Results: Orgasm/completion dysfunction: normal mRSS 2.4% (1), mild 22% (9), moderate dysfunction: mild mRSS 35% (7), moderate 20% (4), severe 35% (7), terminal 10% (2), married 44.4% (24), widowed 5.6% (3). Frequency of sexual dysfunction has been associated with a high prevalence of dissatisfaction. Various factors have been implicated as causes of impaired sexual function.5 (Changes in Sexual Functioning Questionnaire) assesses changes in sexual functioning due to disease and/or treatment in 5 domains with a score range of 14-70; cut-off point indicating sexual dysfunction < 41 men and < 47 women.6 ACR/EULAR 2013 classification criteria, at least 1 sexual relationship. Exclusion criteria: previous diagnosis of another autoimmune disease, depression, diabetes, treatment with antidepressants, antiepileptics, narcotics. Measurement of CSFQ-14, mRSS. Statistical analysis was performed with the Pearson correlation (r) with p=0.05. The data was analyzed by SPSS V23.

Objectives: To evaluate the frequency and degree of sexual dysfunction in patients with systemic sclerosis. Prospective, observational, cross-sectional study of the cohort of the Rheumatology service of Hospital Docente Padre Billini. Patients were interviewed in November 2021. Inclusion criteria: > 18 years, diagnosis of SSc by ACR/EULAR 2013 classification criteria, at least 1 sexual relationship. Exclusion criteria: previous diagnosis of another autoimmune disease, depression, diabetes, treatment with antidepressants, antiepileptics, narcotics. Measurement of CSFQ-14, mRSS. Statistical analysis was performed with the Pearson correlation (r) with p=0.05. The data was analyzed by SPSS V23.

Results: Of 63 patients, 54 met the inclusion criteria. 100% female, mean age 53+15.07 years, mean duration 11.3 years, ISSc 24.1% (13), dSSc 75.9% (41), single 50% (27), married 44.4% (24), widowed 5.6% (3). Frequency of sexual dysfunction has been associated with a high prevalence of dissatisfaction. Various factors have been implicated as causes of impaired sexual function.5 (Changes in Sexual Functioning Questionnaire) assesses changes in sexual functioning due to disease and/or treatment in 5 domains with a score range of 14-70; cut-off point indicating sexual dysfunction < 41 men and < 47 women.6 ACR/EULAR 2013 classification criteria, at least 1 sexual relationship. Exclusion criteria: previous diagnosis of another autoimmune disease, depression, diabetes, treatment with antidepressants, antiepileptics, narcotics. Measurement of CSFQ-14, mRSS. Statistical analysis was performed with the Pearson correlation (r) with p=0.05. The data was analyzed by SPSS V23.

Conclusion: The study demonstrated a high frequency of sexual dysfunction in most of the population studied. The desire/interest dysfunction domain turned out to be the one with the highest presentation, followed by the orgasm/comple- tion domain. A statistically significant linear association between sexual dysfunction and cutaneous activity of the disease was evidenced.

REFERENCES:

Disclosure of Interests: None declared

AB0683 POLYNEUROPATHY IMPACT ON DISABILITY IN SYSTEMIC SCLEROSIS PATIENTS
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Background: Systemic sclerosis (SSc) is a systemic autoimmune disease.1 Fatigue has been reported in 75% of SSc patients, and is the most problematic symptom due to impact on quality of life. Despite its high prevalence, origin is unknown. Some studies associate it with the degree of disease activity and decreased quality of life. Fatigue is defined as a feeling of exhaustion, also as a reduction in physical and mental capacity,2 scales such as FACIT-F (Functional...