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.

Disclosure of Interests: None declared

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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.

REFERENCES:

- [1] Bazzichi L, Giacomelli C, Consensi A, Giorgi V, Batticciotto A, Di Franco M, Sarzi-Puttini P (2020) One year in review 2020: fibromyalgia. Clin Exp Rheumatol 38 Suppl 123(1):3-8.
- [2] Conversano C, Marchi L, Ciacchini R, Carmassi C, Contena B, Bazzichi LM, Gemignani A (2018) Personality Traits in Fibromyalgia (FM): Does FM Personality Exist? A Systematic Review. Clin Pract Epidemiol Ment Health 14:263.
- [3] Türkoğlu G, Selvi Y (2020) The relationship between chronotype, sleep disturbance, severity of fibromyalgia, and quality of life in patients with fibromyalgia. Chronobiol Int 37(1):68-81.
- [4] Garip Y, Güler T, Bozkurt Tuncer Ö, Önen S (2019) Type D Personality is Associated With Disease Severity and Poor Quality of Life in Turkish Patients With Fibromyalgia Syndrome: A Cross-Sectional Study. Arch Rheumatol 35(1):13-19.
- [5] Ablin JN, Zohar AH, Zaraya-Blum R, Buskila D (2016) Distinctive personality profiles of fibromyalgia and chronic fatigue syndrome patients. PeerJ 4:e2421.

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

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AB0897-HPR EVALUATION OF ANXIETY AND DEPRESSION IN PATIENTS WITH KNEE OSTEOARTHRITIS USING THE HAD "HOSPITAL ANXIETY AND DEPRESSION SCALE"

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Background: Knee osteoarthritis is considered to be one of the most common causes of functional impairment, which affects the quality of life of patients leading to severe mood disorders. Our goal is to evaluate the frequency of depression and anxiety in patients with knee osteoarthritis.

Objectives: Evaluate the frequency of depression and anxiety in patients with knee osteoarthritis.

Methods: This is a cross-sectional study over a period of 7 months from February to August 2016, including consecutively patients who consulted in the Rheumatology department at Mahdia university hospital for knee osteoarthritis. We evaluated for each patient a validated version of HAD "Hospital Anxiety and Depression scale". This score includes 14 items each one rated from 0 to 3 and two components including depression and anxiety.

Results: We included in our study 66 patients (56 women and 10 men) with an average age of 60.3 years [40-90 years]. Knee osteoarthritis was bilateral in 56.1% of cases. The examination found limited mobility of the knee in 45.5% and flexion in 13.8% of cases. Standard radiography showed stage 1 knee osteoarthritis in 4.5%, stage 2 in 31.8%, stage 3 in 56.1% and stage 4 in 7.6% of cases. All our patients were treated with analgesics, NSAIDs in 95.5%, local corticosteroid infiltrations in 43.9% and hyaluronic acid in 7.6% of cases. The mean visual analog scale (VAS) was 5.84 ± 1.7 out of 10 [2-9]. The mean overall WOMAC index was 47.15 ± 15.6 [12-82]. The average Lequesne index was 16.8 ± 13.1 , moderate disability was found in 3% of cases, significant disability in 6.1% of cases, very significant disability in 18.2% of cases and extreme disability in 72.7% of cases. The mean depression score was 9.3 ± 2.6 [4-16], with 24.6% of the patients had no depressive symptomatology (score ≤ 7), 40% had doubtful depressive symptomatology (score between 8 and 10) and 35.4% of them had certain depressive symptomatology (score ≥ 11). The mean anxiety score was 8.88 ± 4 [0-19], 33.3% of patients had no anxiety symptoms (score ≤ 7), 34.8% had doubtful anxiety (score between 8 and 10) and 31.8% had certain anxiety (score ≥ 11). The statistical study found a significant correlation between the depression score and WOMAC score, but we did not find an association with age, sex, radiological stage, mobility limitation and VAS. Regarding anxiety, there was a correlation with age, WOMAC score and female gender. On the other hand, there was no correlation with VAS, Lequesne score, radiological stage and limitation of mobility.

