HPR Epidemiology and public health (including prevention).

AB1838-HPR THE TYPE AND THE EFFECT OF PHYSICAL ACTIVITY ON QUALITY OF LIFE AND FATIGUE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN GREECE: A CROSS-SECTIONAL STUDY

Keywords: Systemic lupus erythematosus, Quality of life, Epidemiology

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Background: Systemic Lupus Erythematosus (SLE) is an autoimmune disease with several symptoms, such as fatigue and has a high impact on patient's quality of life.

Objectives: The aim of this study was to determine the rate, the type, and the effect of physical activity (P.A.), and exercise in patients with SLE on quality of life and fatigue in Greece.

Methods: Three questionnaires were used to measure quality of life (SF-36), fatigue (FSS), and P.A. (mPAQ). 101 patients with SLE from Greece answered about their personal choices. For statistics the IBM SPSS 25 was used for the statistical analysis. Descriptive analysis conducted to describe quantitative variables of interests. Data normality was verified from Kolmogorov-Smirnov test, and Pearson Correlation test was performed to determine the relationship between P.A. and QoL and Fatigue.

Results: The results showed that the sample average for QoL was 48.3(±19.3), for Fatigue 41.73(±7.2), the total score of P.A. was 1603.79(±1695.8) METs. Furthermore, for vigorous P.A., the total score was 575.79(±867.6) METs, for moderate P.A. 824.65(±811.6) METs, and for low P.A. 239.87(±405) METs. The most common type of P.A. was housekeeping and cleaning for 74% of the sample, and even thought it is not considered as P.A. activity there was an option. A high average (50.5%) of the sample was presented by patients who chose to remain seated during the day. Positive correlation between P.A. and QoL was found (R=0.385, P<0.01). Negative correlation between P.A. and Fatigue was also found (R=0.384, P<0.01).

Conclusion: The conclusions were that the patients with SLE in Greece do not perform high level of P.A. and exercise. The moderate level of P.A. was more likely activities of day living, that are classed as P.A., than exercise. Furthermore, the sample choose a sedentary lifestyle, although correlation between P.A. and QoL was not found. Therefore, the sample and QoL are found. All patients with SLE are not know about this fact. Furthermore, the P.A. and Fatigue was also found.

REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

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AB1839-HPR PERINATAL GRIEF IN WOMEN WITH AUTOIMMUNE RHEUMATIC DISEASES

Keywords: Mental health, Quality of life, Pregnancy and reproduction


Background: Perinatal loss (PL), defined as a loss from any gestational age or in the neonatal period [1] lead women to the process of grieving. Perinatal Grief (PG) involves suffering and reaction such as sadness, disbelief and anger [2]. PL and PG symptoms affect many women around the world; women with autoimmune rheumatic diseases (ARDs) have greater risk of PL. The Perinatal Grief Scale (PGS) can help health providers prevent complicated grief in their patients [3].

Objectives: Determine which PL and sociodemographic variables are associated factors to a complicated grief in women with ARDs.

Methods: Descriptive, cross-sectional, comparative study at the Hospital Universitario “Dr. José Eleuterio González” in México. We included women from the Pregnancy and Rheumatic Diseases Clinic (CEER) that answer a virtual survey with the PGS. The demographic, ARD and PL data were obtained from the clinical records. For the control group, women without ARD were invited to fill a virtual survey with the PGS, sociodemographic and PL data. The PGS is a Likert-type scale that consists of 27 items with four response options. The questions are distributed in four subscales: active grief (10 items), guilt (8 items), depression (8 items), acceptance (3 items). Scores greater than 50 points suggest a complicated grief comorbidity.

REFERENCES: NIL.

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

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The Kolmogorov-Smirnov test was used to determine normality; to analyze the differences between groups, Mann–Whitney U, Chi-square tests and T-test were employed. A p < 0.05 was considered statistically significant. The statistical analysis was performed with the statistical program SPSS version 25.

**Results:** A total of 50 women were included: 25 with ARD and 25 without ARD. The median age for the group with ARD was 42 (38.5–51) and 34 (26–42.5) for the without ARD group. In the ARD group the most frequent diagnosis was systemic lupus erythematosus (7/14%), rheumatoid arthritis (6/12%) and Antiphospholipid Syndrome (4/8%). For the PGS, twenty (40%) of the 50 women got a score >50; 11 (55%) were women without ARD and 9(45%) have ARD. The PL, suffered by these 20 women were 18 during the pregnancy (17/85% on the first trimester and 1/5% on the second trimester) and 2 (10%) after birth. No statistically differences were found in the total score and subscales of the PGS between groups. The sociodemographic and PL data and the PGS score for both groups are included in table 1.

**Conclusion:** Even though there were no significant differences between groups; we hypothesize that the greater number of PL in women with ARD serves as a protective factor and prevents that the PG evolve to a complicated grief. On the other hand, having the PL during the first trimester of the pregnancy can be a risk factor for complicated grief. Our limitation was the sample size for both groups.

