AB0861-HPR

MENTAL DISORDERS AND GASTROINTESTINAL SYMPTOMS IN RHEUMATIC DISEASES: A CROSS-SECTIONAL STUDY

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Background: Several studies agree that patients with chronic diseases are more likely to have mental health problems. Moreover, Rheumatic Diseases (RD) patients may show gastrointestinal symptoms as result of primary inflammation, secondary involvement or as treatment consequences. A better understanding of the potential association among such symptoms can help to improve treatment and quality of life.

Objectives: The aim of this study was to evaluate the impact of gastrointestinal symptoms (GI) on mental and social health in RD patients.

Methods: We performed a cross-sectional study of 69 RD patients with primarily osteoarticular symptoms. Patients completed questionnaires on GI symptoms (belly pain, constipation, diarrhea, disrupted swallowing, gas and bloating, nausea and vomiting, gastroesophageal reflux) and psychosocial changes (anxiety, depression, fatigue, sleep disturbance, pain interference, physical function, satisfaction with participation in social roles), of the Patient-Reported Outcomes Measurement Information System (PROMIS).

Results: Among 69 patients, 34 (49.3%) had a diagnosis of Rheumatoid Arthritis; 35 (50.7%) had axial spondyloarthritis (i.e. Psoriatic arthritis and Ankylosing Spondylitis). Median disease duration was 7,6±4 years and over one-third (36.2%) of patients had active disease. Most patients reported psychosocial changes and GI symptoms, as shown in Table 1. More specifically, figure 1 (A-G) shows that fatigue was associated with belly pain and bloating ($p<0.001$), and with constipation, diarrhea, disrupted swallowing and gastroesophageal reflux ($p<0.01$). Anxiety was related to disrupted swallowing and gastroesophageal reflux ($p<0.01$) whereas depressive symptoms were associated with belly pain ($p<0.001$), bloating and gastroesophageal reflux ($p<0.01$). Moreover, all gastrointestinal symptoms affected sleep quality. Finally, such symptoms significantly affected patients' social domain especially regarding satisfaction with participation in social roles ($p<0.05$ for belly pain and diarrhea, $p<0.01$ for bloating and disrupted swallowing) and physical functions ($p<0.001$ for belly pain, diarrhea, disrupted swallowing; $p<0.01$ for constipation, bloating and nausea and vomiting; $p<0.05$ for gastroesophageal reflux).

Table 1.

N = 69	Yes	Median t-Score ± SD
Mental and social Health PROMIS		
Anxiety, n (%)	48(69,6)	55,2±10
Depression, n (%)	40(58)	51,8±10
Fatigue, n (%)	52(75,4)	57,7±10
Sleep Disturbance, n (%)	44(63,8)	52±10
Pain interference, n (%)	62(89,9)	60,9±8
Physical Function, n (%)	64(92,8)	39,4±8
Satisfaction with participation in social roles, n (%)	21 (30,4)	45,2±10
GI-PROMIS		
Belly pain, n (%)	35(50,7)	50,6±14
Constipation, n (%)	36(52,2)	51,2±10
Diarrhea, n (%)	20(29)	45,2±8
Disrupted Swallowing, n (%)	31(44,9)	51±10
Gas and Bloating, n (%)	54(78,3)	55,5±8
Nausea and Vomiting, n (%)	32(46,4)	49,9±8
Gastroesophageal Reflux, n (%)	27(39,1)	49,1±11

Continuous variables are expressed as median and standard deviation. Categorical variables are expressed as number and proportion. GI and psychosocial changes scores were dichotomized for the use of categorical variables.

Figure 1. A–G: GI symptoms in RD patients across dichotomized psychosocial symptoms (Yes in Black/No in grey). The overall p -value was calculated by the Mann–Whitney non-parametric test for independent samples.

Conclusion: This study highlights the association between GI symptoms and psychosocial changes in RD patients. The use of validated Patients-Reported Outcomes, especially in clinical practice, may help to better define the impact of such symptoms on patients' quality of life and then evaluate patients' needs in a global dimension.

REFERENCES:

- [1] P. T. Kröner, O. A. Tolaymat, A. W. Bowman, A. Abril, e B. E. Lacy, Gastrointestinal Manifestations of Rheumatological Diseases, Am. J. Gastroenterol., 2019.
- [2] Mancina RM et al. Gastrointestinal Symptoms of and Psychosocial Changes in Inflammatory Bowel Disease: A Nursing-Led Cross-Sectional Study of Patients in Clinical Remission. Medicina (Kaunas). 2020 Jan 20;56(1):45.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.1919

AB0862-HPR

THE RELATIONSHIP BETWEEN ANAEROBIC EXERCISE CAPACITY AND LOWER EXTREMITY FUNCTIONALITY IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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