AB1749-PARE  IMPACT OF FACIAL SIGNS OF SYSTEMIC SCLEROSIS ON PATIENTS’ SELF-ESTEEM

Keywords: Systemic sclerosis, Mental health
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Background: The dimensions of self-concept and body image are essential for assessing the quality of life of individuals with chronic diseases. Systemic sclerosis (SSc) is characterized by facial involvement that can lead to aesthetic changes, functional disability as well as psychological impact.

Objectives: To assess the influence of face involvement on self-esteem in SSc patients.

Methods: A cross-sectional study was carried out on patients followed for Systemic sclerosis at a rheumatology department. Included patients completed the Burden of Face Affected (BoFA) questionnaire as well as the Rosenberg self-esteem scale (RSES). All data was collected after patient consent and was analyzed using the SPSS statistical package.

Results: Forty patients who fulfilled the 2013 ACR/EULAR Classification Criteria for Systemic Sclerosis were included. There were 8 male and 32 female with a sex ratio female to male of 4. The median age was 45 years old (19-71) and median disease duration 1 year. The majority of our patients (85%, n=34) suffered from diffuse form of SSc. 15%(n=6) had a limited form. Fingertip ulcers were observed in 13 patients (32.5%) and telangectasia in 16 patients (40%). Raynaud’s phenomenon was found in 34 patients (85%). Severe organ involvement were detected as interstitial lung disease in 17 patients (42.5%), pulmonary hypertension in 7 patients (17.5%) and renal involvement in 2 patients (5%). Mean (±SD) Rodnan score was 19.6 ± 6.2 and 70% (28 patients) had a limited mouth opening. Mean (±SD) BoFA score was 68±10.3; 0 implying no impact and 100 for major impact of face affection. Mean Rosenberg self-esteem scale was 26.6±3.3 reflecting low self-esteem. Rosenberg self-esteem correlated negatively with BoFA scores r = -0.36; p=0.02 with low levels of self-esteem associated with more face affection symptoms and no significant correlation between RSES and gender, age or Rodnan score.

Conclusion: Patients’ perception of their face affection in SSc is poor and can be considered as an important component of patients’ self-esteem. Effective interventions need to be directed during follow-up to improve function and satisfaction with body image.

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AB1750-PARE  PATIENT-DOCTOR COMMUNICATION FROM PERSPECTIVE OF STENE PRIZE TOPIC 2023

Keywords: Patient information and education, Self-management, Quality of care
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Background: Poland participates in European Edgar Stene Prize Competition from early eighties 20th century. Three times our participants won this Prize – last time in 2018. Every competition on national level starts from appropriate translation of topic into Polish and invitation to participate in this using different channels of information to reach as many as possible potential participants. This year topic: “How better communication with my doctor improved my life with an RMD” gave an opportunity for every person living with rheumatic and musculoskeletal disease to present his/her experiences in building good cooperation with his/her physician. Patient-doctor communication was a topic of many educational events for people with RMDs including 2 perspectives: of patient and doctor. It was used Polish version of PART (prepare, ask, repeat, take action) from “Challenging arthritis” by Kate Lorig and James Fries to be more aware and responsible for his/her own health. This important topic didn’t find interest among patients with RMDs and national jury received no entry for this year competition.

Objectives: Lack of entry on topic of patient-doctor communication among rheumatic patients was surprised and identifying the causes of this situation can be important in two areas: future Steine Prize competition and personal cooperation with health professionals including physicians.

Methods: Invitation for participation in competition was shared using the same channels how always. There were: websites of associations, social media (facebook and Twitter), e-mailing to leaders of associations, online meeting on occasion of World Arthritis Day, personal contacts with potential authors. Before deadline of submitting entries reminders were sent and put in social media. Reasons of lack of entries were discussed with active members of our associations.

Results: In opinion of people living with RMDs reality is different than model of good practice in communication patient-doctor. Asking potential authors of essays there were responses like: “what I can write – true?”; “what communication?”; “It will be some day in future but not today.” Patients note the lack of time during medical consultation for open discussion. Physician during 15-20 minutes should examine patient, check results of tests, issue a prescription and referral using electronic system what can be added stress for some doctors and takes time devoted for talk with patient for technical issue. If discuss is started it’s from initiative of patient mostly, but patient should be aware and active in process of treatment not only passive participant of consultation. Appropriate sources of information and knowledge help patient to take responsibility for his/her own health and life.


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AB1751-PARE  MUSCULOSKELETAL DISORDERS IN THE ERA OF THE COVID-19 PANDEMIC

Keywords: Work-related issues, Descriptive Studies
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Background: In Tunisia, during the last decade, the number of MSDs declared as occupational diseases was increasing. So, what is the impact of the COVID-19 pandemic on the MSD reporting rate?

Objectives: To describe the socio-professional characteristics of workers with musculoskeletal disorders (MSDs) and to determine the reporting rate of MSDs as occupational diseases.

Methods: A descriptive cross-sectional study among workers with work-related MSDs who consulted the occupational medicine department of the Charles Nicolle Hospital for medical advice between January 2021 and September 2022.

Results: A total of 109 workers with MSDs were included in this study. The workers were 64.2% female. The average age was 46 ± [21-61 years]. The sectors most prone to MSDs were the health sector (27.5%), food processing (16.5%) and textiles (15.6%). The workers reported MSDs of the upper limb in 37.6% and the lower limb in 12.9%. There were responses like: “what I can write – true?”; “what communication?”; “It will be some day in future but not today.” Patients note the lack of time during medical consultation for open discussion. Physician during 15-20 minutes should examine patient, check results of tests, issue a prescription and referral using electronic system what can be added stress for some doctors and takes time devoted for talk with patient for technical issue. If discuss is started it’s from initiative of patient mostly, but patient should be aware and active in process of treatment not only passive participant of consultation. Appropriate sources of information and knowledge help patient to take responsibility for his/her own health and life.

Conclusion: In opinion of people living with RMDs reality is different than model of good practice in communication patient-doctor. Asking potential authors of essays there were responses like: “what I can write – true?”; “what communication?”; “It will be some day in future but not today.” Patients note the lack of time during medical consultation for open discussion. Physician during 15-20 minutes should examine patient, check results of tests, issue a prescription and referral using electronic system what can be added stress for some doctors and takes time devoted for talk with patient for technical issue. If discuss is started it’s from initiative of patient mostly, but patient should be aware and active in process of treatment not only passive participant of consultation. Appropriate sources of information and knowledge help patient to take responsibility for his/her own health and life.


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