treated with 6 mg oral methylprednisolone. Daily and this dose was stable till all pregnancy period. Fetal growth assessment, congenital abnormalities screening test, and laboratory tests for gestational diabetes and preeclampsia were unremarkable during all gestational trimesters. The ANCA titers remained negative and renal function was normal and there was no flare during all pregnancy period.

Results: At 38 weeks' gestation a spontaneous labor started without induction. A 3270-g healthy boy delivered with APGAR score of 9 at 1 minute and 5 minutes. Postpartum the disease remained in remission, and the patient was maintained on corticosteroids. The infant was healthy, with normal development.

Conclusion: Thus, the use of biological agents therapy in patients with GWP shows possible ways to safe reproductive potential with disease remission achievement.

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HPR Measuring health (development and measurement properties of PROs, tests, devices)

AB0859-HPR NETWORK OF SUPPORT AND DEPRESSION IN RHEUMATIC DISEASES

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Objectives: To describe the impact that depression has on the personal support network of patients with rheumatic diseases.

Methods: Design. Cross-sectional observational study of a series of patients with spondyloarthritis (SpA), rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) selected by consecutive sampling of the Rheumatology consultations. Selection criteria: age ≥ 18 years with AD (ASAS criteria), RA (EULAR / ACR 2010 criteria) and SLE (ACR-EULAR criteria) capable of understanding and willing to take the questionnaires. Protocol: The reference rheumatologist offered to participate in the study to all the patients who attended the consultation between October and December 2019 and met the selection criteria. After their approval and signing the informed consent, they went to the nursing consultation to carry out a battery of questionnaires from the PROMIS platform and collect clinical data. The infirmary was in charge of explaining the questionnaires to the patients. Variables: the main endpoint variable was depression evaluated by PROMIS and the secondary endpoint variables were questionnaires that evaluate the support network in various settings: company, emotional support, instrumental support, support through information. Likewise, data on their disease, comorbidities were collected using Charlson and socio-occupational profile. Statistical analysis: Descriptive analysis, R-Pearson correlation and multivariate linear regression analysis (VD: PROMIS depression).

Results: 151 patients participated: 50 with RA (90% women, mean age 55.12 ± 13.64 years), 51 with AD (51% women, 52.59 ± 12.15 years) and 50 patients with SLE (96 % women, mean age 47.14 ± 11.3 years). The baseline characteristics and comorbidities of the included. The mean (SD) of PROMIS depression in all patients was 16.4 (8.3) and a total of 65 patients (43%) had depression according to the Charlson index. Patients with Charlson depression had a higher mean (SD) of PROMIS depression than those without Charlson depression (24.5 [6.2] vs 10.3 [2.5], $p < 0.001$). An inverse correlation was observed between PROMIS depression with the rest of PROMIS questionnaires: company ($r = -0.369$, $p = < 0.001$), emotional support ($r = -0.533$, $p = < 0.001$), information support ($r = -0.577$, $p = < 0.001$) and instrumental support ($r = -0.362$, $p = < 0.001$). Likewise, it was observed that patients without depression by Charlson compared with patients with depression had higher mean values (SD) in all questionnaires of the support network compared to those without depression by Charlson: company (17, 8 (2.9) vs 14.7 (4.7), $p < 0.001$), emotional support (37.2 (5.2) vs 29.0 (9.5), $p < 0.001$) and instrumental support (35.7 (7.2) vs 29.4 (8.8), $p < 0.001$). Finally, in the multivariate analysis, the variables that were independently associated with

depression by PROMIS were information support ($B = -0.390$; $p < 0.001$) and emotional support ($B = -0.239$; $p = 0.027$). ($R^2 = 0.340$).

Conclusion: Depression in rheumatic diseases negatively influences the support network and the perception of company of these patients. Treating depression is important for social functioning and social relationships in these patients and for any group of chronic patients.

Disclosure of Interests: None declared

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AB0860-HPR IS THERE A RELATIONSHIP BETWEEN PHYSICAL ACTIVITY, SLEEP QUALITY, ANXIETY AND DEPRESSION IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER?

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Background: Maintenance of regular physical activity is associated with better physical and mental health (1). In addition, sleep disturbances and mood disorders are common in chronic inflammatory diseases (2).

Objectives: The aim of this study was to determine the relationship between physical activity, sleep quality, anxiety and depression in patients with FMF.

Methods: A total of 56 patients (30 female, 26 male) with Familial Mediterranean Fever (FMF) were enrolled in the study. They were diagnosed with FMF based on the Livneh diagnostic criteria (3). International Physical Activity Questionnaire - Short Form (IPAQ) was used to evaluate health-related physical activity. Patient-reported sleep quality was evaluated with the Pittsburgh Sleep Quality Index (PSQI). Hospital Anxiety and Depression Scale (HADS) was used to evaluate anxiety and depression in FMF patients. Patients who were 20-55 years old was included in the study.

Results: The mean age was 32.23 ± 9.87 years. The mean disease duration of the patients was 12.24 ± 7.61 years. The education level of 51.8% ($n=29$) of the participants was undergraduate and above. The rate of those who did not work was 32.1% ($n=18$) and 48.2% ($n=27$) of the participants were married. The mean of scores of IPAQ was 2333.99 ± 2640.29 , the mean of PSQI was 6.14 ± 3.66 , the mean of HADS-Anxiety was 7.89 ± 5.03 and HADS-Depression was 7.01 ± 4.44 . The patients were classified according to physical activity categories as low (25.0%, $n=14$), moderate (41.1% $n=23$) and high (33.9%, $n=19$). Physical activity categories were not found associated with PSQI ($p=0.437$), HADS-Anxiety ($p=0.363$) and HADS-Depression ($p=0.861$). The relationships of scores of IPAQ, PSQI and HADS were demonstrated Table 1.

Conclusion: This study confirmed that patients with FMF suffer from sleep disturbances, anxiety and depression. In addition, sleep disturbances, anxiety and depression were not associated with physical activity category.

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Table 1. The correlations of IPAQ, PSQI and HADS scores.

		HADS-Depression	HADS-Anxiety	PSQI
IPAQ	r	-0.091	-0.142	-0.002
	p	0.505	0.295	0.990
PSQI	r	0.689	0.615	
	p	0.001	0.001	
HADS-Anxiety	r	0.681		
	p	0.001		

-Pearson Correlation

Disclosure of Interests: None declared

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