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AB1529-HPR

CROSS-CULTURAL ADAPTATION, RELIABILITY AND CONVERGENT VALIDITY OF THE TURKISH VERSION OF THE PRIMARY SJÖGREN'S SYNDROME QUALITY OF LIFE QUESTIONNAIRE

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Background: To completely comprehend the burden of an illness and the success of its treatment, it is essential to analyze the patients' perspective on health-related quality of life. Because of this, the Primary Sjögren's Syndrome-Quality of Life questionnaire (PSS-QoL) was developed, which evaluates the disease's physical and psychosocial effects in PSS patients.

Objectives: In the literature, there is no Turkish questionnaire evaluating quality of life in patients with PSS. Therefore, the aim of this study was to translate and evaluate cross-culturally adaptation the PSS-QoL into the Turkish language and investigate its convergent validity and reliability in Turkish-speaking population with PSS.

Methods: Patients completed PSS-QoL questionnaire, the EULAR Sjögren's Syndrome Patient Reported Index (ESSPRI) and Euro-QoL 5D (EQ-5D). To test the convergent validity of PSS-QoL, correlation between PSS-QoL and EQ-5D and ESSPRI were assessed with Pearson correlation test. In order to investigate the internal consistency and test-retest reliability, Cronbach's alpha and Intra-class Correlation Coefficient (ICC) values interpreted, respectively.

Results: Seventy-nine patients with PSS (53.30+11.98 years, 74F/5M) were enrolled in the study. Good and moderate correlations were found between the PSS-QoL and ESSPRI (r: 0.818, p<0.001) and EQ-5D-pain/discomfort (r:0.589, p<0.001). Correlations of subscales of PSS-QoL with subscales of ESSPRI and EQ-5D ranged from fair to strong (Table 1). Cronbach's alpha and ICC values of the PSS-QoL total score were found to be as 0.955 and 0.914, respectively, indicating excellent reliability.

Table 1. Correlations of PSS-QoL and EQ-5D, ESSPRI

	PSS-QoL	Physical	Discomfort	Dryness	Psychosocial
	total score	PSS-QoL	PSS-QoL	PSS-QoL	PSS-QoL
EQ-5D-mobility	0.543**	0.514**	0.678**	0.761**	0.891**
EQ-5D-usual activities	0.466**	0.342*	0.371**	0.233*	0.460**
EQ-5D-pain/discomfort	0.589**	0.651**	0.710**	0.442**	0.394**
EQ-5D-anxiety/depression	0.574**	0.570**	0.557**	0.436**	0.439**
EQ-5D-HS	-0.625**	-0.540**	-0.495**	-0.437**	-0.547**
ESSPRI-dryness	0.589**	0.706**	0.448**	0.722**	0.348**
ESSPRI-pain	0.673**	0.694**	0.824**	0.421**	0.494**
ESSPRI-fatigue	0.780**	0.668**	0.669**	0.497**	0.690**

EQ-5D, Euro-QoL-5 dimension; ESSPRI, EULAR Sjögren's Syndrome Patient Reported Index; HS, health state; PSS-QoL, Quality of Life in Primary Sjögren's Syndrome. *p<0.05, **p<0.001.

Conclusion: This study demonstrated that Turkish version of PSS-QoL is reliable and valid tool to assess quality of life in PSS patients. Therefore, PSS-QoL can be used to assess quality of life in Turkish-speaking PSS patients.

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AB1530-HPR

INVESTIGATION OF FUNCTIONAL MUSCLE PERFORMANCE AND STRENGTH AND BALANCE IN CHILDREN WITH FAMILIAL MEDITERRANEAN FEVER: A COMPARATIVE PRELIMINARY STUDY

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Background: Familial Mediterranean fever (FMF) is a hereditary, systemic auto-inflammatory disease characterized by recurrent fever, peritonitis, pleuritis, arthritis, or erysipelas-like skin (1). Colchicine treatment is frequently used in Familial Mediterranean Fever (2). Nausea, vomiting, abdominal pain and diarrhea are the most common side effects of colchicine, neuropathy and muscle damage can also be observed (2). Musculoskeletal features are common in children with FMF (3). Arthritis, arthralgia, myalgia and erysipelas-like erythema symptoms can be frequently observed in those patients whose disease onset age is younger than 18 years (4). Decreased functional performance and Quadriceps muscle strength were observed in children with FMF compared to healthy children. (5). It has been reported that the decrease in muscle strength and functional capacity is also associated with the quality of life in children. (5). In the light of all this information, although there is muscle weakness in children, it is thought that endurance, balance and functionality may decrease. There has been no study in the literature examining whole body muscle strength, endurance, balance and functionality in these children.

