QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Keywords: Systemic lupus erythematosus, Quality of life

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Background: According to the Treat to Target strategy, in addition to monitoring the activity of the process and monitoring the formation of irreversible organ damage, it is necessary to recognize the Health-Related Quality of Life, which allows a full assessment of the patient's condition. Quality of life is defined as an integral characteristic of the patient's physical, psychological, emotional and social functioning, based on his subjective perception. Often, changes in quality-of-life indicators precede the dynamics of clinical manifestations of the disease, so they can be used as auxiliary criteria for the effectiveness of treatment already in the early stages of the course of the disease.

Objectives: To evaluate the quality of life of children and adolescent patients with systemic lupus erythematosus (SLE) depending on the activity and duration of the disease.

Methods: 18 children and adolescents with SLE aged from 8.5 to 16.4 years (14.3 ± 0.7) were examined. The average duration of SLE was 3.1 ± 0.7 years, the age of onset was 11.4 ± 0.8 years. Most of the examined were girls (94.4%). The diagnosis was established according to the classification criteria EULAR/ACR 2019 for SLE[1] with at least 10 points. The activity of SLE was found in 5.56% of patients, moderate in 33.33%, minimal in 61.11%. The patients' quality of life was assessed using the Lupus QoL questionnaire, which is a questionnaire with 34 questions, combined for 2–8 questions in 8 separate blocks: physical health, pain, planning, intimate relations, dependence on other people, emotional health, body image (the patient's assessment of his body), fatigue. The questionnaire was filled out by the patients themselves, the answers to the questions were modeled on a five-point Likert scale (0 – constantly, 1 – almost always, 2 – quite often, 3 – occasionally, 4 – never). Zero points corresponded to the worst quality of life, 100 points to the best state of quality of life for each domain (scale) of the questionnaire.

Results: The quality of life related to health was worsened in all persons. The average total score for all domains was 65.51 ± 2.09 points and ranged from 38.41 to 89.45 points. The spheres “intimate relations” and “body image” were the most disturbed, which had the lowest score according to the test data (35.58 ± 4.87 and 62.08 ± 4.89, respectively). The best the quality-of-life indicator was recorded in the “pain” domain, which scored the highest number of points (82.41 ± 4.99 points).

According to other scales of Lupus QoL, the quality of life was equal: in the domain “physical health” 77.60 ± 1.47 points, “planning” 79.63 ± 5.52 points, “dependence on other people” 66.21 ± 5.74 points, “emotional health” and “fatigue” 76.15 ± 4.24 and 75.00 ± 4.46 points, respectively. Correlation analysis revealed inverse correlations between the degree of disease activity and the domains “pain” (r = -0.530; p < 0.05), “planning” (r = -0.529; p < 0.05), “intimate relationships” (r = -0.720; p < 0.05), “emotional health” (r = -0.728; p < 0.01). Direct correlations were found between the age of patients and indicators of the domain “pain” (r = 0.647; p < 0.01) and “planning” (r = 0.642; p < 0.01, respectively), the age of patients at the onset of the disease and the indicator the “body image” scale (r = 0.611; p < 0.01), duration of the disease and the “fatigue” scale (r = 0.638; p < 0.05).

Conclusion: In all patients with SLE, a violation of the health-related quality of life was established. Its deterioration was recorded in all domains and was due to the activity of the disease. Monitoring the quality of life of adolescents with SLE in combination with disease activity monitoring will allow for a better assessment of the health status of patients and for the clarification of the need for correction of therapy and the selection of the most effective treatment program.

REFERENCES:

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INTRA-RATER RELIABILITY OF SHEAR WAVE ELASTOGRAPHY FOR THE QUANTIFICATION OF THUMB MUSCLE ELASTICITY

Keywords: Ultrasound

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Background: Shear wave elastography (SWE) is a technique that evaluates tissue elasticity by applying an acoustic radiation force impulse [1]. It is undetermined how reliable this modality is in assessing thumb muscles. Quantitative measurement of muscle stiffness in conditions such as trapeziometacarpal osteoarthrosis where increased fibrosis, muscle tone, spasm, and contractures can be seen can provide important information about the pathophysiology and prognosis of the diseases [2].

Objectives: This study aimed to assess the intra-rater reliability of thumb muscle elasticity and thickness in healthy people.

Methods: Ten healthy participants (20 hands) enrolled in the study. Thickness and shear wave velocity (SWV) of adductor pollicis (AdP) and first dorsal interosseous (FDI) muscles were obtained using an ACUSON S3000 Ultrasoundography System and a 9L probe (4-9 MHz) (Siemens Medical Solutions; Mountain View, California). Ultrasound data (SWV, thickness) were collected and analyzed by an experienced radiologist. Three repeated SW and thickness measurements were recorded in the resting position and an average was taken. Two sessions were performed at a 15-minutes interval.

