in the last year. According to the results obtained, Certolizumab is the drug that has presented the most adverse reactions during the follow-up period (Figure 1).

**Conclusion:** Dermatological reactions are the most frequent with anti-TNF drugs. Infliximab and Certolizumab stand out for this type of commitment. Studies are needed in populations from the same country to compare these results and generate more knowledge.

**Acknowledgements:** We thank the Asistencial Direction and the BIOMAB clinical reports department for their support in creating the database to carry out this study.

**Disclosure of Interests:** Wilberto Rivero: None declared, Pedro Rodríguez-Linares: None declared, Fernando Rodríguez: None declared, Gabriel-Santiago Rodríguez-Vargas: None declared, Adriana Rojas-Villarraga: None declared, Pedro Santos-Moreno: Speakers bureau: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Grant/research support from: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi.

**DOI:** 10.1136/annrheumdis-2023-eular.4031

---

### Table 1. COMPARISON OF ADVERSE REACTIONS BETWEEN CONVENTIONAL AND BIOLOGICAL DMARDS

<table>
<thead>
<tr>
<th>AÑO</th>
<th>DAR</th>
<th>DAE</th>
<th>csDMARD</th>
<th>BIOLOGICO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>52,5%</td>
<td>46%</td>
<td>62,9%</td>
<td>28,7%</td>
</tr>
<tr>
<td>2019</td>
<td>39,3%</td>
<td>52,3%</td>
<td>26,1%</td>
<td>61,4%</td>
</tr>
<tr>
<td>2020</td>
<td>40,2%</td>
<td>40%</td>
<td>31,3%</td>
<td>65,5%</td>
</tr>
<tr>
<td>2021</td>
<td>25,0%</td>
<td>51%</td>
<td>45,8%</td>
<td>52,1%</td>
</tr>
<tr>
<td>2022</td>
<td>35,5%</td>
<td>36%</td>
<td>32,0%</td>
<td>68,9%</td>
</tr>
</tbody>
</table>

---

**POS1602-HPR**

**PAIN AND CATASTROPHIZING IN RHEUMATIC DISEASES: IMPACT ON PSYCHOLOGICAL DATA AND QUALITY OF LIFE**

**Keywords:** Pain, Quality of life

C. Chiraz1, R. Fakhfakh2, N. El Amri2, D. Khalifa2, E. Bouajina2. 1Sahloul Hospital, Physical Medicine and Rehabilitation, Sousse, Tunisia; 2Farhat Hached Hospital, Rheumatology, Sousse, Tunisia

**Background:** Catastrophizing is a common behavior in patients with chronic pain. It is a negative cognitive-affective response to pain. It is thought to be associated with the persistence and exacerbation of chronic pain.

**Objectives:** To determine the prevalence and the associated factors of catastrophizing in rheumatic diseases (RD).

**Methods:** A cross-sectional study on patients with RD followed in the rheumatology department of hached hospital. Biological and clinical data were collected from medical records. Depression and anxiety were evaluated by the HAD scale (Hospital Anxiety and Depression scale). Quality of life was assessed by the SF-12, which is a self-assessment scale of quality of life that is a shortened version of the SF-36. Catastrophizing was assessed by the Pain catastrophizing scale (PCS). A PCS score of 30 or more represents a high level of catastrophizing.

**Results:** Our study included 60 patients with RD: 44 patients with rheumatoid arthritis (RA), 12 patients with ankylosing spondylitis (SpA) and 4 patients with psoriatic arthritis (PsA). The mean age was 48.83 years (73.33% female). The mean PCS score was 31 ± 10.34. The prevalence of high catastrophizing (PCS ≥ 30) was 73.3% in all patients: 72.7% of patients with RA, 66.7% with SpA and 100% with PsA. A high catastrophizing score was found in 91.7% of anxious patients and 95% of depressed patients. No statistically significant association of catastrophizing with age nor gender was noted. Catastrophism was significantly associated with depression, anxiety (p < 10^-1^) and pain VAS (p = 0.001). The decrease in quality of life assessed by the physical (PCS12) and mental (MCS12) components of the SF12 was significantly associated with catastrophizing (p < 0.01).

**Conclusion:** In our study more than two-thirds of the population had high PCS scores with a significant correlation with pain VAS, anxiety and depression and a low quality of life score.

**REFERENCES:**

[1] Pain catastrophizing in rheumatoid arthritis, psoriatic arthritis and axial spondyloarthritis: biopsychosocial perspective and impact on health-related quality of life


**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.4109