Background: The question of diet is frequently asked by patients with osteoarthritis. 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 parts:
1) Socio-demographic data, co-morbidities, and information on osteoarthritis (location, duration of evolution, functional impact and treatments),
2) Patient's 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: A total of 28 RA patients were included: 23 females (82%) and 5 males (18%). The mean age was 58.5 years 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. Thirteen (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 from their RA's rheumatologist. Twenty (71.4%) patients used comorbidities, and 17 (58.6%) patients were illiterate. 57.5% were followed for RA and 42.5% for SPA. The mean duration of evolution of the RIC was 7 years [3; 15], for the treatments 45% were biological, 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. Hony (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. 20.8% of patients declare that they have avoidance behaviours vis-à-vis certain foods while 75% adopt certain diets and 3.3% have already tried fasting in order to relieve joint symptoms. In uni and multi-variate 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.

REFERENCES:
[1] Sara K. Tedeschi et al, Diet and Rheumatoid Arthritis Symptoms: Survey Results From a Rheumatoid Arthritis Registry, 2017 Arthritis Care & Research

Disclosure of Interests: None declared


AB1576-PARE 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 patients' and physical practitioners' perspectives.

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 58.5 years (31-79 years). Comorbidities were present in 86% of patients (diabetes 50%, high blood pressure 32.1%, dyslipidemia 25%, thyroid disease 3.7%, depression 7.1%). The mean duration since RA diagnosis was 9 years. Almost all the patients had at least one of the disease severity criteria, high level of CRP 76%, radiographic erosion (96%), C1-C2 involvement (18%), or hip involvement (14.2%). All of the patients received CsDMARDs and biological therapy. Disease activity evaluated by the DAS28 score was in remission or very low disease activity in 38%, moderate (46%), and high (16%). Functional impact evaluated by the Health Assessment Questionnaire (HAQ) was an average of 1.1 (0.2–3). The RASQ total symptom score was 6 (2-10). The mean of each item was joint pain (5.4), joint stiffness (6.1), joint tenderness (4.1), joint warmth (4.3), muscle pain (6), tiredness (5.7). The RASQ total symptom was statistically significantly different (p<0.01) across the DAS28 severity rankings but only the first two single items of the RASQ were not statistically significantly different (p=0.9 and p=1.6). A medium positive correlation was found between subjects' HAQ score and the total symptom score of the RASQ (r=0.38).

Conclusion: The primary goal of treating patients with RA is to maximize the long-term health-related quality of life. In this order, measurement of all of the signs and symptoms of RA that are significant and relevant to patients living with the disease is important to achieve this main objective.
Disclosure of Interests: None declared


AB1579-PARE  THE EFFECTS OF A HEALTH EDUCATION PROGRAMME ON PATIENTS’ SYMPTOMS AND LIFESTYLE CHANGES IN PATIENTS WITH KNEE OSTEOARTHRITIS ATTENDING A TERTIARY CARE CLINIC IN SRI LANKA

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Background: Osteoarthritis is the major cause of joint pain and disability among middle aged and elderly with no disease specific treatment. Management includes analgesics, lifestyle changes and physical therapy.

Objectives: We aimed to study the demographics of the patients and knowledge regarding osteoarthritis among those who attended our clinic with mechanical knee pain and the effects of a health education programme.

Methods: Patients complaining of mechanical knee pain who were found to have examination findings suggestive of knee joint osteoarthritis were enrolled in this study (N=150). Where available diagnosis was confirmed by radiography. Data was collected when they attended a health education programme which focused on lifestyle changes in osteoarthritis including diet and exercise (n=76). An interviewer administered questionnaire regarding disease, dietary changes for reduction of weight and exercise was used to obtain data before and 3 months after the health education programme. Anthropometric measurements were taken using validated instruments. Data was analyzed using SPSS software.

Results: Response rate was 50.67 %. The average age of the study population was 54.8 years and constituted of 92.1 % females. About one fifth of them had received only primary school and 50 percent were unemployed. The average BMI was 29.68 (SD-5) and average WOMAC score was 44.1 (SD -19.4).

Their knowledge of healthy dietary habits, primarily to lose weight and exercises for knees were assessed before the health education programme and 3 months later.

Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Before health education</th>
<th>3 months after health education</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>76</td>
<td>20</td>
</tr>
<tr>
<td>BMI (average)</td>
<td>29.68</td>
<td>30.2</td>
</tr>
<tr>
<td>Not aware of disease</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Aware of diet to reduce weight</td>
<td>32%</td>
<td>65%</td>
</tr>
<tr>
<td>Aware of exercises</td>
<td>5%</td>
<td>35%</td>
</tr>
<tr>
<td>WOMAC score</td>
<td>44.1</td>
<td>36.7</td>
</tr>
</tbody>
</table>

There was no statistically significant correlation between WOMAC score and age, educational level or BMI. Though the knowledge regarding disease and lifestyle measures improved significantly (p<0.05) following the health education program, there was no significant difference in the WOMAC score.

