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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