population of 5,242. A difference of 12.5 years was seen between the median age of rheumatology patients (61 years) compared to research participants (48.5 years)

Conclusion: From this random dataset analysis approximately 10% of the rheumatology population participated in research. The demographic profile of ethnicity and indices of deprivation were similar across both groups, however proportionately the research subgroup is younger and has higher representation of women compared to the rheumatology population. Limitations of this work include exclusion of research participants prior to the installation of the EPCR, incomplete documentation of research participation within EPCR and sample size limited to 10,000 of the rheumatology population. However, selection bias is reduced due to the large random sample size and generalisability and representativeness is an advantage of this. In view of the low uptake of research participation, it is very important to identify barriers to increasing engagement and involvement in research. Further research is warranted to explore if there are particular age groups that are underrepresented and establish reasons for lack of engagement of men in rheumatology clinical research.

REFERENCE:

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POS0206-HPR
POSTPARTUM DEPRESSION AMONG REPRODUCTIVE-AGE WOMEN WITH AND WITHOUT RHEUMATIC DISEASE: A POPULATION-BASED MATCHED COHORT STUDY

Keywords: Pregnancy and reproduction, Epidemiology, Spondyloarthritis

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Background: Postpartum depression is a psychiatric illness that occurs after the birth of a child and affects 12.5% of women in the United States (1) and 172% of women globally [2]. Women of reproductive age with rheumatic diseases (RD) are at increased risk of clinical depression [3]. However, research examining postpartum depression in women with RD is scarce.

Objectives: We examined postpartum depression among women with axial spondyloarthritis (axSpA), rheumatoid arthritis (RA), or psoriatic arthritis (PsA) compared to a matched population without RD in the United States.

Methods: A retrospective analysis using data from the 2013-2018 IBM MarketScan Commercial Claims and Encounters Database was conducted. Pregnant women with axSpA, RA, or PsA were identified, and the date of delivery was used as the index date. We restricted the sample to women ≤ 55 years with continuous enrollment ≥ 6 months before date of last menstrual period and throughout pregnancy (baseline period). Each patient was matched with four individuals without RD on: 1) maternal age at delivery; 2) prior history of depression; and 2) duration of depression before delivery. The outcome of interest was a diagnosis of depression within one year of the index date. Cox frailty proportional hazards models adjusting for sociodemographic and clinical characteristics in the baseline period were used to estimate the crude and adjusted hazard ratios and 95% confidence interval (CI) of incident postpartum depression among women with axSpA, RA, or PsA (axSpA/RA/PsA group) compared to the matched non-RD comparison group.

Results: Overall, 2,667 women with axSpA, RA, or PsA and 10,668 patients without any RD were included. The average age at baseline was 33 years (SD: 5.0), and nearly two in five women were older than 35 years. The median follow-up time in days was 256 (Interquartile range (IQR): 553) and 265 (IQR: 564) for the axSpA/RA/PsA and matched non-RD comparison groups. Development of postpartum depression was more common in the axSpA/RA/PsA group relative to the matched non-RD comparison group (axSpA/RA/PsA group: 17.2%; matched non-RD comparison group: 12.8%; adjusted hazard ratio: 1.22 [95% CI, 1.01 - 1.46]). Factors such as pre-existing comorbidities, maternal complications during pregnancy, and antidepressants use at baseline were associated with development of postpartum depression.

Conclusion: The rate of postpartum depression is significantly higher in women of reproductive age with axSpA, RA, or PsA compared to those without RD. Results from this study demonstrate that strategies to monitor postpartum depression after delivery in patients with RD must be developed and implemented to assure prompt referral of affected mothers for appropriate evaluation and treatment.

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POS0207-HPR
FEAR OF MOVEMENT MEDIATES THE RELATIONSHIP BETWEEN PAIN CATASTROPHIZING AND PHYSICAL FUNCTION IN PEOPLE LIVING WITH AXIAL SPONDYLOARTHRITIS: A CROSS-SECTIONAL MEDIATION ANALYSIS

Keywords: Pain, Spondyloarthritis, Patient reported outcomes

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Background: Axial spondyloarthritis (axSpA) typically affects the axial skeleton and sacroiliac joints causing patients to experience pain, reduced movement, and impaired physical function. A range of treatment options are available to help axSpA patients reduce pain and maintain physical function and thereby enhance health-related quality of life. The European Alliance of Associations for Rheumatology (EULAR) identified activity as integral to the management of inflammatory arthritides, however, the majority of people living with axSpA are not sufficiently active to maintain physical function [1]. According to the Fear-Avoidance Model of Pain, fear of movement and pain catastrophizing contribute to poorer physical function via reduced activity and disuse [2]. Yet to date, no research has tested the theorized mediating role of fear of movement in the relationship between pain catastrophizing and physical function in people living with axSpA.

Objectives: To examine the mediating role of fear of movement in the relationship between pain catastrophizing and physical function in people living with axSpA.

Methods: Participants (N = 98, 70% female, M Age = 45.62 SD 12.16) completed an online survey (December 2020 – May 2021) distributed in the United Kingdom via the National Axial Spondyloarthritis Society (n = 3,500; NASS, 2019). The Tampa Scale for Kinesiophobia (TSK-11) was used to measure fear of movement with participants rating 11-items from 1 (strongly disagree) to 4 (strongly agree). The Pain Catastrophising Scale (PCS) contains 13-items, each rated on a scale from 0 (not at all) to 4 (all the time). Both instruments have shown strong internal consistency in people living with axSpA [3,4]. The Bath Ankylosing Spondylitis Functional Index (BASFI) was used to assess physical function with higher scores indicating poorer function. Data were analysed using IBM SPSS (Version 28). The PROCESS SPSS macro was used, and interpretation made using the percentile bootstrap 95% confidence intervals from 5000 bootstrap samples. Standardised effects with values.01,.09, and.25 represent small, medium, and large effects [5].

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