Objectives: The aim of the study was to assess muscle strength, endurance, balance and functionality in children with FMF and comparison with healthy children matched the same age and gender.

Methods: 12 children with FMF and 12 healthy children between the ages of 7-17 were included in the study. 10 Meter Walk Test (10MWT) was used to evaluate walking speed in meters per second over a short duration; The 1 Minute Walking Test (1MWT) was used to evaluate functional capacity; Time Up and Go (TUG) was used to evaluate of functional mobility and dynamic balance; Functional Reach Test (FRT) was used evaluate dynamic balance; Muscle Power Sprint Test (MPST) was used to evaluate functional muscle strength and muscle performance short-term muscle strength; 10x5 Spring Test was used to evaluate agility; 30s Repetition Maximum Test was used to evaluate functional muscle strength; Vertical Jump Test used to evaluate explosive strength of the lower extremity; Standing Long Jump Test was used to evaluate muscular endurance of the upper body and the functional muscle strength of the lower extremities; Hand Dynamometer was used to evaluate general muscle strength.

Results: When the groups were compared, a significant difference was found in favor of healthy children in the 10MWT, 1-minute walking test, TUG, FUT, 30 s Repetition Maximum Test (p:0.00- 0.04).

Conclusion: According to the results of the study, children with FMF have low functional muscle performance and strength and balance compared with healthy children. There is a need for studies in which there are more children with FMF and assessment of muscle function. Therefore, in which we present the preliminary results, the functional muscle performance and strength and balance children with FMF should be routinely assessed and treatment and rehabilitation programs should be arranged according to these findings.

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AB1531-HPR

ECOLOGICAL MOMENTARY ASSESSMENT OF THE SYMPTOMS IN SJÖGREN'S SYNDROME: DEVELOPMENT AND VALIDATION OF A DEDICATED WEBAPP

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Background: Primary Sjögren's syndrome (pSS) is a rare systemic autoimmune disease with no specific treatment at present. To better assess patient symptoms, we have developed a web application (WebApp) to collect patient symptom intensity on a regular basis.

Objectives: To measure the daily variability of symptoms using the WebApp. We also evaluated its ease of use.

Methods: 45 consecutive patients with pSS were included in 3 referral centers. Symptoms were assessed during the baseline and 3 month visits. We collected the VAS relating to fatigue, dryness and pain as well as the ESSPRI score. Patients used the WebApp daily for 3 months. The variability of symptoms over time was assessed by the predicted median error. This value was determined using a linear regression model, in order to predict the value at the 3rd month, then this value was compared to the actual value collected at the 3rd month during the clinical visit. The ease of use of the WebApp was assessed using a satisfaction score (SUS score).

Results: Of the 45 patients included, 91.1% were women with an average age of 57 years, and low systemic disease activity (84.4% had an ESSDAI score below 5). The intensity of the symptoms collected during the clinical visits was similar at baseline and at 3 months. The values of the median error for each measurement are between 0.5 and 0.8. The 3-month predicted median error values ranged from 2 to -3. The patients all used the web application for 3 months with good attendance (80% of data completion) and were satisfied with this tool (median SUS score = 90).

Conclusion: Symptoms of pSS fluctuate from day to day in the majority of patients, making a point measurement imprecise. The developed WebApp is easy to use, and could allow more sensitive detection of the effect of a therapeutic intervention. This tool will soon be evaluated during prospective interventional clinical trials.

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AB1532-HPR **GERIATRIC/GENERAL ORAL HEALTH ASSESSMENT INDEX AS EARLY DETECTION TEST OF ORAL DISEASES IN RHEUMATOLOGY.**

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Background: The oral health in patients with rheumatologic diseases is frequently affected because of chronic inflammation, slow rate of saliva production and poor self-care. These factors affect the life quality and psychosocial wellness, causing pain, difficulty biting and chewing, even malnutrition. The Geriatric/General Oral Health Assessment Index Spanish Version (GOHAI-SP) consists in 12 items and values self-perception in oral health and wellness⁽¹⁾, validated and applied to young adults⁽²⁾.

Objectives: to describe the oral health measured by the GOHAI-SP in patients with rheumatic diseases.

