correlation between seasonal changes andVAS pain score, nocturnal awakenings, TJC, and CRP.

Conclusion: Chronic inflammatory rheumatisms activity was higher in winter. Health care professionals should take seasonal changes into account in order to improve therapeutic care.

Disclosure of Interests: None declared

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AB0887-HPR

CHARLSON COMORBIDITY INDEX (CCI) IN RHEUMATOID ARTHRITIS: CLASSIFICATION AND CORRELATIONS

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Background: Charlson Comorbidity Index[1] is a tool including age and chronic diseases assessing the comorbidity burden. The age and the comorbidity burden in RA patients determine the morbidity and mortality.

Objectives: To assess and classification of CCI in RA patients with usage of the health-care system (outpatient clinics) in a real-world setting.

Methods: 327 patients with RA from a large outpatient service of a central hospital were retrospectively reviewed. Demographic characteristics, treatment for RA and comorbidities were recorded. Charlson Comorbidity Index (CCI) was measured and classified as low, intermediate and high score for 1-2, 3-4 and >=5 points, respectively. Its correlation with polypharmacy and necessity of biologic DMARDs was studied. Univariable and multivariable analyses were performed.

Results: Data from 327 RA patients (75.8% females, 24.2% males) with a mean±SD age of 63±11.8 years and disease duration 11.3±6.3 months, were recorded. CCI was 3±1.2 points (mean±SD) and maximum score was observed at 7 points. High score (>5 points) was observed at 9.2% and in the majority the score was intermediate (3-4 points) at 55%. All the RA patients with high score fulfilled the criteria of polypharmacy. Patients with high score had 9.7 times more probability of polypharmacy than the patients with low score (p=0.09, 1.4-2.5 95%CI).

Conclusion: CCI was assessed in a study of patients with RA. In a large cohort of RA patients, the majority had intermediate comorbidity and high score. Charlson Comorbidity Index is a useful tool in assessing RA patients for comorbidities.

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PERCEIVED SATISFACTION WITH CHRONIC PAIN CARE IN GERMAN PATIENTS WITH FIBROMYALGIA (FM)

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Background: In chronic pain care a multidimensional perspective with attention to patients’ cognitions, emotions, and their ability to cope is needed (1). Previous studies are also pointing to the role of experiencing meaningfulness in life in the adjustment to disability. Therefore care should additionally focus on the existential domain of patients’ lives to live up to a holistic care approach (2). However, there are only a few studies on how FM patients are satisfied with practitioners’ attention to multiple aspects of life with a chronic pain condition.

Objectives: To assess perceived satisfaction with chronic pain care and its associations with health variables in a cohort of patients with FM.

Methods: We invited 18 FM self-help groups in Germany to participate anonymously in our survey and sent them in total 192 paper-and-pencil surveys. Sociodemographics, disease related variables (e.g. pain, general health) and psychological variables [e.g. depression, anxiety, hope, stress] were assessed with standardized instruments, including 5 items (answer format 1=very unsatisfied – 10=very satisfied) assessing subjective satisfaction with medical care in different domains with the following questions: How satisfied are you with the attention of your treatment team/physician at home for physiological aspects of your pain (Physio)? the consequences of the pain on your physical functioning (Physical) on your psychological well-being (Mental) on your social life (Social) on your meaning in life (Meaning).

Results: In total 162 FM patients participated (84% response rate). Their mean age was 58 years (SD=10), 84% (N=135) were female. Highest level of education was: Elementary School 29%, Junior High School 35%, High School 15%, College 12%, and other 10%. Duration of chronic pain was