thought that all treatments have negative effects in the long term. The about disease progression was reported by 31 patients (55.3%) and 19 patients disease has a genetic cause was reported by 11 patients (19.6%). Uncertainty was triggered by an emotional shock and 10 (17.8%) patients considered that physical activity can reduce flare-ups. Sixteen patients (28.5%) believed that RA ± 8.6 years [1-40 years]. The mean of DAS 28 ESR and DAS 28 CRP were 51.5 ± 11.7 years [21-74 years]. The average duration of disease was 11.5 years [1-40 years]. Very active RA disease (DAS 28 greater than 5.1) was observed in 34 patients. The mean HAQ value was 1.28 [0-2.87]. 25% of our patients had high functional disability (HAQ >2). Nearly half of the study population (54% of cases) suffered from depression and/or anxiety symptoms. The mean HADS-D score was 8.39 [0-16] and thirty patients (30% of cases) had certain depressive symptoms (HADS-D ≥11). The mean HADS-A score was 7.79 [0-15] and 24 of our patients (24% of cases) presented certain symptoms of anxiety (HADS-A≥11).

In statistical analysis, the HAD-A scale was associated with higher HAQ level (p<0.01). In addition, depressive patients (HADS-D ≥11) had higher HAQ level than patients without signs of depression with significant difference (p<0.01).

Conclusion: Our study showed that more than one-third of patients suffered from anxiety and/or depression, and these troubles were related to functional disability. This suggests that treatment should focus also on improving physical disability, detection and management of depression or anxiety.

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AB0252 IMPACT OF ADHERENCE TO THE MEDITERRANEAN DIET ON DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

Keywords: Rheumatoid arthritis, Quality of care

S. Rekki1, S. Noucier1, S. Boussaid1, K. Rouaoui1, H. Sahli1, M. Elleuch1. 1Rabta, Rheumatology, Tunisia, Tunisia

The Mediterranean diet (MD), mainly consists of olive oil, cereal products, fresh or dried fruit and vegetables, nuts, a moderate amount of dairy and meat, and many condiments and spices, has been suggested to have a beneficial effect on mortality and cardiovascular diseases. However, there is limited evidence regarding its impact on rheumatoid arthritis (RA) disease activity.

Objectives: The aim of this study was to assess association between adherence to MD and disease activity in RA patients.

Methods: In this cross-sectional study, we included patients with RA in remission or low disease activity. Patients with intestinal disease and smokers were not included. Socio demographic data (age, sex, educational level and living area) were recorded. Tender and Swollen Joint Count (T/SJC), Disease Activity Score (DAS28), Clinical Disease Activity Index (CDAI) and Score Disease Activity Index (SDAI) were used to access disease activity. Levels of C-reactive protein (CRP) and hemoglobin (Hb) were determined. Medication (paracetamol, Non Steroidal Anti-inflammatory Drugs (NSAIDs) and Disease-modifying antirheumatic drugs (DMARDs)) were recorded. We assessed MD adherence through a 14-item questionnaire in RA patient. The MD adherence score was classified as follows: good adherence (≥ 10 points) and low and medium adherence (≤ 9 points). We divided patients into two groups: G1: good adherence and G2: low and medium adherence to MD. We compared parameters of G1 and G2 using the Mann-Whitney U test.

Results: We enrolled 39 patients (34 female) with mean age of 52.74 ± 11.31 [20-74] years. Most of patients lived in rural area (61.5%). Half of patients (53.8%) had primary school level. The mean disease duration was 8.88 ± 6.6 years. The mean CRP and HA levels were respectively 2.9 ± 9.67 [0-21] and 11.72 ± 4 [10-14]. The mean DAS28, CDAI and SDAI were respectively: 2.06 ± 0.71 [3-1.3], 5.46 ± 3.4 [1-10] and 8.26 ± 5.62 [2-28]. The most of patients were on paracetamol (53.9%) and conventional synthetic DMARDs (82.1%). NSAID were used by 35.9% of patients. The mean MD score was 9.1 ± 2.67 [4-12]. G1 enrolled 20 patients and G2 19. No significant differences emerged in the distribution of sex, age, living area and educational level between two groups. G1 had significantly lower disease activity in comparison to G2: median [extremes] TJG [0 [0-1] vs 1 [0-2], p=0.02). DAS28 [1.7 [1-3.1] vs 2.2 [1.7-3.1], p=0.001], CDAI [2 [1-7] vs 9 [3-11] p<0.001] and SDAI [4 [2-9] vs 11 [5-30], p<0.001]. No significant differences was observed in SJC and CRP level, p=0.11 and p=0.22 respectively. However, HB levels were higher in G1 (13 [13-14]) than in G2 (10 [10-13], p<0.001). G2 had higher paracetamol and NSAID consumption with 84.3% vs 57.9% and 84.3 % respectively. Less use of biological DMARD was observed in G1 since all patients were on conventional synthetic DMARDs.