max) age was 52.5 (28, 75) years-old. Regarding disease classification, 13 (65%) had limited SSc, 4 (20%) had diffuse SSc and 3 (15%) had early SSc. The median FACIT-F score was 34 (3, 48). The prevalence of severe fatigue was 40% (n = 8). Fatigue had a moderate negative correlation with HAQ ($\tau = -0.641$; $p < 0.001$) and a weak negative correlation with lung ($\tau = -0.345$; $p = 0.039$) and gastrointestinal ($\tau = -0.419$; $p = 0.011$) involvements and with patient global assessment ($\tau = -0.325$; $p = 0.047$) subtopics of SHAQ. A moderate positive correlation was found between FACIT-F and EQ-5D ($\tau = 0.625$; $p < 0.001$) and physical functioning ($\tau = 0.560$; $p = 0.001$) and vitality ($\tau = 0.777$; $p < 0.001$) domains of SF-36. The remaining SF-36 domains had a weak positive correlation with FACIT-F (Table 1). Regarding mental illness, there was a moderate negative correlation between FACIT-F and HADS-D ($\tau = -0.638$; $p < 0.001$) and HADS-A ($\tau = -0.535$; $p = 0.001$).

Conclusion: Severe fatigue is frequent among SSc patients. The greater the fatigue, the greater the disability, the lower the quality of life and the worse the score on the scale of depression and anxiety.

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Table 1. Correlation of FACIT-F with measures of disability, quality of life and mental illness

Variables	Kendall's τ coefficient	p-value
HAQ	-0.641	0.000
SHAQ		
- GI involvement	-0.345	0.039
- Lung involvement	-0.419	0.011
- Vascular involvement	-0.215	0.192
- Digital ulcers	0.102	0.549
- Patient global assessment	-0.325	0.047
EQ-5D	0.625	0.000
SF-36		
- Physical functioning	0.560	0.001
- Role physical	0.491	0.003
- Bodily pain	0.463	0.006
- General health	0.341	0.045
- Vitality	0.777	0.000
- Social functioning	0.443	0.009
- Role emotional	0.350	0.041
- Mental health	0.376	0.024
HADS-D	-0.638	0.000
HADS-A	-0.535	0.001

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AB0417

COMPARATIVE ANALYSIS OF THE FREQUENCY OF GASTRO-INTESTINAL SYMPTOMS IN THE CLINICAL EVALUATION VERSUS WITH UCLA SCTC GIT 2.0

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Background: It is estimated that the gastrointestinal (GI) tract is involved in about 90% of patients with Systemic Sclerosis (SSc).¹ The UCLA Scleroderma Clinical Trials Consortium Gastrointestinal Tract 2.0 (UCLA SCTC GIT 2.0) questionnaire has been validated in several countries as a useful tool in the assessment of GI symptoms in this pathology.²

Objectives: To assess whether the application of the questionnaire has an added value in clinical practice by comparing the frequency of GI symptoms found during the clinical evaluation in the consultation vs. application of the questionnaire.

Methods: A cross-sectional study was carried out in a cohort of patients with SSc. During the consultation, patients were asked about the presence of GI symptoms and the UCLA SCTC GIT 2.0 questionnaire was handed in for completion. Subgroups that analyse reflux, bloating, dirt, diarrhea and constipation were evaluated and their responses were transformed into dichotomous variables (present/absent). Clinical data was obtained and analysed.

Results: 27 patients were included, most of them female [n = 23 (85.2%)], with an average age of 53.3 ± 13.5 years. All patients met the classification criteria of Leroy/Medsgers of 2001 or ACR/EULAR of 2013: 14 (51.9%) had limited ES, 6 (22.2%) had Overlap Syndrome, 4 (14.8%) had diffuse ES and 3 (11.1%) had early SS. The prevalence of symptoms in all evaluated subgroups was higher in the questionnaire than in the clinical evaluation, with a statistically significant difference in the reflux subgroup [n = 16 (59.3%) vs. n = 13 (48.1%), p = 0.018]. In the remaining subgroups, this difference, although not statistically significant, was also found [abdominal distension n = 20 (74.2%) vs. n = 1 (3.7%), p = 1.0; dirt n = 2 (7.4%) vs. n = 0 (0%); diarrhea n = 22 (91.7%) vs. n = 3 (11.1%), p = 1.0; constipation n = 11 (40.7%) vs. n = 4 (14.8%), p = 0.273]. In the clinical evaluation, 12 patients said they were asymptomatic from the GI point of view, but all of them reported some GI symptoms when filling out the questionnaire. The subgroups in which the disagreement between the answers during the clinical evaluation and the filling out of the questionnaire were more frequent were distension [n = 19 (70.4%) and diarrhea [n = 19 (79.2%)].

