AB0807

PATIENT-REPORTED OUTCOMES ABOUT QUALITY OF LIFE IN PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHY

Keywords: Quality of life, Patient reported outcomes, Work-related issues

Z. Peng1, Y. Wang2, N. Liu3, Z. Zhou1, D. Xu1, M. Li1, C. Wu1, X. Zeng1, Q. Wang1.1 Chinese Academy of Medical Sciences & Peking Union Medical College, Department of Rheumatology and Clinical Immunology, Beijing, China; 2The University of Hong Kong-Shenzhen Hospital, Division of Rheumatology, Department of Medicine, Shenzhen, China

Background: Idiopathic inflammation myopathy (IIM) defines a group of chronic autoimmune-mediated diseases that most commonly affect the skin, muscles, and lungs [1]. Despite considerable advances over the past decades in improving life expectancy compared with the general population, IIM patients still experience substantially impaired health-related quality of life (HRQoL) [2]. The value of incorporating patient-reported outcomes in clinical trials is increasingly appreciated. The 36-item Short-Form Health Status Survey (SF-36) has been proposed to evaluate HR-QoL in IIM patients. However, because it is very time-consuming, the actual completion rate of the questionnaire is extremely low, and the SF-36 cannot be used directly in cost-effectiveness analyses. The EuroQol 5-Dimension (EQ-5D) is another tool for assessing HR-QoL and has been used extensively for chronic diseases. Wolfe et al. [3] verified the association of between EQ-SD and SF-36 in rheumatic diseases. Moreover, workforce losses in patients with IIM are underestimated, and even health-related absenteeism imposes an economic burden on society [4].

Objectives: To explore the feasibility and validity of the EuroQol 5-dimension (EQ-5D) and Work Productivity and Activity Impairment (WPAI) surveys as patient-reported outcomes of health-related quality of life (HR-QoL) in idiopathic inflammation myopathy (IIM).

Methods: This cross-sectional study surveyed patient’s outcomes using the Manual Muscle Testing-8 (MMT-8), Myositis Disease Activity Assessment Visual Analog Scale (MYOACT), Myositis Damage Index (MDI), Disease Activity Score (DAS), and Physician/Patient Global Assessment (PGA/PtGA). HR-QoL was determined using EQ-5D, 36-item Short-Form Health Status Survey (SF-36), and WPAI questionnaire. The relationship between IIM-related parameters and HR-QoL was assessed using ordinal logistic and quantile regression.

Results: We enrolled 189 patients with IIM. Decreased MMT-8 and increased MYOACT, DAS, MDI-global, and PGA/PtGA were associated with higher EQ-SD values. For the 25th–75th percentile of WPAI, greater activity impairment was associated with lower MMT-8 and higher age of onset and PGA. Poorer overall work productivity impairment was associated with higher MYOACT (cutaneous and skeletal), MDI-global and PtGA were associated with increased activity and overall work productivity impairment in most quartiles (P < 0.05).

Conclusion: The EQ-5D and WPAI may be valid patient-reported outcomes to evaluate HR-QoL in ambulatory patients with IIM.

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Acknowledgements: NIL.

Disclosure of Interests: None Declared.

DOI: 10.1136/annrheumdis-2023-eular.134