Conclusion: The relationship between RA and fertility seems to be misunderstood in young women with RA. Clinicians must routinely discuss this issue with these young patients to preserve their fertility by learning them the mechanisms by which RA may affect their fertility: the disease itself and medication. Appropriate information about fertility can help women in productive age reach and carry a healthy pregnancy.

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2. Apma APS (Italian Association of People with Rheumatological and Rare Diseases), Lecce, Italy

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AB157-5-PARE  DIETS AND JOINT SYMPTOMS: SURVEY OF MOROCCAN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATISM

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Background: The role of diet in triggering or aggravating chronic diseases, in particular chronic inflammatory rheumatism (CIR), is a question frequently asked by patients.

Objectives: The objective of our study is to investigate whether Moroccan patients report a relationship between certain diets or foods and the symptoms of the disease and also to study whether patients adopt specific eating behaviors in order to relieve their symptoms.

Methods: This is a case-control study conducted in the rheumatology outpatient department of the Tangier hospital to compare the dietary habits of patients with chronic arthritis and patients with only one non-rheumatic disease. The survey was conducted over 6 months using a self-administered questionnaire followed by a telephone interview to ensure the accuracy of the results.

Results: A total of 858 patients participated, of whom 505 were rheumatoid arthritis patients and 353 were patients with other chronic diseases. The results showed a significant correlation between certain dietary habits and joint symptoms. The most common dietary habit associated with joint symptoms was a high intake of processed foods. Interestingly, patients who followed a Mediterranean diet reported fewer joint symptoms.

Conclusion: Dietary habits can significantly affect the symptoms of chronic arthritis. Patients should be educated about the benefits of a healthy diet and encouraged to make lifestyle changes. Further research is needed to confirm these findings and to develop effective dietary interventions for patients with chronic arthritis.

Disclosure of Interests: None declared


AB157-4-PARE  "ABITARE" PROJECT – HOME FOR PATIENTS WITH RHEUMATIC DISEASES

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Background: Talking about home means talking about ourselves. Our home represents the ‘movie set’ where the film of our lives is shot, and we can choose whether to be simple actors or the directors of it. The house expresses our personality, it identifies us in a unique way, like a fingerprint. Talking about our home means understanding how the way we relate to it can create well-being or discomfort.

Objectives: The aim of this project is to promote the empowerment of people with disabilities and chronic diseases. We aim to do that starting from a greater awareness of their living needs and the quality of life and self-esteem enhancement that derives from a tailored home.

Methods: 308 people participated in the survey and were distributed anonymous questionnaires regarding their experience at home.

Discriminatory Parameters:

Gender: 72 males and 236 females

Age: 24 (18-25); 44 (26-34); 32 (35-42); 48 (43-50); 41 (51-58); 44 (59-66); 32 (67-75)

Percentage of disability: 36 do not know their own percentage; <25%: 52; >25-50: 44; >50-78; 60; >75: 100; 112

Pathologies found:

Psoriatic arthritis: 52; Rheumatoid arthritis: 116; Connectivitatis: 44; Fibromyalgia: 16; Ankylosing spondylitis: 16; Muscle diseases: 64

We found the highest number of severely disabled people (>75-100) among patients with muscle diseases (93,7%), followed by patients with connectivities (45%) and Rheumatoid arthritis (44%).

Results: 92% of the participants agree “very/very much” with the phrase “An accessible home ... (question 12)” 6% “fairly” agree and only 1.2% “do not agree”. 43% of people like their home “a lot/very much” (question 4), another 43% “quite” and only 13% “(40) people “don’t like it at all/like it a little”. Curiously, 90% of those who do not like their home as “not very/not at all welcoming”, 70% “feel ‘little/not at all autonomous” and 100% report that the house “reflects them only a little/not at all”;

90% think that the house should “change fairly/lot”; (but only 10% have done renovations). 82% of the people who carried out renovations (question 9), were aware of tax breaks, while only 36% of those who did not carry out renovations knew about the tax breaks.

Males who have done renovations represent 25% of this population and all of them had a great disability (100%); a particular degree of disability was not prevalent among women. 65% of those who have done renovations report that the improvement in their quality of life as a result of the work is “fairly” (question 11), and for the remaining 45% the quality of life has improved “a lot”. The most necessary and reported renovation works are not “frivolous requests” or “whims”; but practical needs for the daily life: removal of architectural barriers, stairs, mobile wall units and adaptation of toilets. All this is essential and necessary for people with reduced mobility and/or disabilities; The most interesting part of the survey concerns the “more intimate and personal” question (question 16): “What does your home represent for you?”. The concept that is most expressed is “Refuge” or others like that such as “Safe Harbor”, “Nest”, “Freedom” concepts that go far beyond the “architectural” and “material” sense of the house.