Conclusion: Although knee osteoarthritis appears to be a benign pathology, its impact can be severe, including depression and anxiety, which are mainly influenced by the degree of functional disability. Hence psychological care is sometimes necessary in these chronic degenerative diseases.

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AB0898-HPR WHICH FACTORS ARE RELATED TO PAINFUL EXPERIENCE IN PATIENTS AFFECTED BY CHRONIC INFLAMMATORY RHEUMATIC DISEASE DURING THE COVID-19 PANDEMIC?

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Objectives: To evaluate the effect of containment, during the Covid-19 pandemic, on the pain of patients with CIRD, and to analyze the factors associated with the experience of pain.

Methods: A cross-sectional study was conducted among patients with rheumatic diseases using a questionnaire providing information on patients and disease characteristics. Impact of COVID-19 on This is a cross-sectional study that consecutively included

Patients were asked to assess the global pain which they had experienced before and during the containment period, using a single Visual Analogue Scale (VAS) ranging from 0 (no pain) to 10 (greatest pain).

Statistical Analysis System IBM SPSS Statistics V20.0.0 was used to analyze the study data.

We performed univariate then multivariate analysis to search any related factors to pain perception during to quarantines. Qualitative values were analyzed by the chi2 test. Quantitative values were analyzed by the Student test when the measures were normally distributed or by nonparametric test (Mann-Whitney U) when the measures were not normally distributed (Kolmogorov-Smirnov test was used to test normality).

Results: Among the 350 patients who answered to the questionnaire online, rheumatoid arthritis represented 62.3%, spondyloarthropathy 34.3% and undifferentiated CIRD 3.4%.

Pain experience caused by the CIRD during the containment was reported by 79.1% of patients.

The level of pain, using the VAS of Pain increased significantly during the COVID-19 pandemic (4.6 ± 2.8 and 5.4 ± 3 before and during the containment; $p < 0.001$). In multivariate analysis, the factors implicated in pain were the negative impact of Coronavirus on access to rheumatologic care, discontinuation of therapeutic adherence, the disturbed quality of sleep and the negative psychological impact (table 1).

Table 1: Summarize multivariable analysis of factors associated with painful experience related to CIRD during containment.

Table 1. Multivariable analysis of factors associated with painful experience related to CIRD during containment

	P
Impact on monitoring	0.05
Impact on therapeutic adherence	<0.001
Quality of sleep disturbed	0.001
Negative psychological impact	0.02

Conclusion: This survey showed that the COVID-19 pandemic have increased painful experience in CIRD patients. Factors influencing painful experience should be taken into account to help patients to cope with their chronic rheumatism and this global health crisis.

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AB0899-HPR THE IMPACT OF CORONAVIRUS (COVID-19) PANDEMIC ON THERAPEUTIC MAINTENANCE IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES

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Background: The Coronavirus pandemic caused many consequences on well being, access to care and therapeutic maintenance in patients with chronic diseases.

Objectives: To assess the impact of COVID-19 on therapeutic maintenance of patients with Chronic Inflammatory Rheumatic Diseases (CIRD) and to identify related factors to difficulties in access to rheumatologist care during the COVID-19 pandemic.

Methods: A cross-sectional study was conducted among patients with rheumatic diseases using a questionnaire providing information on patients and disease characteristics, impact of COVID-19 on access to rheumatologist care and therapeutic maintenance during the confinement. Reasons of therapeutic interruption and of difficulties in access to healthcare were precised.

Results: We received answers from 350 patients (female sex of 68%, mean age of 46.1 ± 14.4 years) suffering from Chronic Inflammatory Rheumatic Diseases (CIRD): rheumatic arthritis (RA) (62.3%), spondyloarthropathies (34.3%), and undifferentiated CIRD (3.4%). The global average disease evolution was 12.1 ± 9.7 years.

The patients were treated with conventional Disease-modifying anti-rheumatic drugs (cDMARDs) and biologic Disease-modifying anti-rheumatic drugs