Questionnaire Disease Index (HAQ-DI), functional limitation was defined as: mild ($0 < \text{HAQ-DI} \leq 1$), moderate ($1 < \text{HAQ-DI} \leq 2$), and severe ($2 < \text{HAQ-DI} \leq 3$).

Results: There were 643 RA patients recruited with 82.3% female and mean age 49.7 ± 12.9 years. The median (IQR) of total HAQ-DI was 0.25 (0.00-0.75) and there were 399 (62.1%) RA patients with functional limitation including 293 (45.6%), 73 (11.4%), 33 (5.1%) with mild, moderate, and severe functional limitation, respectively. The highest prevalence of functional limitation subdimension was "walking" (43.5%), followed by "grip" (36.1%), "reach" (35.5%), "common daily activities" (33.4%), "hygiene" (33.0%), "dressing and grooming" (29.7%), "arising" (29.1%), while the lowest was "eating" (18.4%). Further age stratification showed that the prevalence of functional limitation was increased with age ($P < 0.001$), but no difference between male and female RA patients (58.8% vs. 62.8%, $P = 0.426$). The prevalence of functional limitation of RA patients with disease duration < 1 years (early), 1-10 years (intermediate) and ≥ 10 years (long) were 70.2%, 55.9% and 74.5% respectively, showing a U-shaped curve (Figure 1A), which indicated that early RA also had high rate of functional limitation. Furthermore, early RA patients had the highest proportion of severe functional limitation (14.3% vs. 2.0% vs. 8.7%, Figure 1B), together with higher prevalence of functional limitation of all eight subdimension than those with intermediate disease duration ($P < 0.05$, Figure 1C). There were significant differences in Pain VAS, indicators of disease activity, functional and radiographic assessment among RA patients with different disease duration. Compared with those with intermediate disease duration, early RA patients had higher Pain VAS, higher disease activity indicator (including ESR, CRP, CDAI), higher HAQ-DI, but lower radiographic indicators (all $P < 0.05$). There was no significant difference in disease activity and functional indicators between early RA patients and those with long disease duration. Multivariate ordered logistic regression analysis showed that Pain VAS ($OR = 2.116$, 95% CI : 1.483-3.019), disease activity indicators [including CRP ($OR = 1.047$, 95% CI : 1.011-1.084) and CDAI ($OR = 1.128$, 95% CI : 1.054-1.208)] were associated factors of functional limitation in early RA patients.

Figure 1. The prevalence of function limitation in RA patients. (A) The prevalence of functional limitation in different disease duration groups of RA patients. (B) The different degrees of functional limitation in different disease duration groups of RA patients. (C) The subdimension characteristics of functional limitation in different disease duration groups of RA patients.

Conclusion: Near two third early RA patients have functional limitation, in which both pain and active disease are independent associated factors. Management of pain and target treatment in early RA patients should be emphasized.

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POS0540

SEXUAL DYSFUNCTION IN MALE PATIENTS WITH RHEUMATIC DISEASES

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Background: Sexual health is an essential element of overall health and well-being. Rheumatic diseases may affect sexual functioning in many ways related to pain, fatigue, stiffness, functional impairment, depression, anxiety, negative body image, reduced libido, hormonal imbalance and drug treatment. However, these issues are rarely addressed in clinical practice.

Objectives: The aim of this study was to evaluate sexual function in a cohort of men with rheumatic disease compared to healthy controls.

Methods: This was an observational, single-center, cohort study conducted between august 2019 and march 2020 in the Rheumatology department of "Saint Mary" Clinical Hospital in Bucharest which included 120 men with ages between 18 and 60 years - 60 patients with rheumatic diseases and 60 healthy controls. The study tools were the Sexual Health Inventory for Men (SHIM) questionnaire and one questionnaire referring to personal data, history of the rheumatic disease, comorbidities, treatment and sexual impairment. Also, the disease activity was assessed using specific scores for each condition.

Results: In this cohort of 60 patients, the mean age was 45.26 (7.8) years and the diagnoses were ankylosing spondylitis (AS) - 37%, psoriatic arthritis (PsA) - 18%, rheumatoid arthritis (RA) - 17%, systemic sclerosis (SS) - 15% and gout - 13%. More than half of the patients (62%) had active disease based on specific scores (ASDAS for AS, DAS28-CRP for RA, EScSG disease activity indices for SS, DAPSA for PsA). Regarding sexual life, this study showed a significant decrease in sexual life quality after rheumatic disease diagnosis (before diagnosis: 71.67% - satisfying and 16.67% - not satisfying versus after diagnosis: 21.67% - satisfying and 68.33% - not satisfying). Most patients (90%) reported impairment of their sexual life after diagnosis. In terms of sexual dysfunction (SD), a significantly higher proportion of patients (40%) mentioned reduced libido compared to the control group (18.33%) ($p=0.043$). Also, 21.66% of the patients reported erectile dysfunction (ED) in comparison with only 8.33% in the control group ($p=0.009$). Most patients with AS, RA, PsA and gout had mild ED while most patients with SS presented with mild to moderate ED. Also, the SHIM score mean value was significantly lower in the study group (17.65) compared to the control group (20.15) ($p=0.009$). The importance of SD in this cohort is emphasized by the fact that only one patient conceived after rheumatic disease diagnosis. Concerning treatment, more than half of the patients (55%) reported no effect of the therapy on their sexual life while 38.33% mentioned that medication improved their sexual life and very few (7%) reported a worsening.

Conclusion: This study revealed a higher prevalence of sexual dysfunction in male patients with rheumatic disease in comparison with healthy controls. Considering the importance of sexual and reproductive health, rheumatologists should approach this topic with their patients and offer them guidance.

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POS0541

LOW PREVALENCE OF SSA (anti-Ro) AND SSB (anti-La) AUTOANTIBODIES IN FEMALE RHEUMATOID ARTHRITIS PATIENTS WITH A WISH TO CONCEIVE

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Background: The presence of SSA (anti-Ro) and SSB (anti-La) autoantibodies has important clinical implications for female patients with a wish to conceive. The association between maternal levels of these autoantibodies and complete congenital heart block and neonatal Lupus syndrome is well established. Currently guidelines advise to test for these antibodies in all Rheumatoid Arthritis (RA) patients with a wish to conceive (1).

Objectives: The objective was to determine the prevalence and titers of SSA and SSB autoantibodies in female patients with rheumatoid arthritis and a wish to conceive or who are pregnant.

Methods: Patients were derived from 2 large prospective cohorts on RA and pregnancy (PARA-cohort and PreCARRA-cohort). The presence and titers of SSA and SSB were tested using Phadia, an automated system which uses fluorescence enzyme immunoassays (FEIA) (Thermo-Fisher Scientific).

Results: We included a total of 647 patients with RA and a wish to conceive, 417 (64.5%) conceived during the follow-up period. A detailed description of the study population, stratified for the presence of SSA and SSB antibodies autoantibodies is presented in table 1. A total of 25 out of 647 patients had detectable SSA or SSB antibodies: SSA $n = 25$ (SSA-52 $n = 17$, SSA-60 $n = 19$), SSB $n = 7$. This corresponds with a prevalence of 3.9% for SSA antibodies and 1.1% for SSB antibodies. 13 (52% of the SSA positive patients, 2.0% of the total population) patients had a titer of >240 units/ml of SSA antibodies, and 3 (42.9% of the SSB positive patients, 0.46% of the total