Results: Ten healthy participants (20 hands; 5 female; 5 male; mean age: 25.9±2.68 years; BMI: 22.4±1.39 kg/m²) were included in this study. Nine subjects had right-hand dominance and 1 had left-hand dominance. The mean ±SEM shear wave velocity for the AdP was 1.86 ± 0.6 m/s (=10.86 kPa), and for the FDI was 1.76 ± 0.5 m/s (=9.72 kPa). The intra-rater trial agreement was excellent, with intraclass correlation coefficients of 0.887 and 0.828 respectively. The mean ±SEM muscle thickness for the AdP was 12.4 ± 3.93 mm, and for the FDI was 12.0 ± 3.68 mm. The intra-rater trial agreement was excellent, with intraclass correlation coefficients of 0.953 and 0.984 respectively.

Conclusion: SWE ultrasound was a reliable imaging technique to assess the stiffness and thickness of thumb muscles.

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AB1822-HPR EXPERIENCE AND PRELIMINARY DATA IN IMPLEMENTATION OF PRO (PATIENT REPORTED OUTCOME) IN THE DAILY ROUTINE IN INFLAMMATORY ARTHRITIS PATIENTS BASED IN ICHOM-ARTHRITIS MODEL AND A NEW ELECTRONIC PLATFORM (QUESTCLINIC)

Keywords: Outcome measures, Quality of life, Patient reported outcomes

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Background: In clinical practice of patients with chronic rheumatic inflammatory disease: rheumatoid arthritis (RA), psoriatic arthritis (PsA), and axial spondyloarthritis (axSpA) it is not used to assess quality of life issues in relation to the disease. Patient Reported Outcomes (PROs) can inform about these symptoms suffered by patients using questionnaires or patient reported outcome measures (PROMs). International Consortium Health Outcomes Measures has the main purpose to recognize the crucial role of patients in outcome measures in value-based health, providing a specific ICHOM-arthritis model [1].

Objectives: To describe the pilot study and some very initial data of the implementation of PROs in an Arthritis Unit of a tertiary hospital based on ICHOM-arthritis through an electronic platform.

Methods: Rheumatologists, nurses, and quality management staff have worked for a period of 2 years in two aspects based on the ICHOM-arthritis model: 1. the use of the “standard set” described that includes the main clinical, demographic data and a list of generic and specific questionnaires or PROs to collect for RA, PsA, and axSpA patients. 2. the typology and frequency of visits to establish, MyClinic is an electronic bidirectional platform provided for the Hospital to connect patients and doctors. We designed the Questclinic, a space where place questionnaires to send to patients and where patients could answer them. Patients with the 3 diagnoses of adult inflammatory arthritis (RA, PsA, and axSpA) are invited to participate in their visit to outpatient clinics, accepting and signing their informed consent.

Results: We selected 4 generic questionnaires sent to patients to answer in the QuestClinic: MDHAQ (VAS-pain, PGA, VAS-fatigue), EuroQol, HAQ, anxiety and depression, and FACIT(SF), and also a disease-specific one: RAID for RA, PsRAID for PsA, and BASDASI and BASFI for axSpA. The 12-month visits at baseline (Vb), 6 months (V6), and 12 months (V12) were performed in a double integrated format (Figure 1). In Vb, 3 tasks are performed: 1. Check questionnaire completion. 2. Initial characteristics (only in Vb): Demographic data (level of studies) and pathological history: smoking, hypertension, heart disease, stroke, COPD, diabetes mellitus, neoplasms, depression, bone fracture, gastric ulcer, other gastric problems, obesity. 3. Monitoring: vital signs and calculation of BMI; adherence to oral or parenteral treatment. Then, in the standard visit the rheumatologist reviews the PROM scores met by the patients in the QuestClinic. Preliminary data in V6 were: A total of 74 records belonging to 55 patients, 40 (54%) female, 39 (53%) RA, 20 (27%) axSpA, and 15 (20%) PsA were collected from February to December 2022. 54 (73%) patients have only visited in baseline and 20 (273%) had already 2 visits (V6). The first “snapshot” of the median of generic PROMs (VAS-pain, PGA, VAS-fatigue, HAQ, anxiety, and depression) for the diseases were around a median of 4 for pain, 4 for fatigue, and depression, but higher for anxiety in an unselected group of inflammatory chronic rheumatic disease patients (Table 1).

Conclusion: We describe the functional model proposed to implement PROMs in clinical routine to cover the most important PRO dimensions of quality of life of disease and we present here the first picture of preliminary data.