Conclusion: The home represents, for the general population, but above all people with disabilities, a place to take refuge from the dangers/anxieties/worries of everyday life. Therefore, every effort to inform patients about the possible facilities to make their home more comfortable is fundamental, as well as those to raise the awareness of governments in order to increase the facilities for patients who will need them.

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[1] ASL ROMA 6 (Operative Unit of Internal Medicine and Rheumatology), Rome.
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has 3 parts: 1) Sociodemographic data, comorbidities, and information on the CIR (type, duration of evolution, activity, functional impact and treatments); 2) beliefs and attitudes of patients in this regarding diet in relation to their CIRs; 3) a list of 24 foods for which patients are asked whether they worsen, improve or leave their joint symptoms unchanged.

**Results:** To date we have included 120 patients. The average age was 45.3 ± 13.4, 73.3% of the patients were women, 39.3% had comorbidities, 50% were illiterate, 57.5% were followed for RA and 42.5% for SPA. The median duration of evolution of the RIC was 7 years [3; 15], for the treatments 45% of the patients in our study were on corticosteroid therapy, 3.3% used a biological treatment while 7.5% received no treatment. 25% of patients think that the diet influences the activity and/or the evolution of the rheumatism. 26% of subjects said food had an effect on their CIR, with 11.7% reporting improvement and 25% worsening. Honey (6.7%), garlic (5%) and olive oil (4.2%) were the foods most often cited as improving CIR symptoms, while red meat (18.3%), fish (6.7%) and legumes (3.3%) were most often cited as aggravating symptoms. 20.6% of patients declare that they have avoidance behaviors vis-à-vis certain foods while 75% adopt certain diets and 3.3% have already tried fasting in order to relieve joint symptoms. In unii and multivariate analysis no factor, only the duration of evolution was associated with the fact of declaring that food has an influence on the symptoms of the CIR (OR: 0.947, IC95%: [0.901-0.996], p=0.03).

**Conclusion:** The results of our investigation suggest a possible link between certain foods and joint pain in patients followed for CIR.

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**AB1576-PAE1** RHEUMATOID ARTHRITIS ASSESSMENT KNOWLEDGE QUESTIONNAIRE (RAKE) IN TUNISIAN POPULATION

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**Background:** Rheumatoid arthritis (RA) is a chronic, systemic, inflammatory disease that has a very high burden on patients their families, and society. So that it is important that RA patients receive education about their disease. The knowledge of RA patients in Tunisia regarding their disease has not yet been assessed.

**Objectives:** The purpose of the study was to evaluate disease-specific knowledge of patients with rheumatoid arthritis by using the RAKE questionnaire (Rheumatoid Arthritis Assessment Knowledge Questionnaire).

**Methods:** This was a cross-sectional study. Adults with RA fulfilling the ACR/EULAR criteria were asked to participate by responding to RAKE Questionnaire in the short version.

**Results:** A total of 28 RA patients were included: 23 females (82%) 5 males (18%). The mean age was 58.5 ± 13.4 and ranged with a range of 31 to 79 years. The mean disease duration was 9.8 years. The disease duration was 0-5 years in 5 (17.8%) patients, and more than 5 years in 23 (82.2%) cases. Twenty patients were housewives. Thirty (46.4%) patients were from rural areas. Almost all of the patients didn’t follow education programs for their RA. Twenty-two (78.5%) patients obtained information RA from their rheumatologist. Six patients (21.5%) from other sources (neighbors, nurses, other RA patients, social media). The mean time for answering the questionnaire was 11.6 min (9-15 min).The RAKE total score was 118/32 [3-22]. For the initial part of the questionnaire, related to the general aspects of RA, the mean score was 4.38 [0-6]. The mean score of the second component of the questionnaire concerning medications and non-pharmacological management, was respectively 4.3/11 [0-7] and 2.3/5 [0-4]. For comorbidities, the mean score was 1.0/6. The last component includes auto-management, pain, and tiredness the mean score was 1.4/3 [0-3]. The last component covers psychosocial, occupational, and health system coping skills. Its mean score was 2.14. The mean score of unknown answers was 6.7/32 [4-16].

**Conclusion:** In our study, the knowledge of patients of RA was low in all domains of RAKE questionnaire at various degrees. These findings can be used for improving current patient education programs and better disease control.

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**AB1576-PAE2** A PATIENT-REPORTED OUTCOME SCALE: RASQ FOR MEASURING SYMPTOMS OF RHEUMATOID ARTHRITIS

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**Background:** Patient-reported outcome (PRO) instruments are used to assess the patient experience of rheumatoid arthritis (RA) symptoms and impacts and can capture RA treatments effects. Also, there are often discrepancies between patient and physician perspectives on these outcomes.

