

body mass index) [1]. To date, there is little information about changes in severity in accordance with patient age.

**Objectives:** The aim of this study was to investigate variations in symptom severity in FM patients according to age categories.

**Methods:** A cross-sectional study of adult FM patients diagnosed according to the American College of Rheumatology 2010/2011 criteria was performed. The case series was included from an Italian national registry [2]. Patients were grouped according to five age categories: 18-40 years, 41-50 years, 51-60 years, 61-70 years, over 71 years. Symptom severity was assessed through the revised Fibromyalgia Impact Questionnaire (FIQR) and domains, including FIQR physical function (items 1-9), FIQR health status (items 10-11), and FIQR symptoms (items 12-21). Between-group characteristics were analysed using one-way analysis of variance (ANOVA).

**Results:** This study included a total of 2889 patients, 403 aged 18-40 years, 756 aged 40-50 years, 1035 aged 50-60 years, 528 aged 60-70 years, and 167 over 70 years, respectively. The mean (standard deviation [SD]) score of the total FIQR was 52.68 (11.82). Total FIQR and individual domains all showed a normal distribution. Analysing the data by age category, there were statistically significant differences between the categories for the total FIQR ( $p = 0.030$ ). The age categories with the highest disease severity were those above 71 years (FIQR 62.14, SD 22.45), and between 51-60 years (FIQR 60.31, SD 22.89) (Table 1). Significant differences between age categories were also found for the domains physical function ( $p = 0.006$ ) and health status ( $p = 0.012$ ), but not for the domain symptoms ( $p = 0.164$ ).

**Table 1. Mean values of FIQR total score and domains according to age categories.**

FIQR and domains	18-40 years	41-50 years	51-60 years	61-70 years	≥71 years	p*
FIQR total, mean (SD)	57.90 (21.76)	59.25 (23.30)	60.31 (22.89)	57.13 (23.59)	62.14 (22.45)	0.030
FIQR physical function, mean (SD)	15.51 (7.56)	16.44 (7.77)	16.77 (7.51)	15.96 (7.82)	17.68 (7.26)	0.006
FIQR health status, mean (SD)	11.19 (5.85)	11.24 (5.99)	11.49 (5.93)	10.57 (6.11)	12.21 (5.97)	0.012
FIQR symptoms, mean (SD)	31.32 (10.48)	31.56 (11.32)	32.10 (11.01)	30.68 (11.47)	32.24 (11.34)	0.164

Abbreviations and legend. FIQR = revised Fibromyalgia Impact Questionnaire; SD = standard deviation; \* = one-way analysis of variance (ANOVA).

**Conclusion:** Distinguishing the disease severity in FM patients according to age categories, a bimodal distribution emerges, with the disease severity being greatest in patients over 71 years and in the 51-60 years decade. The main differences in severity, according to what can be detected through the FIQR, are attributable to the domains physical function and health status, which show higher scores in the two classes with higher severity.

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#### AB0717 PREVALENCE OF MIGRAINE AND NEUROPATHIC PAIN AMONG PATIENTS WITH RHEUMATIC DISEASES

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**Background:** Pain in rheumatic diseases (RD) is primarily due to mechanical or inflammatory mechanism, but neuropathic pain (NP) component is yet to be fully evaluated and described, with a particular attention to the distinction with nociceptive pain [1].

**Objectives:** The aim of our study was to assess the prevalence of migraine and neuropathic pain in patients with RD and to explore factors associated with NP.

**Methods:** Prospective study including patients with rheumatoid arthritis (RA) and spondylarthritis (SpA) were invited to complete a validated self-assessment

questionnaires. Sociodemographic data as well as disease related characteristics were recorded. Migraine was diagnosed according to the IHS migraine diagnostic criteria. NP was evaluated using DN4 (Douleur Neuropathique 4 Questions) and Pain DETECT questionnaire (PDQ). Neuropathic pain was retained in case of a total score of 4 or more at DN4-interview questionnaire or a score ≥19 with the PDQ.

**Results:** A total of 60 patients with RD were included (42 RA/18 SpA). Females outnumbered males (sex-ratio=1.7). The mean age was 51.3 ± 13.1 years [18-75] and the mean disease duration was 11.9 ± 5.6 [1-23] years. The prevalence of migraine was 15%. This latter was higher among women than men and among RA patients than SpA (18% vs 9%, 16.6% vs 11.2%) with no statistically significant correlation ( $p=0.329$ ,  $0.581$  respectively). Parameters associated with a higher prevalence of migraine were an older age ( $p=0.042$ ). However, there was no correlation between the presence of migraine and the type of the RD, disease duration or the level of anxiety ( $p=0.059$ ,  $p=0.459$  respectively). Chronic pain with neuropathic characteristics was found in 21.7% with the DECT score and 16.7% with DN4 questionnaire. NP was most prevalent among patients with comorbidities (28.5% vs 6%,  $p=0.021$ ) and with higher body mass index ( $p=0.01$ ). Prevalence was significantly higher in the RA group (19%) than in the SpA group (11%) without a statistically significant correlation ( $p=0.45$ ). Similarly, NP was not associated with Salazopyrine intake ( $p=0.9$ ).

**Conclusion:** We found a high prevalence of migraine and NP in our sample of patients with RD. It seems therefore important to check the presence of migraine or NP especially in patients with comorbidities and older ones.

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#### AB0718 ASSESSMENT OF SEXUAL DYSFUNCTION IN WOMEN AND MEN WITH FIBROMYALGIA SYNDROME

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**Background:** Fibromyalgia syndrome is a chronic musculoskeletal disease, which compromises physical, mental, and sexual health. Although concerns related to sexuality are commonly reported, the literature on sexual functioning in patient with fibromyalgia is limited to female patients.

**Objectives:** The aim of our study is to identify sexual dysfunction in women and men with fibromyalgia syndrome compared with patients with rheumatoid arthritis.

**Methods:** This is a cross-sectional comparative study: '34 patients with fibromyalgia syndrome compared to 100 patients with rheumatoid arthritis' conducted in the rheumatology department of CHU Fattouma Bourguiba de Monastir over a period from February to November 2017. We used the Female Sexual Function Index (FSFI) and the Sexual Health Inventory for Men (SHIM).

**Results:** Our sample comprised 34 patients with fibromyalgia (31 females and 3 males) and 100 patients with rheumatoid arthritis (58 females and 15 males). Sexual dysfunction was present in 100% of female patients with fibromyalgia syndrome compared to 60% of female patients with rheumatoid arthritis. Female patients with fibromyalgia syndrome had a decreased FSFI score:  $10.3 \pm 8.74$  versus  $16.86 \pm 8.87$  in the rheumatoid arthritis group with  $p=0.001$ . While among the male patients, we found no significant difference between the two groups.

**Conclusion:** Fibromyalgia syndrome had negative side effect on the sexual life of female patients. Recognition of this dysfunction and its inclusion in the multi-disciplinary management of fibromyalgia must be part of the treatment.

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