Table 1. Prevalence of cognitive impairment in patients with minor/non-NPSLE, inflammatory NPSLE and ischemic NPSLE

	Global cognitive functioning	Learning & memory	Executive functioning & complex attention	Psychomotor speed
All patients	8 (5)	70 (46)	57 (39)	69 (46)
(n = 151)				
Inflammatory NPSLE	3 (13)	14 (58)	12 (50)	12 (50)
(n = 24)				
Ischemic NPSLE	0 (0)	6 (50)	2 (17)	2 (17)
(n = 12)				
Minor/non-NPSLE	5 (4)	50 (44)	43 (38)	55 (49)
(n = 115)				

NPSLE = neuropsychiatric systemic lupus erythematosus. Data represent n (%) of patients with cognitive impairment in the mentioned cognitive domain. Cognitive impairment was defined as cognitive function at least 1SD lower than the mean of an age, sex and education matched general Dutch population. The percentages were calculated from total number of patients with available scores: Global functioning: 23/24 inflammatory NPSLE and 113/115 minor/non-NPSLE; psychomotor speed 113/115 minor/non-NPSLE, executive function & complex attention: also 113/115. All tests were available for ischemic NPSLE.

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POS0715 QUANTIFYING THE PSYCHOSOCIAL IMPACT OF UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE (UCTD)

C. Siegel^{1,2}, E. Sevim^{3,4}, B. Stamm⁵, J. Vega⁵, J. Kleinman⁶, J. Barnhill⁷, M. Lockshin^{2,5}, L. Sammaritano^{2,5}, M. Barbhaiya^{2,5}. ¹Hospital for Special Surgery, Rheumatology, New York, United States of America; ²Weill Cornell Medicine, Internal Medicine, New York, United States of America; ³Montefiore Medical Center, Internal Medicine, Bronx, United States of America; ⁴Albert Einstein College of Medicine, Internal Medicine, Bronx, United States of America; ⁵Hospital for Special Surgery, Barbara Volcker Center for Women and Rheumatic Diseases, New York, United States of America; ⁶Hospital for Special Surgery, Department of Social Work Programs, Division of Rheumatology, New York, United States of America; ⁷Weill Cornell Medicine, Psychiatry, New York, United States of America

Background: Only half of patients diagnosed with SLE fulfill classification criteria; the rest have "SLE-like" illnesses such as UCTD. SLE patients are known to experience impaired health-related quality of life (HRQoL) and significant anxiety, depression, and fatigue,¹ yet the psychosocial aspects of UCTD are less established. In a qualitative study, we found that most UCTD patients had engaged in psychotherapy and felt additional support was needed.²

Objectives: Using multiple validated instruments, this study aims to quantify the psychosocial impact of UCTD.

Methods: The Hospital for Special Surgery UCTD and Overlap Registry includes UCTD patients aged ≥ 18 years with ANA $\geq 1:80$ and ≥ 1 sign or symptom of rheumatic disease who do not fulfill classification criteria for a defined CTD. We administered the 36-Item Short Form Health Survey (SF-36), General Anxiety Disorder-7 (GAD-7), Beck Depression Inventory (BDI), and Fatigue Severity Scale (FSS) to all patients to assess HRQoL, anxiety, depression, and fatigue. Instruments were scored based on established algorithms and results were summarized using predefined scales and severity thresholds.

Results: The composite questionnaire was administered to 85 UCTD patients and completed by 75 (97.3% female, 60% white, mean age $\pm$ SD 48.8 $\pm$ 13.6 years). The SF-36 Physical Component Summary mean score was 37.8 and Mental Component Summary mean score was 41.1. Across the 8 SF-36 subscales, mean scores were lowest for role limitations due to physical health (39.3) and vitality (39.7) and highest for physical functioning (67.2), role limitations due to emotional health (67.1), and mental health (67.1). Approximately half of UCTD patients reported anxiety (GAD-7 ≥ 6); 20% had moderate/severe anxiety (GAD-7 ≥ 10). The prevalence of depression (BDI ≥ 14) was 26.7%; 13.3% had moderate/severe depression (BDI ≥ 20). Fatigue (FSS ≥ 3) was reported by 82.8% of patients (median FSS score of 4.7) [Table 1].

Table 1. Psychosocial Survey Scores of Patients with Undifferentiated Connective Tissue Disease (n=75)

36-Item Short Form Health Survey (SF-36)	Physical Component Summary	38.2 (11.2)
	•Physical functioning	67.2 (26.3)
	•Role-Physical	39.3 (46.3)
	•Bodily Pain	49.5 (22.1)
	•General Health	42.9 (21.5)
<i>Range 1-100 – Mean (SD)*</i>		
	Mental Component Summary	41.3 (10.7)
	•Vitality	39.7 (21.7)
	•Social Functioning	59.3 (25.9)
	•Role-Emotional	67.1 (41.9)
	•Mental Health	67.1 (18.3)
Generalized Anxiety Disorder-7 (GAD-7)	None [0-5]	38 (50.7)
	Mild [6-10]	22 (29.3)
	Moderate [11-15]	14 (18.7)
	Severe [16-21]	1 (1.3)
<i>Range 0-21 – N (%)**</i>		
Beck Depression Inventory (BDI)	Minimal [0-13]	55 (73.3)
	Mild [14-19]	10 (13.3)
	Moderate [20-28]	7 (9.3)
	Severe [29-63]	3 (4.0)
<i>Range 0-63 – N (%)**</i>		
Fatigue Severity Scale (FSS)	<i>Range 1-7 – Median (IQR)**</i>	4.7 (1.5)

*Higher number indicates better health state. **Higher number indicates greater severity.

Conclusion: UCTD patients have significantly impaired HRQoL and a high prevalence of anxiety, depression, and fatigue, suggesting substantial psychosocial impact of UCTD comparable to that reported in SLE.^{3,4} Impaired HRQoL in UCTD is driven to similar degrees by aspects of physical and mental health. In future studies, we will compare age- and sex- matched UCTD to SLE patients and longitudinally evaluate psychosocial metrics alongside clinical trajectories.

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POS0716 FACTORS ASSOCIATED WITH FERTILITY OUTCOMES IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A SYSTEMATIC REVIEW

S. Giambalvo¹, C. Garaffoni¹, E. Silvagni¹, F. Furini², M. Govoni¹, A. Bortoluzzi¹. ¹Unit of Rheumatology, Azienda Ospedaliera-Universitaria Sant'Anna, Department of Medical Sciences, University of Ferrara, Ferrara, Italy; ²Unit of Rheumatology, Ospedale Maggiore, Bologna, Italy

Background: Fertility is thought to be not reduced in women affected by systemic lupus erythematosus (SLE), however disease-related factors, psychosocial effects of chronic disease as well as medication exposure might impair gonadal function.

Objectives: The aim of this systematic review was to explore clinical, hormonal, serological, instrumental and management factors associated with fertility outcomes in women of childbearing age with SLE.

Methods: This systematic review was conducted following the Preferred Reporting Items for systematic reviews and Meta-analysis (PRISMA) statement. All articles available in English, published from 1972 to 15th August 2020 in Pubmed, EMBASE, Scopus and Cochrane Library. Study selection and data collection were performed by two independent reviewers. All data were extracted using a standardized template. Risk of bias of the included studies was assessed by using the NIH risk-of-bias tool [1].