Conclusion: Health education was seen to improve the knowledge regarding disease and lifestyle measures despite no significant improvement in the pain or disability scores. Further studies are needed to see the long term effects of health education.

REFERENCES:

Disclosure of Interests: None declared


AB1580-PARE  REMISSION: IS IT UNKNOWN?

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Background: Remission is the alleviation or disappearance of the symptoms of a pathology. It may be due to the cessation of a pathogenic action, its overcoming by the body’s defense mechanisms, the implementation of adequate therapy. The term is used when the phenomenon is transitory and can have variable duration, even very long (months or years). However, the morbid process persists in the body and then fatally returns to recur. But how much do patients with chronic rheumatological diseases know? How many of them know this word and, among those who know it, how many correctly understand its full meaning? Here is the objective of the campaign: to verify the level of awareness among rheumatological patients with respect to the concept of remission of the pathology.

Objectives: The objective of the Association, in collaboration with SIR (which has already granted the patronage to the campaign) is to verify, in 3 years, how and how much awareness has improved on the concept of remission between patients and if, and how much, doctor-patient communication will be improved on the subject.

Methods: This awareness campaign is on the concept of remission will start, implemented with different tools: 1 – informative booklet on the concept of remission, on what it is and how it can be achieved. And to maintain, both from the point of view of the rheumatologist and from the patient’s point of view. The booklet will be accompanied by the results of the questionnaire mentioned above. 2- Ideation, creation and realization of a Facebook page: https://www.facebook.com/ObiettivoRemissione/ which will be used as a vehicle for a series of informative contents on the concept of remission and for an emotional video intended for the target of patients and their family.

Results: Started in 2020, the campaign is still ongoing and the first preliminary results will be delivered in the last quarter of 2022

Conclusion: A survey conducted on 1,300 respondents, of which 93% were patients or family members of patients, shows that 26% do not know the concept of remission and only half report having heard about it from their referring physician. From an SEO survey conducted on the main search engines, then, it is clear that the concept of remission in the context of rheumatic diseases is totally absent from the Internet which is, unfortunately or fortunately, at this moment, the first research output by of patients or potential patients on health issues.

Disclosure of Interests: None declared


AB1581-PARE  ATTITUDES TOWARDS MEDICATIONS AND COMMONLY REPORTED SIDE EFFECTS TO DMARDS IN RHEUMATOID ARTHRITIS PATIENTS ATTENDING A TERTIARY CARE HOSPITAL IN SRI LANKA

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Background: Rheumatoid arthritis (RA) is a chronic multisystem disease which can be controlled with disease modifying anti-rheumatic drugs (DMARDs). Compliance to treatment can be affected by attitudes to medicines and side effects of drugs.

Objectives: To identify attitudes towards medicines in patients with rheumatoid arthritis and its relationship to disease characteristics and identify the side effect profile of commonly used DMARDs in a Sri lankan population.

Methods: A cross sectional study was carried out on patients attending a rheumatology clinic at National hospital of Sri Lanka between August to November 2018. Patients diagnosed with RA based on standard criteria and on DMARDS for more than 3 months were administered an interviewer administered questionnaire regarding sociodemographic and beliefs about medicines questionnaire for more than 3 months were administered an interviewer administered questionnaire regarding sociodemographic and beliefs about medicines questionnaire (BMQ) assessing patients’ attitudes to the necessity of prescribed medication for controlling their disease and their concerns about potential adverse consequences of taking it. Further questions about commonly reported side effects were also asked. Data was analysed using SPSS software.

Results: 160 patients fulfilled our inclusion criteria and the response rate was 75%. The study population consisted of 84% females with an average age of 52 years. They were predominantly Sinhalese (82 %) with a median duration of disease of 10 years (interquartile range 1.6-18.4 years). Three fourths of them were seropositive. The mean disease activity (DAS-28) was 4.03 (SD-1.29). Respondents indicated their degree of agreement with each statement in the BMQ on a five-point Likert scale, ranging from 1 strongly disagree to 5 strongly agree. The first ten questions specifically asked regarding arthritis medication.

Table 1.

<table>
<thead>
<tr>
<th>Percentage agreeing or strongly agreeing</th>
</tr>
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<tbody>
<tr>
<td>Necessity scale</td>
</tr>
<tr>
<td>My health at present depends on my arthritis medication</td>
</tr>
<tr>
<td>My life would be impossible without my arthritis medication</td>
</tr>
<tr>
<td>Without my arthritis medication I would be very ill</td>
</tr>
<tr>
<td>My health in the future will depend on my arthritis medication</td>
</tr>
<tr>
<td>My arthritis medication protects me from becoming worse</td>
</tr>
<tr>
<td>Concern scale</td>
</tr>
<tr>
<td>Having to take arthritis medication worries me</td>
</tr>
<tr>
<td>I sometimes worry about the long-term effects of my arthritis medication</td>
</tr>
<tr>
<td>My arthritis medication is a mystery to me</td>
</tr>
<tr>
<td>My arthritis medication disrupts my life</td>
</tr>
<tr>
<td>I sometimes worry about becoming too dependent on my arthritis medication</td>
</tr>
</tbody>
</table>