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AB0893-HPR

TREATMENT SATISFACTION, EXPECTATIONS, PATIENT PREFERENCES, AND CHARACTERISTICS IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA): TURKISH COHORT RESULTS OF THE SENSE STUDY

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Background: Suboptimal control of RA may lead to severe and progressive articular damage, loss of function, and deterioration of the quality of life (QoL).

Objectives: To assess treatment satisfaction, sociodemographic, clinical, health care resource utilization, and QoL characteristics of patients with sub-optimally controlled RA and treated with conventional synthetic and/or biologic DMARDs.

Methods: This study was an international, multicenter, cross-sectional, non-interventional study. Adult RA patients with moderate to severe disease activity (DAS28>3.2) were enrolled. Patient satisfaction was evaluated with Treatment Satisfaction Questionnaire for Medication (TSQM, version 1.4) with a scale ranging from 0 (indicating poor satisfaction) to 100 (indicating perfect satisfaction). Patients were questioned regarding treatment adherence, patient preferences, and expectations. Workability was evaluated using Work Productivity and Activity Impairment Questionnaire-Rheumatoid Arthritis (WPAI-RA, version 2.0). Short Form 36 (V2) survey were performed to all patients.

Results: One hundred sixty-four patients were included in the study and most (78.0%) were female. The median age was 57.0 years, ranging between 22.0 and 84.0 years. Half of the patients (50.6%) were primary school graduates and 6.1% were unemployed due to RA and seeking work. Median time since RA diagnosis was 8.0 years and mean (±SD) DAS28-CRP score was 4.8 (±1.0). Mean total activity impairment was 54.9% (±27.4). In the past 3 months from enrollment, the mean number of healthcare professional and emergency room visits were 1.8 (±1.1) and 1.8 (±1.3), respectively. Mean number and length of hospitalizations in the previous 3 months were 1.1 (±0.3) times and 8.3 (±7.2) days, respectively. Mean TSQM scores were 53.5 (±21.4) for effectiveness, 86.0 (±26.7) for side effects, 67.8 (±16.5) for convenience, and 57.7 (±22.0) for global satisfaction. The leading expectation was 'lasting relief of RA symptoms' (mean

score: 5.8). Preferred time until the effect of onset was 'up to 1 week' for 76.2% of the patients. Most of the patients (57.9%) preferred oral administrations and the most preferred frequency of administration was 'once per day' (46.3%). Mean physical and mental component summary scores for Short Form 36 (V2) survey were 37.9 (±8.3) and 40.1 (±10.7).

Conclusion: Two-thirds of the patients with RA who have suboptimal responses are not satisfied with their treatments. Moreover, oral and once-daily treatment approaches stand out in patient preferences. Finally, suboptimal control leads to deterioration in clinical characteristics, workability, and QoL of patients with RA.

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AB0894-HPR

THE JOURNEY OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The course of rheumatoid arthritis (RA) differs from patient to patient, and each patient has a unique story. The disease condition affects psychological and social aspects, greatly affecting the quality of life. The disease course is unpredictable, and each patient's story can be seen as a lifelong journey, full of ups and downs. Therefore, it is crucial to know what kind of support is required during the course of their life.

Objectives: The aim of this study is to examine the life story of patients with RA and clarify a common situation in their stories in order to consider what kind of support is needed.

Methods: This is a qualitative study using life story interview for patients with RA in Japan. Interview included disease history, patients' behaviors, effects on daily life, the patients' perspectives regarding psychological considerations and useful support. Data were analyzed using content analysis. This study was approved by the ethics committee and informed consent was obtained.

Results: Eight patients participated in this study. They were all females and the average age was 57 years old. As a result of the categorization, we extracted the following eight situations: (1) Emergence of symptom; patients thought joint pain would go away, however, the symptom did not improve and began to affect their daily life and work, (2) Choose a hospital to visit; pain and anxiety have continued and decided to visit a hospital, (3) Encounter with their doctors; patients expected their doctor to relieve their pain, while they were afraid of being told that they were suffering from a serious disease. (4) Diagnosis of RA; patients were

shocked when diagnosed and anxious about what would happen and wondered why they had such a disease, (5) Choice of treatment; patients were afraid of the side effects. They wanted to make a decision discussing with their doctor, but they could not understand the explanation about drugs well and, therefore, followed the doctor's opinion. (6) Change of treatment; a biological agent was often recommended. Patients were also worried about side effects and the financial burden. (7) Remission or stable phase; they felt better mentally too, however, they often felt anxiety about disease flare, side effect of drugs and financial burden, and (8) Flare and remission; patients felt shocked and disappointed when RA flared, and then, they noticed that patients with RA had alternating periods of relapse and remission and they had to live with RA.

These interviews revealed repeated worsening and improvement of symptoms and many similar repeated psychological reactions such as anxiety, shock, denial, conflict, acceptance, giving up and relief. To cope with these fluctuating disease and mental conditions, patients were supported by educational and psychological assistance, timely consultations, social life help from nurses and support from their family. The patients considered a trusting relationship with their doctors is necessary. The patients had also realized through their experience the importance of enhancing their own abilities, such as decision-making, prevention of infections and self-management skills. Moreover, they noticed that it is important to have their own goals including hobbies and work.

Conclusion: This study elucidated the common behaviors of patients with RA, the impact of RA on their psychological state and daily and social life, and the required support. The psychological condition and daily and social life also had a great influence on medical behavior. Therefore, psychosocial support and establishment of trust between healthcare professionals and patients are crucial. In addition, improving patients' self-management skills including self-efficacy and empowerment is also necessary. As patients with RA often feel anxious in various situations and expect nurses' support, nurses should listen to patients, pay attention to their concerns and anxieties, and show a solution-oriented attitude. In order for patients to feel at ease in their Patient Journey, nurses should sail with them while maintaining a patient-centered perspective.