**REFERENCES:**


**Table 1. Clinical characterization**

<table>
<thead>
<tr>
<th></th>
<th>Patients with ARD</th>
<th>Patients without ARD</th>
<th>P = 0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of education:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;9 years</td>
<td>21 (84%)</td>
<td>15 (60%)</td>
<td>0.114</td>
</tr>
<tr>
<td>&lt;9 years</td>
<td>4 (16%)</td>
<td>10 (40%)</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2 (8%)</td>
<td>2 (8%)</td>
<td>0.225</td>
</tr>
<tr>
<td>Married/Common law</td>
<td>20 (80%)</td>
<td>15 (60%)</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>3 (12%)</td>
<td>8 (32%)</td>
<td></td>
</tr>
<tr>
<td>Perinatal Losses</td>
<td></td>
<td></td>
<td>0.387</td>
</tr>
<tr>
<td>1</td>
<td>13 (52%)</td>
<td>17 (68%)</td>
<td></td>
</tr>
<tr>
<td>&gt;1</td>
<td>12 (48%)</td>
<td>3 (12%)</td>
<td></td>
</tr>
<tr>
<td>Number of pregnancies, median (IQR)</td>
<td>4 (2–5.5)</td>
<td>3 (2–3.5)</td>
<td>0.38</td>
</tr>
<tr>
<td>Number of living children, median (IQR)</td>
<td>2 (1–3)</td>
<td>1 (0.5–2)</td>
<td>0.123</td>
</tr>
<tr>
<td>PGS score, median (IQR)</td>
<td>43 (39–60.5)</td>
<td>46 (39–62.5)</td>
<td>0.587</td>
</tr>
<tr>
<td>PGS active grief subscale</td>
<td>13 (10–18)</td>
<td>14 (12–18.5)</td>
<td>0.355</td>
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<tr>
<td>PGS depression subscale</td>
<td>12 (10–19)</td>
<td>12 (10–22)</td>
<td>0.762</td>
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<tr>
<td>PGS guilt subscale</td>
<td>12 (9–18.5)</td>
<td>12 (8–17)</td>
<td>0.815</td>
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<tr>
<td>PGS acceptance subscale</td>
<td>6 (4–8)</td>
<td>7 (6–8)</td>
<td>0.347</td>
</tr>
</tbody>
</table>

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

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**Clinical cases**

**AB1847**

**ANTI-MYELOPEROXIDASE ANTIBODY-POSITIVE GRANULOMATOSIS WITH POLYANGITIS MIMICKING MUCOSAL LEISHMANIASIS: A RARE CASE REPORT**

**Keywords:** Autoantibodies, Descriptive Studies, Vasculitis

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**Background:** Granulomatosis with polyangitis (GPA) features necrotizing granulomatous inflammation of the upper and lower respiratory tracts, with vasculitis of small- and medium-sized vessels [1]. Anti-proteinase 3 antibodies (PR3-ANCA) are found in the majority of cases, yet anti-myeloperoxidase (MPO-ANCA) may be identified in approximately 10% of patients with GPA [2, 3]. One of the differential diagnoses is mucosal leishmaniasis, especially in patients from endemic regions. Atypical presentations of GPA may delay diagnosis.

**Objectives:** To report a case of a female patient previously diagnosed with and treated for mucosal leishmaniasis due to upper respiratory tract lesions. As the symptoms returned alongside arthritis, further investigation concluded to a diagnosis of anti-myeloperoxidase-positive GPA.

**Methods:** Case report and discussion.

**Results:** A 51-year-old woman from Brazil presented in 2021 with epistaxis and joint pain. The patient reported a prior history of recurring bilateral epistaxis and maxillary pain since 2008. At that time, she had a wide nasal septal perforation. CT scan of the sinuses showed maxillary and ethmoid sinusopathy. A nasal biopsy showed epithelioid granulomas without amastigotes, but the patient had a 25mm Montenegro skin test (strongly positive). Syphilis, hepatitis B, hepatitis C and HIV screenings and acid-fast bacilli smear were negatives. As Brazil is an endemic region for leishmaniasis, a presumptive diagnosis of mucosal leishmaniasis was made and the patient was appropriately treated. In 2016, she was lost to follow-up. In 2021, she returned with fever, epistaxis, important unspecified weight loss and arthralgia with edema in ankles, distal interphalangeal joints, metacarpophalangeal joints and wrists. Blood screening revealed an RCP of 9.5 and an ESR of 8. Urine tests were normal. A thoracic CT scan showed multiple lung nodular formations, including a subpleural nodule in the anterior lower right lobe, with a size of 3.8 x 3.1 x 2.9 cm. Lung histopathology revealed foci of poorly formed, non-neutrophilic granulomas in centrilobular parenchyma and angiitis in small-caliber arteries (image 1). Autoimmune screening revealed positive MPO-ANCA superior to 1/80 and negative c-ANCA, rheumatoid factor and anti-CCP. Thus, a diagnosis of GPA was made, and oral metrotrexate 20mg weekly was started. Improvement of arthritis could be observed in four weeks.

**Conclusion:** GPA may present upper respiratory tract symptoms, and is considered a differential diagnosis for mucosal leishmaniasis [4]. Recurrence of the symptoms in a patient treated for mucosal leishmaniasis should probe further investigation for other conditions. The renal system was spared in our patient, however nasal septal involvement, prominent sinusopathy, joint symptoms and pulmonary typical findings strongly favored the hypothesis of GPA. A positive MPO-ANCA and good therapeutic response following metrotrexate strengthened the certainty of the diagnosis. Physicians should be aware of GPA as a differential diagnosis for mucosal leishmaniasis and recognize its MPO-ANCA-positive presentation.

**REFERENCES:**


**Image 1:** H&E 100x (A) and 200x (B) section of pulmonary nodule showing lymphocytic bronchiolitis (A, red arrow) and angiitis, featuring sub-intimal thickening with neutrophil exudate, edema and segmental destruction of internal elastic lamina (B – 200x, white arrow). Alveolar hemorrhage is seen in (A).

**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

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**AB1848**

**ARTIFICIAL INTELLIGENCE IN THE CLINICAL SETTING OF THE RHEUMATIC DISEASES: A SYSTEMATIC REVIEW OF THE LITERATURE**

**Keywords:** Systematic review, Artificial Intelligence


