

**Results:** The median age of the patients was 45 years (interquartile range [IQR], 36-56), 88% were female, and the median disease duration was 152 months (IQR, 80-240). Thirty-seven doctors were in charge of the patients (1-79 patients/each doctor). The median age of the attending physicians was 40 years (IQR, 35-43), and 19% were female. The median perseverance and consistency scores of attending physicians were 3.1 (IQR, 3.0-3.5) and 3.3 (IQR, 2.8-3.8), respectively. Of the enrolled patients, 154 (40%) had achieved LLDAS. The attending physicians with a lower consistency score of <3 were more frequent in the patients who achieved LLDAS (40% vs. 29%,  $p=0.026$ ). The lower consistency score of attending physicians was still related to LLDAS independently (adjusted odds ratio 1.63, 95% confidential interval 1.17-2.27). There was no association between the achievement of LLDAS and perseverance.

**Conclusion:** The grit personality characteristics of the attending physician may affect the achievement of treatment goals in patients with SLE.

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POS0729

#### FOOT DISORDERS ASSOCIATED WITH JACCOUD'S ARTHROPATHY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A DESCRIPTIVE STUDY.

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**Background:** Systemic lupus erythematosus (SLE) is a chronic disease of autoimmune origin mediated by autoantibodies, affecting various organs<sup>12</sup>. 95% of patients with SLE develop musculoskeletal involvement<sup>1</sup>, most of the time as arthralgia or non-erosive arthritis, mainly affecting the hands and knees. A subgroup of patients with lupus that is seen with increasing frequency, late develops a deforming arthropathy as a result of the laxity of ligaments and peritendinous apparatus that produces a joint subluxation. The foot is a highly affected structure that may initially go unnoticed, but it leads to significant disability.

**Objectives:** To know the prevalence of foot problems in a sample of patients with SLE.

**Methods:** A cross-sectional study design. Forty-seven subjects with a diagnosis of SLE were consecutively recruited in a Rheumatology Unit between March and May 2021. The inclusion criteria were: patients with a diagnosis of SLE according to the EULAR / ACR 2019 criteria, with at least one year of evolution and age equal to or greater than 18 years. A Rheumatology nurse collected information on socio-demographic data and the characteristics of the feet regarding the musculoskeletal system, skin, appendages, circulatory system and nervous system using a pre-designed questionnaire. The study was approved by the Ethics Committee, following the recommendations of the Declaration of Helsinki and the legal regulations in force in our country regarding clinical research and the current Good Clinical Practice standards. All participants were informed of the objectives and methods of the study and signed the informed consent. Descriptive statistical analysis.

**Results:** 47 subjects participated (93.6% women) with a mean age (SD) of 49.2 (10.8) years (range 23-66 years). Thirty-five (74.5%) patients presented a low internal longitudinal arch in one or both feet, 19 (40%) Hallux Abductus Valgus (HAV) and 30 (63.8%) presented alterations in the other toes. Seventeen (36.2%) patients had pain in the hindfoot, 16 (34.0%) in the midfoot, 17 (36.2%) in the forefoot, and 14 (29.8%) in the toes. Stiffness in the feet appeared in 8 (17%) while joint swelling appeared in only one (2.1%). On the skin and appendages: 10 (21.3%) showed nail lesions and 39 (80.3%) presented some dermal lesion of the hyperkeratosis type due to friction or poor support. In the circulatory system there were no findings. Two (4.3%) patients had less bilateral sensitivity in the examination of the nervous system in the feet.

**Conclusion:** The most prevalent foot problems affect the musculoskeletal system and are related to Jaccoud arthropathy, especially the sinking of the internal longitudinal arch. Hyperkeratosis associated with poor foot support were also very prevalent.

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POS0730

#### A BETTER SELF-EFFICACY IS PREDICTIVE OF BETTER HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS. DATA FROM A LATIN AMERICAN MESTIZO COHORT

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**Background:** Systemic lupus erythematosus (SLE) patients have a worse health-related quality of life (HRQoL) than the general population. This seems to be related to patients characteristics like age, poverty, behavioral issues rather than to disease activity or damage. Self-efficacy is defined as individual's confidence on performing a task and could impact on patient-reported outcomes.

**Objectives:** To determine the possible predictive value of self-efficacy on HRQoL in SLE patients.

**Methods:** SLE patients from a single-center prevalent cohort were included. Self-efficacy was ascertained with six instruments of the Patient-Reported Outcomes Measurement Information System (PROMIS) Self-efficacy for Managing Chronic Conditions. Instruments included were general self-efficacy, and self-efficacy for managing emotions, managing symptoms, managing daily activities, managing social interactions and managing medications and treatments. For PROMIS instruments, a score of 50 is the average for a clinical population (people with a chronic condition), a higher score indicates that the respondent has greater self-efficacy. HRQoL was ascertained with the physical and mental component summary (PCS and MCS) measures of the Short-Form 36 (SF-36). Generalized estimating equations were performed, using as outcome the PCS or MCS in the subsequent visit, and the self-efficacy instrument in the previous visit; multivariable models were adjusted for possible confounders (age at diagnosis, gender, socioeconomic status, SLEDAI-2K, SLICC/ACR damage index, disease duration at baseline, prednisone daily dose, antimalarial and immunosuppressive drugs use and PCS or MCS in the previous visit). All the confounders were measured in the same visit than the self-efficacy instrument.

**Results:** Two-hundred and nine patients for a total of 564 visits were included; 194 (92.8%) patients were women, mean age at diagnosis was 36.4 (14.0) years and disease duration at baseline was 6.5 (6.0) years. At baseline, PCS was 55.0 (22.3) and MCS was 53.9 (20.4). At baseline, mean general self-efficacy was 47.2 (10.4), self-efficacy for managing emotions was 44.6 (8.0), for managing symptoms was 47.7 (8.2), for managing daily activities was 45.5 (7.5) for managing social interactions was 42.9 (7.9) and for managing medications and treatment was 43.9 (7.0). In the multivariable models a better PCS was predicted by a better general self-efficacy, and self-efficacy for managing symptoms, managing social interactions and managing medications and treatments and a better MCS was predicted by a better self-efficacy for managing symptoms, managing daily activities, managing social interactions and managing medications and treatments. These data are depicted in Table 1.

**Conclusion:** A better self-efficacy is predictive of a subsequent better HRQoL, even after adjustment for possible confounders. These results should encourage clinicians to develop strategies to improve self-efficacy in SLE patients.

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