Conclusion: The results of the present study reinforce the usefulness of the UCLA SCTC GIT 2.0 questionnaire, usually more applied in clinical trials, in clinical practice, concluding that it allows to find more GI symptoms in patients with SSc than the clinical evaluation in a consultation, this difference being statistically significant in the subgroup that evaluates reflux. The considerable difference found in the subgroups that assess symptoms of the low GI tract, such as diarrhea and constipation, although non statistical significant, may be due to the fact that the patient does not feel comfortable talking about it, a struggle that can be overcome with application of the questionnaire. On the other hand, this tool can also be a means of quantifying the severity of symptoms, monitoring their progress and making the consultation time more profitable. More studies with larger samples are needed to continue studying its role in clinical practice.

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AB0418

SHEAR WAVE ELASTOGRAPHY FOR THE ASSESSMENT OF LIVER FIBROSIS IN PATIENTS WITH SYSTEMIC SCLEROSIS AND SYSTEMIC SCLEROSIS/ PRIMARY BILIARY CHOLANGITIS OVERLAP COMPARED TO PRIMARY BILIARY CHOLANGITIS

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Background: Systemic sclerosis (SSc) is an autoimmune disease characterized by vasculopathy and skin as well as organ fibrosis. The lungs, skin, and gastrointestinal care frequently affected. Primary biliary cholangitis (PBC) is an autoimmune disease of the liver associated with potential progression to liver fibrosis. More recently, these two disorders have been described as an overlapping entity, especially in patients with limited, anti-centromere (CENP-B) positive SSc (1). Here, we report the first results of a pilot study of shear wave elastography (SWE) in patients with SSc and SSc/PBC compared to PBC patients.

Objectives: To assess liver stiffness in patients with SSc, SSc/PBC overlap, and PBC with shear wave elastography.

Methods: We analyzed a sample of 10 SSc to 11 PBC patients. In all patients, a baseline US examination of the liver and liver stiffness measurement by 2D SWE were performed using a GE logiq E10 ultrasound machine. Normal values for

SWE in healthy people have recently been published (2). Liver stiffness measurement was performed according to the recommendations of the manufacturer and the recommendations of the current "EFSUMB Guideline and Recommendation on the Clinical Use of Liver Elastography" (3). In addition, age, body mass index (BMI), and antibody profiles were assessed.

Results: Of 8 SSc patients without PBC, 6 were anti-CENPB pos., 1 had Scl70, and 1 PmScl antibody. Median age was 59.5 (47-71). Median BMI was 23.1 (19.6-25). 1 patient had SSc/PBC overlap, 1 had hepatic steatosis. 1 was positive for CENP-B/AMA-M2 antibodies, the other patient was Scl70 positive. Median age of these 2 patients was 55.5 (55-56), BMI was 23.86 (20.9-26.8). 11 patients with PBC were positive for AMA-M2 antibodies, median age was 58 (41-78) years, BMI was 27.8 (15.8-50.3). The differences were not statistically different. Liver stiffness is expressed in kPa. Measurements had an interquartile range/median ratio <30%, indicating sufficient quality of the measurement. Liver stiffness was higher in patients with SSc/PBC overlap/hepatic steatosis (9.4 ± 0.18 , **p=0.0133) and PBC alone (7.359 ± 2.51 , **p=0.0163) compared to SSc alone (4.526 ± 0.89 kPa). The results indicate that PBC is the main driver of liver stiffness in patients with SSc, and SSc alone may not necessarily lead to an increased liver stiffness (figure 1).

Figure 1.

Conclusion: Our results indicate that SWE is a useful tool in for the non-invasive assessment of liver stiffness in SSc and SSc/PBC overlap. We will further increase the sample size, especially of patients with SSc/PBC overlap. Of note, other liver diseases, such as hepatic steatosis, have to be kept in mind when SWE is performed as they may contribute to liver stiffness.

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AB0419

ACCESS TO TREATMENT FOR RAYNAUD'S PHENOMENON AND DIGITAL ULCERS FOR PATIENTS WITH SYSTEMIC SCLEROSIS DOESN'T FOLLOW EULAR/EUSTAR GUIDELINES

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