**Objectives:** The objective of our study was to proceed with a psychometric evaluation of patients with RA using the Rheumatoid Arthritis Symptom Questionnaire (RASQ).

**Methods:** Adults with clinically confirmed RA, as defined by the ACR/EULAR criteria, were recruited for this cross-sectional study, and then completed the RASQ. Medical records were reviewed, clinical features, treatments, and outcomes were analyzed.

**Results:** In total 28 subjects (82% females) with RA were included. The mean age was 57.1 ± 11.8. 73.3% of the patients were women, 42.1% had comorbidities, 62.5% were illiterate. The median duration of evolution of osteoarthritis was 4 years [2; 7]. 64.2% of the patients were followed for Gonarthritis, 25% for Discarthrosis and 10.8% for Digital osteoarthritis. The average BMI was 27.8 ± 5.2. 83.3% of the patients thought that diet influenced their osteoarthritis. 9.5% of the subjects stated that food had an effect on their symptoms, with 9.2% reporting an improvement and 8.3% an aggravation. 6.7% of patients reported food avoidance behaviours, while 10.8% adopted certain diets in order to relieve joint symptoms. Only 2.5% of the patients reported having ever had discussions about diet with their rheumatologists while 99.2% showed interest in such discussions. For those who had never done so, the main reason was that the rheumatologist had never broached the subject. In uni and multi-variate analysis, the experience of a food that improves symptoms (OR: 13; 95% CI [1,258-134,333]; p=0.019) and the adoption of dietary practices (OR: 13; 95% CI [1,258-134,333]; p=0.019) were associated with discussing diet.

**Conclusion:** Discussions about diet are reported by a minority of osteoarthritis patients and seem to be mainly related to patients’ experiences with certain foods that improve their symptomatology and also to patients’ adoption of certain diets. This situation needs to be improved as nutritional advice should be an integral part of the management of our patients.

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**AB1577-PAE** DO MOROCCAN PATIENTS DISCUSS WITH THEIR RHEUMATOLOGISTS ABOUT DIET AS PART OF THE MANAGEMENT OF THEIR OSTEOARTHRITIS?

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**Background:** The question of diet is frequently asked by patients with osteoarthritis (OA). Beyond the effect of weight on the worsening of their symptoms, patients often ask whether certain foods, labelled as inflammatory or anti-inflammatory, can improve or worsen their disease.

**Objectives:** The aim of our study is to find out whether patients with osteoarthritis discuss diet during their medical visits and to investigate the association between patients’ reported dietary beliefs and practices and their willingness to discuss them.

**Methods:** This is a survey based on a questionnaire that included all patients followed for osteoarthritis who presented to the rheumatology department. The questionnaire consists of 3 questions:
1) Socio-demographic data, co-morbidities, and information on osteoarthritis (location, duration of evolution, functional impact and treatments),
2) Patients’ beliefs and attitudes about diet in relation to osteoarthritis,
3) Discussions about diet during medical visits and whether there is any patient interest in such discussions.

**Results:** At that time we included 120 patients. The average age was 57.1 ± 11.6, 88.3% of the patients were women, 41.2% had comorbidities, 62.5% were illiterate. The median duration of evolution of osteoarthritis was 4 years [2; 7]. 64.2% of the patients were followed for Gonarthrosis, 25% for Discarthrosis and 10.8% for Digital osteoarthritis. The average BMI was 27.8 ± 5.2. 83.3% of the patients thought that diet influenced their osteoarthritis. 9.5% of the subjects stated that food had an effect on their symptoms, with 9.2% reporting an improvement and 8.3% an aggravation. 6.7% of patients reported food avoidance behaviours, while 10.8% adopted certain diets in order to relieve joint symptoms. Only 2.5% of the patients reported having ever had discussions about diet with their rheumatologists while 99.2% showed interest in such discussions. For those who had never done so, the main reason was that the rheumatologist had never broached the subject. In uni and multi-variate analysis, the experience of a food that improves symptoms (OR: 13; 95% CI [1,258-134,333]; p=0.019) and the adoption of dietary practices (OR: 13; 95% CI [1,258-134,333]; p=0.019) were associated with discussing diet.

**Conclusion:** Discussions about diet are reported by a minority of osteoarthritis patients and seem to be mainly related to patients’ experiences with certain foods that improve their symptomatology and also to patients’ adoption of certain diets. This situation needs to be improved as nutritional advice should be an integral part of the management of our patients.

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