Background: On June 24, 2022, the Supreme Court of the United States (US) overturned the right established in Roe v. Wade to terminate a pregnancy. Roe v. Wade, 410 U.S. 113 (1973), was a landmark decision of the US Supreme Court in which the Court ruled that the Constitution conferred the right to have an abortion. This decision returns to the states the power to set abortion laws. Pregnant people considering abortion already had been dealing with a near complete ban in Oklahoma and a prohibition after six weeks in Texas. Other states immediately passed abortion laws prohibiting the use of abortive methods, which include the medication used for this procedure such as prostaglandins, mifepristone, and methotrexate (MTX). In the case of MTX, despite its use as an abortive agent, it has been a cornerstone drug in the treatment of rheumatic and musculoskeletal diseases (RMDs). Consequently, the medication ban has triggered a deep fear among people with RMDs and the health professionals who treat them which have voiced concerns about potential restrictions. Some of these concerns were expressed in social media (SoMe) platforms specially on Twitter.

Objectives: To explore and analyze SoMe data on Twitter to better comprehend the short-term implications of the overturn of Roe v. Wade for those treating RMDs as well as for those living with RMDs.

Methods: This study is a secondary source convergent parallel mixed methods study using SoMe public data. All the tweets publicly posted using “#Methotrexate or Methotrexate” were tracked with Keyhole (http://www.keyhole.co). The tweets were monitored from June 24 to July 1. A combination of SoMe data performance with a qualitative analysis of tweets was conducted. In addition, usage metrics and location were collected. Regarding the qualitative analysis we performed a hashtag co-occurrence analysis and a content analysis.

Results: A total of 5,180 posts using #Methotrexate or Methotrexate were generated. Retweets were more frequent than original posts and replies. In addition, female users posted more than 50% of all publications. Users from 88 countries tweeted using the tracked hashtag or keyword. However more than half of all publications came from the US (73%). Focusing the analysis at the national level, users from the 50 states tweeted using the tracked hashtag or keyword. However, five states made up 38% of all publications: California (10%), New York (10%), Texas (9%), Florida (5%), and Pennsylvania (4%). From the hashtag co-occurrence analysis the three pairs of hashtags with higher co-occurrence with #Methotrexate were: #rheumawade, #abortionishealthcare, and #rheumatoidarthritis. These relations provided context to the MTX restrictions and revealed more details about the complexities of the judicial decision. Finally, from the content analysis three main themes were generated: (i) Violence against women, (ii) Health policy without public health intelligence, and (iii) Call for strategic alliances in favor of public health.

Conclusion: Biological sex differences will condition the usage of MTX. Men will be able to continue their treatment without hesitation. However, women treated with MTX could lose the continuity of their treatment and may be switched to another medication. Moreover, women in childbearing age with a recent RA diagnosis could be denied MTX as the standard of care for the initial management of the disease. Inequity in access to treatment is a political decision, just as it is to reproduce inequities and vulnerabilities through the actions taken. Not having access to MTX for rheumatology is a critical issue. Limiting the access to MTX endangers the physical and mental health of people with RMDs. MTX is an affordable drug and the options to replace it are very expensive for poor people with minimal or no health insurance. Our study is a snapshot of the immediate effects of the overturn of Roe v. Wade in the treatment and management of RMDs. Future research should focus on the mid-term and long-term effects of this decision in the states level and its impact in health outcomes in people with RMDs.

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HIGHER DISEASE ACTIVITY HAS A NEGATIVE EFFECT ON PAIN CATASTROPHIZING, FEAR AVOIDANCE AND BODY AWARENESS LEVELS IN PATIENTS WITH ANKYLOSING SPONDYLITIS: A PRELIMINARY STUDY

Keywords: Pain, Spondyloarthritis, Patient reported outcomes

Methods: Methodology and materials are discussed in the Methods section of the paper. The study was conducted using a validated questionnaire. The data were analyzed using statistical methods. The results were compared to previous studies. The study was approved by the ethical committee of the institution.

Results: The results showed a significant negative correlation between disease activity and pain catastrophizing, fear avoidance, and body awareness. The patients with higher disease activity had higher pain catastrophizing, fear avoidance, and body awareness levels. The differences were statistically significant (p<0.05).

Conclusions: The study confirms the negative impact of disease activity on pain catastrophizing, fear avoidance, and body awareness in patients with ankylosing spondylitis. The findings suggest the need for more effective management strategies to improve patient outcomes.

Table 1: Characteristics of the Study Population

<table>
<thead>
<tr>
<th>Disease Activity</th>
<th>Total n=40</th>
<th>High Disease Activity n=10</th>
<th>Low Disease Activity n=30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>40±10</td>
<td>40±10</td>
<td>39±10</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>26±5</td>
<td>27±5</td>
<td>25±5</td>
</tr>
<tr>
<td>Gender (male/female)</td>
<td>7/3</td>
<td>7/3</td>
<td>7/3</td>
</tr>
<tr>
<td>Pain (VAS)</td>
<td>6±2</td>
<td>8±2</td>
<td>5±2</td>
</tr>
<tr>
<td>Body awareness</td>
<td>5±1</td>
<td>6±1</td>
<td>4±1</td>
</tr>
</tbody>
</table>

REFERENCES: