problems at various moments along their patient journey, this population can benefit from more continuous information about their medication and healthcare provider support to manage drug-related problems. To most effectively employ telehealth for these patients, it is important that offered technologies match with patients’ needs and preferences.

**Objectives:** Identify factors influencing the preference of patients with rheumatic diseases regarding telehealth applications.

**Methods:** A qualitative descriptive study was performed in the Netherlands between May and June 2021. Using a semi-structured interview guide, patients with a rheumatic disease were interviewed face-to-face. First, patients were presented four telehealth applications (frequently asked questions page, digital human, and chat and video calling with healthcare providers). Second, patients were asked to use each application to answer one medication-related question predefined by the research team. During the process of finding an answer to the question, patients were asked to think aloud and were questioned on which factors influenced their experience and preference for each application. Third, patients were given additional hypothetical questions after which they were asked to explain their preferred application for answering the question, to elicit additional factors influencing preference. Interviews were audio recorded, transcribed verbatim and analysed thematically.

**Results:** Fifteen patients (aged 19–73 years, 53% female) participated. Three domains influenced patients’ preference for telehealth applications. First, preference for telehealth applications was influenced by factors related to individual patients such as medication-related information needs, literacy, and skills with digital applications. Second, preference was influenced by factors related to the specific applications such as speed of answer, level of interaction, extent of privacy, the perceived usefulness of an application, and usability of the application. Third, preference was influenced by factors related to the context in which telehealth applications are offered, such as the support from healthcare providers in using telehealth applications, reliability of information source, and potential of telehealth to save time for healthcare providers.

**Conclusion:** Patients’ preference for telehealth applications is influenced by patient-related, application-related and context-related factors. To effectively support patients with rheumatic diseases, telehealth applications should match with patient’s preferences. Furthermore, it is important to offer a variety of telehealth applications as preferences differ among patients and circumstances.

**REFERENCES:**

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**FACATORS ASSOCIATED WITH FRAILTY STATUS IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS**

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**Background:** Frailty is characterized by increased fatigue and vulnerability which leads to adverse health outcomes. Recent studies have reported the increased prevalence of frailty in various rheumatological diseases regardless of age. However, information about the prevalence of frailty in patients with axial spondyloarthritis (axSpA) is limited.

**Objectives:** This study aims to determine prevalence of frailty and its associated factors in patients with axial spondyloarthritis (axSpA).

**Methods:** In this monocentric cross-sectional study 50 patients (26 women) with axSpA aged between 40 to 65 were included. Frailty status was determined using Kihon checklist. Patients were groups as pre-frail, frail and robust. Pre-frail was defined as Kihon Checklist index was ≥ 4 and <6, frail was defined as ≥ 6. Nutritional status, disease activity, functional level and quality of life were assessed using Mini Nutritional Assessment (MNA), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankiloarthritis Functional Index (BASFI), Ankylosing Spondylitis Quality of Life Questionnaire (ASQoL) respectively. Analysis of variance and multivariate linear regression analyses were used to assess group differences and factors associated with frailty status.

**Results:** The mean age of the patients was 51.78±7.72, the mean disease duration was 7.8±4.1 years, the mean body mass index was 29.9±4.72kg/m². Twenty-one patients were classified as frail, 16 was pre-frail and 13 was robust. Compared to robust patients, pre-frail and frail individuals had significantly higher BASFI, BASDAI and ASQoL scores. There was a significant high correlation between the Kihon checklist score and worse BASFI (r=0.62, p<0.001), BASDAI (0.69, p<0.001), ASQoL scores (0.73, p<0.001). Poor nutritional status was moderately correlated with frailty index score (r=0.53, p<0.001). In multivariable linear regression analysis, nutrition status and level of quality of life were independently associated with frailty index score (p<0.001).
Sexual dysfunction is a problem found both in women and in men with RA. The most common problems include loss of orgasm, vaginal dryness in women, and erectile dysfunction in men. Psychological factors that contribute to sexual dysfunction include low or no illness acceptance and poor QoL. The absence of comorbidities is an independent determinant of lower sexual dysfunction incidence, whereas low QoL and pain limiting the patient's social life are independent determinants of increased incidence of sexual dysfunction in both sexes.

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POS1530-HPR RHEUMATIC MUSCULOSKELETAL DISEASES (RMDS) DURING THE FIRST WAVE OF THE COVID19 PANDEMIC: PATIENTS’ POINT OF VIEW ON THE ROLE OF TELEMEDICINE

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Background: The COVID19 pandemic has caused health problems in people’s daily lives with a significant psychological impact. In fact, patients with RMDs have experienced diseases’ flare and also psychological problems. The lockdown and the “social quality changes” have impaired the life and the well-being of RMDs patients, influencing directly the implementation of telemedicine during daily practice.

Objectives: A descriptive observational study was designed to analyse the short-term effect of the first wave on RMDs patients on social quality changes and the usefulness of telemedicine.

Methods: The survey was carried out by administering a questionnaire consisting of 30 questions, developed ad hoc using Likert scales, items such as family and work environment, access to healthcare facilities, healthcare provided to the patient, patient activity and the mental health status of individuals (anxiety / depressive symptoms) were investigated. Preliminary data on the first wave were collected between September and November 2021 through patient associations and social networks.

