HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

Keywords: Work-related issues, Fibromyalgia, Rheumatoid arthritis

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Background: Rheumatoid arthritis (RA) may have a negative impact on patients' autonomy, quality of life and work productivity. Associated fibromyalgia may further exacerbate this issue.

Objectives: We aimed to assess the impact of RA-associated fibromyalgia on occupational productivity.

Methods: We conducted a cross-sectional study including RA patients (2010 ACR/EULAR criteria). Patients were divided into two groups: group 1 (G1) including patients with fibromyalgia associated to RA, and group 2 (G2) including patients with RA. Fibromyalgia screening was based on the Fibromyalgia Rapid Screening Test (FIRST). All patients completed the following questionnaires: Workplace Activity Limitations Scale (WALS) which is composed of 11 items (total score varying between 0 and 33), Work Productivity and Activity Impairment (WPAI) and Euro-Qol (EQ-5D). We compared the two groups of patients using the Student's t-test. The significance threshold was set at a p value of 0.05.

Results: Our study included 80 patients (G1: N=40 and G2: N=40) with an average age of 59±9 years [42-77] for G1, and 53±10 years for G2 [37-74]. The gender-ratio was 0.50. All the patients in G1 and 80% of patients in G2 held a job. The mean RA duration was 112±9.8 years. RA was erosive and ACPA/RF positive in 90% and 85% of cases, respectively. The mean delay between fibromyalgia and RA diagnosis was 49±7 months. The mean Disease Activity Score 28 (DAS28_ESR) was 5 in G1, and 3.97 in G2. The reduction of work activity was greater in group 1 compared to group 2: the mean WALS in G1 was 18.2±7.2 vs 10.2±1.5 in G2; p= 0.01. The WPAI showed that the mean number of work hours missed due to RA was significantly higher in G1 compared to G2: 10.2±8 hours vs 4.3±0.8 hours (p< 0.01). The mean absenteeism rate was higher in G1 compared to G2: 2.19% in G1 vs 10.2±0.5% in G2 (p< 0.02). The percentage of overall impairment of health-related activity was higher in G1 compared to G2: 50±8.6% in G1 vs 30±4.4% in G2 (p= 0.01). The mean self-rated health status using the EQ-5D VAS was 72.08±7% in G1 and 48±3.5% in G2 (p=0.05). The most affected dimensions in the EQ-5D for both groups were in the first place pain and discomfort, and secondly mobility. Loss of autonomy was found in 7 patients (37.5%) in G1 and 3 patients (75%) in G2. Depression and/or anxiety occurred in 45% of cases in G1, and 22.5% of cases in G2, respectively.

Conclusion: Our study showed that RA-associated fibromyalgia has a negative impact on work performance and productivity. This association also seems to alter the quality of life.

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