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AB0895-HPR A MODERATED MEDIATION ANALYSIS FOR POOR ORAL HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH BEHCET'S DISEASE

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Background: Since oral ulcer is a common clinical manifestation, oral health-related quality of life (OHRQoL) is affected by the presence of oral ulcer poorly in patients with Behcet's disease (BD).

Objectives: The aim of the study was to examine associated factors for poor OHRQoL status to improve treatment outcomes in patients with BD.

Methods: In this retrospective study, 339 BD patients (F/M: 179/160, mean age: 36.13±9.81 years) included. Data were collected by a structured questionnaire regarding treatment expectation, Oral Health Impact Profile-14 (OHIP-14) questionnaire for OHRQoL, oral ulcer activity, and disease severity score. Treatment expectation was coded by a 5-point Likert type scale (1: symptoms were completely cured vs 5: symptoms were worsened). OHIP-14 score was between "0 point (the best score)" and "56 points (the worst score)." The disease severity score was calculated according to the organ involvement. Then, patients were categorised as mucocutaneous involvement (n=181) and severe organ involvement (n=158). After preliminary analysis, a Moderated Mediation analysis was carried out.

Results: Oral ulcer activity was seen in 63.4% of the group (n=215). OHIP-14 score (22.05±16.47) was correlated with Treatment expectations (2.35±0.98) (r: 0.36 p=0.000) in the group. Poor scores of OHIP-14 and Treatment expectations were found in patients with active oral ulcers (mucocutaneous involvement: 27.56±14.55; 2.68±0.87, vs severe organ involvement: 28.51±17.25; 2.43±0.99) compared to those of inactive patients (mucocutaneous involvement: 13.38±12.23; 1.81±0.73 vs severe organ involvement: 8.79±10.19; 1.85±1.02) (p=0.000 for all). Patients with active oral ulcers were younger (35.09±9.52) than the others (39.57±10.06) in the mucocutaneous involvement group (p=0.0011) whereas a similar relation was not seen in the severe organ involvement (p=0.233).

In the moderated mediation analysis, it was found that OHIP-14 score was increased by the presence of oral ulcer in the direct path (p=0.0000) and the negative Expectation of the treatment as a first mediator (p = 0.0001) in the indirect path. Oral ulcer activity was associated with younger patients (p=0.0039). This effect was seen especially in patients with mucocutaneous involvement that had

a moderator effect (p=0.0040). In addition, age was found to be a second mediator for the poor OHIP-14 score (p = 0.0053). Mediators and the moderator were found to be effective for OHIP-14 score a bootstrap analysis with 5000 replications.

Conclusion: OHRQoL was affected by oral ulcer activity and poor treatment expectations. Age was also found to be another critical factor for OHRQoL.

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AB0896-HPR THE EVALUATION OF TYPE D PERSONALITY AND SELF-ESTEEM IN PATIENTS WITH FIBROMYALGIA

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Background: Fibromyalgia (FM) is a condition characterized by chronic widespread pain, fatigue, sleep disturbances. Etiopathogenesis remains unclear; however, growing data regarding the effect of psychosocial factors on disease etiopathogenesis have drawn attention. Psychosocial elements such as type D personality and low level of self-esteem might increase disease burden (1). Accordingly, many researchers so far, have examined psychological parameters in FM and a limited number of studies focused on the personality type among patients with FM (2-5).

Objectives: The current study aimed to investigate type D personality and self-esteem in patients with FM.

Methods: Female patients with fibromyalgia and age-matched healthy controls were enrolled in this cross-sectional study. Type D personality was evaluated by using the type D scale (DS-14). The Rosenberg self-esteem scale (RSES) was used to assess self-esteem and psychosomatic symptoms. Psychological status was evaluated by the Beck Depression and Beck Anxiety Inventories. Fibromyalgia Impact Questionnaire (FIQ) was performed to assess functional impairment and health status in patients with FM. The potential confounders of type D personality were evaluated by binary logistic regression analysis.

Results: Seventy patients with FM and 60 controls were included. Type D personality was observed in 58.6% of the patients and in 21.7% of the control group (p<0.001). When compared to patients with non-type D personality, those with type D personality revealed lower self-esteem and poorer health status (p<0.05 for both), higher anxiety and depression scores (p<0.001 for both). According to binary logistic regression analysis, depression (β=1.178, CI 95% 1.055–1.316, p=0.004) and lower education level (β=0.818, CI 95% 0.682–0.982, p=0.031) were significantly related to type D personality in FM (Table 1).

Conclusion: Type D personality is more common in female patients with FM when compared to healthy women. Patients with type D personality have lower level of self-esteem when compared to those with non-type D personality. Depression and lower education level are potential confounders of type D personality in FM.

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Table 1. Binary logistic regression analysis for the evaluation of potential confounders of type D personality in patients with fibromyalgia.

	Wald	SE	β (95%CI)	p
Education (years)	4.664	0.093	0.818 (0.682–0.982)	0.031
Occupation duration (years)	0.116	0.037	1.013 (0.942–1.089)	0.733
Self-esteem scale (D1)	0.369	0.423	0.774 (0.338–1.771)	0.544
BDI	8.446	0.056	1.178 (1.055–1.316)	0.004
BAI	0.789	0.032	1.029 (0.966–1.095)	0.374

BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory, SE: standard error, CI: confidence interval