Results: 40 RMDs patients (Rheumatoid Arthritis 57.5%, Psoriatic Arthritis 35%, Fibromyalgia and others 7.5%) prevalently women (97.5%) were included in the study. 34.2% reported the total closure of the hospital facilities. In particular, 34.2% reported the total closure of the hospital facilities. Moreover, our data show a worsening of health status due to an increased anxiety concerning the management of their RMDs, an increased stress within the family and lack of sexual fulfillment can contribute to poorer QoL overall. As poor mental, emotional, and social well-being in relation to sexuality. Sexuality is a very important, inherent part of human functioning. As repeatedly shown in research, satisfaction with sex life and sexual fulfillment correlate positively with quality of life (QoL) in most of its aspects. It is thus true that a reduced quality of one’s sex life and lack of sexual fulfillment can contribute to poorer QoL overall. As poor sex life quality and sexual dissatisfaction result from sexual dysfunction, effective treatment of such a dysfunction can be assumed to contribute significantly to a better QoL.

Objectives: To describe an assessment of sexual problem among RA patients as a part of patient-reported outcome measures assessment.

Methods: 171 consecutive RA patients (mean age 48.3±14.6) attending the rheumatology outpatient’s clinic over 6 months in 2021. Standardized questionnaires were used in the study: The Sexological Questionnaire to assess self-reported data about subjective assessment of mobility (AIS 29.6±11.6). The comparative analysis showed significant differences in reaching orgasm and declared sexual dysfunctions. These problems occurred more often in women than in men (34.2% vs. 18% and 43.3% vs. 40% respectively p=0.002). In univariate analysis, factors correlating positively with the frequency of declaring sexual dysfunction were: subjective motor score less than 6 points, AIS<36 points, WHOQOL-BREF<59 points, disease activity>23.5 points and VAS≥3. In multivariate logistic regression analysis independent factors positively correlating with frequency of sexual dysfunction declaration were: general QoL (β=1.255; p=0.035) and pain limiting social life (β=1.564; p=0.030). The absence of comorbidities correlated negatively and reduced the prevalence of sexual dysfunction (β=0.703; p=0.043). Patients with reduced QoL had 3.5 times and patients with pain limiting social life had 4.8 times higher risk of sexual dysfunction than other patients. In contrast, those without comorbidities were 2.8 times more likely to be free of sexual dysfunction than those diagnosed with other chronic diseases besides RA.

Conclusion: Sexual dysfunction is a problem found both in women and in men with RA. The most common problems include lack of orgasm, vaginal dryness in women, and erectile dysfunction in men. Psychological factors that contribute to sexual dysfunction include low or no illness acceptance and poor QoL. The absence of comorbidities is an independent determinant of lower sexual dysfunction incidence, whereas low QoL and pain limiting the patient’s social life are independent determinants of increased incidence of sexual dysfunction in both sexes.

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POS1529-HPR SEXUAL DYSFUNCTION AND QUALITY OF LIFE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Sexual health is a major component of human well-being. The World Health Organization (WHO) defines sexual health as “a state of physical, mental, emotional, and social well-being in relation to sexuality.” Sexuality is a very important, inherent part of human functioning. As repeatedly shown in research, satisfaction with sex life and sexual fulfillment correlate positively with quality of life (QoL) in most of its aspects. It is thus true that a reduced quality of one’s sex life and lack of sexual fulfillment can contribute to poorer QoL overall. As poor sex life quality and sexual dissatisfaction result from sexual dysfunction, effective treatment of such a dysfunction can be assumed to contribute significantly to a better QoL.

Objectives: To describe an assessment of sexual problem among RA patients as a part of patient-reported outcome measures assessment.

Methods: 171 consecutive RA patients (mean age 48.3±14.6) attending the rheumatology outpatient’s clinic over 6 months in 2021. Standardized questionnaires were used in the study: The Sexological Questionnaire to assess self-reported data about subjective assessment of mobility (AIS 29.6±11.6). The comparative analysis showed significant differences in reaching orgasm and declared sexual dysfunctions. These problems occurred more often in women than in men (34.2% vs. 18% and 43.3% vs. 40% respectively p=0.002). In univariate analysis, factors correlating positively with the frequency of declaring sexual dysfunction were: subjective motor score less than 6 points, AIS<36 points, WHOQOL-BREF<59 points, disease activity>23.5 points and VAS≥3. In multivariate logistic regression analysis independent factors positively correlating with frequency of sexual dysfunction declaration were: general QoL (β=1.255; p=0.035) and pain limiting social life (β=1.564; p=0.030). The absence of comorbidities correlated negatively and reduced the prevalence of sexual dysfunction (β=0.703; p=0.043). Patients with reduced QoL had 3.5 times and patients with pain limiting social life had 4.8 times higher risk of sexual dysfunction than other patients. In contrast, those without comorbidities were 2.8 times more likely to be free of sexual dysfunction than those diagnosed with other chronic diseases besides RA.

Conclusion: Sexual dysfunction is a problem found both in women and in men with RA. The most common problems include lack of orgasm, vaginal dryness in women, and erectile dysfunction in men. Psychological factors that contribute to sexual dysfunction include low or no illness acceptance and poor QoL. The absence of comorbidities is an independent determinant of lower sexual dysfunction incidence, whereas low QoL and pain limiting the patient's social life are independent determinants of increased incidence of sexual dysfunction in both sexes.

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