Methods: a cross-sectional and observational study was conducted of January to May 2021 in rheumatology service of Hospital Universitario "Dr. José Eleuterio González" at Monterrey, Mexico. Patients with rheumatologic diseases was assessed with GOHAI-SP during their control consult, each item is valued like a Likert ordinal scale from 1 to 5, the best and worst possible score is 60-12 respectively, patients with score <45 is classified as poor oral health and >50 as good oral health⁽³⁾. This assessment is divided in self-perception of mechanical function, pain and discomfort in mouth, gums, teeth and psychosocial function⁽⁴⁾.

Results: 316 patients were included, 289 (91.5%) were women, the mean age was 46.23 years (SD: 15.49), the general mean score was 51.88 classified as good oral health. 24 (7.52%) patients was classified with moderate oral health and 63 (19.74%) as poor oral health. The most frequent diagnoses with poor oral health were rheumatoid arthritis 26 cases (8.22%), systemic lupus erythematosus 11 cases (3.48%) and psoriatic arthritis 4 cases (1.2%).

Conclusion: The prevalence of poor or moderated self-perceived oral health in patients with rheumatologic diseases was 27.53%. The primary prevention and early detection plays a fundamental role to avoid oral disease in this population.

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Table 1. Demographic characteristics and results GOHAI-SP

Characteristics	n=316	GOHAI-SP Score, mean (SD)
Age, mean (SD)	46.23 (15.49)	51.87 (8.35)
Gender, n (%)		
Female	289(91.5)	51.92
Classification GOHAI-SP		
Good	229 (72.47)	56.34
Moderate	24 (7.59)	46.95
Poor	63 (19.93)	37.5
Rheumatologic diseases, n (%)		
Rheumatoid arthritis	120(37.97)	51.45
Systemic lupus erythematosus	53(16.77)	51.81
Osteoarthritis	19 (6.02)	53.57
Other diagnoses	124(39.24)	52.26

GOHAI-SP: Geriatric/General Oral Health Assessment Index Spanish Version; (SD) Standard deviation, n number; (%) Percentage.

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AB1533-HPR **ASSOCIATED FACTORS OF FALL OR FRACTURE REPORTED BY RHEUMATOID ARTHRITIS PATIENTS IN ELECTRONIC MDHAQ DURING COVID-19 PANDEMIC**

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Background: The COVID-19 pandemic accelerated the use telemedicine for rheumatologic patients. Patient reported outcomes (PRO) can provide prioritization criteria for the form of face-to-face care in situations of social restriction, and optimization of early care by identifying high-risk patients.

Objectives: Our aim was to demonstrate the main associated factors for a fall or fracture reported by rheumatoid arthritis (RA) patients in an electronic MDHAQ (Multidimensional Health Assessment Questionnaire) during this period.

Methods: Patients with RA according to 2010 ACR/EULAR and access to digital platforms were enrolled in the study, from January to August 2021. A weblink was sent to MDHAQ in electronic platform. The study was approved by the ethics committee of Hospital de Clínicas de Porto Alegre – Brazil and all patients agreed with a Term of Informed Consent.

Results: A total of 129 RA patients completed the electronic MDHAQ, mean age was 60 years (S.D. 14) and 83% were female. The mean DAS28, SDAI and HAQ were 3.8 (S.D. 1.6), 14.2 (S.D. 11.0) and 1.2 (S.D. 0.7). Of those 129 patients, 14 reported a fall or fracture in the last 6 months of response and only 16 patients were physically active. Relevant symptoms known as factors associated with risk of fall and its prevalence in this study were: pain (82%), followed by articular pain (68%), fatigue (43%), muscle weakness (37%) and weight gain (22%). Among patients who reported a fall or fracture, 83% had a RADAI ≥ 16 and mean FAST3 (Fibromyalgia Assessment Screening Test) index of 19 (IC95 % 17-21). FAST3 based on MDHAQ and independent RADAI showed positive association with a reported fall or fracture for these patients, with a p value of 0.023 and 0.025, respectively. Other factors, such as high disease activity based on DAS28 or MDHAQ, obesity and age were not statistically significant with the reported episode.

Conclusion: Maintaining PRO is aligned with patient-centered care, allowing relevant data source and identification of high-risk patients - in our study: patients in pain, sedentary and in major risk of fracture. Also, use of combined in like FAST3 or independent articular pain scores such as RADAI, might be helpful to identify those high-risk patients in need for orientation for reinforcement of physical activity, prioritization for in person visits and early clinical adjustments.