



Figure c

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**Disclosure of Interests:** Servet Akar Grant/research support from: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Speakers bureau: Pfizer, Umut Kalyoncu Grant/research support from: MSD, Roche, UCB, Novartis and Pfizer, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Speakers bureau: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Ediz Dalkılı Grant/research support from: MSD and Abbvie, Consultant for: MSD, Abbvie, Roche, UCB, Pfizer and Novartis, Speakers bureau: MSD, Abbvie, Roche, UCB, Pfizer and Novartis, Hakan Emmungil Grant/research support from: MSD, Roche, Pfizer, Abbvie, Consultant for: Novartis, Roche, Speakers bureau: MSD, Roche, Pfizer, Abbvie, Celtrion, Novartis

DOI: 10.1136/annrheumdis-2019-eular.5674

## AB1393-HPR COMPARISON OF THE QUALITY OF LIFE, FUNCTIONAL AND EMOTIONAL STATUS OF INPATIENTS AND OUTPATIENTS WITH RHEUMATIC DISEASES

**Gamze Arın**<sup>1</sup>, Aybüke Seven<sup>1</sup>, Yasemin Özel Aslıyüce<sup>1</sup>, Aykut Özçadircı<sup>1</sup>, Fatma Birgül Kumbaroğlu<sup>1</sup>, Şule Apraş Bilgen<sup>2</sup>, Edibe Ünal<sup>1</sup>. <sup>1</sup>Hacettepe University Faculty of Physical Therapy and Rehabilitation, Ankara, Turkey; <sup>2</sup>Hacettepe University Faculty of Medicine, Department of Rheumatology, Ankara, Turkey

**Background:** Quality of life, function and emotional status of inpatients with rheumatic diseases may be estimated worse than outpatients. Previous studies had shown that there was a worsening in the emotional state of inpatients (1).

**Objectives:** The aim of this study is to compare the quality of life, functional and emotional status in inpatients and outpatients with rheumatic diseases.

**Methods:** The study included 78 patients (inpatient, n = 31; outpatient, n = 47) with rheumatic disease. The Health Assessment Questionnaire (HAQ) (2) and SF-36 (3) were used to evaluate the functionality and quality of life, and the Hospital Anxiety and Depression Scale (HADS) (4) was used to determine their emotional status. The variables were investigated using visual and analytical methods to determine whether or not they are normally disturbed. Since physical function, mental health and general health perception values of SF-36 and HADS-Anxiety were normally distributed, the Students T-test was used to compare these parameters between two groups. Physical role limitation, pain, social status, emotional difficulty, energy viability of SF-36, HAQ and HADS-Depression were not normally distributed. Thus, Mann-Whitney U test was used to compare these scores between two groups.

**Results:** The mean age of the subjects (n = 78) included in the study was 46.09 13.89 years and the mean BMI was 27.59 15.08. There was a significant difference in depression, anxiety and pain and social functioning sub-parameters of SF-36 (p <0.005) but there was no significant difference in other parameters (p > 0.005).

**Abstract AB1393HPR Table 1.** Comparison of the scores of inpatients and outpatients

	INPATIENTS (XSD)	OUTPATIENTS (XSD)	p
HAQ	0,930,82	0,890,68	0,152
HADS-Anxiety	9,873,8	8,215	0,022
HADS-Depression	9,935,02	7,474,34	0,006
SF-36 Physical Function	47,9428,42	48,3623,81	0,669
SF-36 Physical Role Limitation	27,533,7	27,6336,2	0,869
SF-36 Pain	33,6632,28	54,0721,42	0,011
SF-36 Social Status	39,5828,63	55,0627,09	0,032
SF-36 Mental Health	6121,8	62,7316,08	0,761
SF-36 Emotional Difficulty	31,1038,08	33,3243,83	0,717
SF-36 Energy Vitality	30,8320,63	43,2820,86	0,317
SF-36 General Health Perception	36,1621,68	47,4716,15	0,393

**Conclusion:** It was thought that during the period of admission to the hospital, inpatients should be supported in terms of pain management, social functioning and anxiety and, depression as well as taking medication. Besides, caregivers in hospitals should encourage inpatients with regard to maintaining physical activity.

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**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2019-eular.7315

## AB1394-HPR CAN SUPPORT FROM SIGNIFICANT OTHERS REDUCE SICKNESS ABSENCE IN EARLY RHEUMATOID ARTHRITIS?

**Maria Bergström**<sup>1</sup>, Örfan Dahlström<sup>2</sup>, Ingrid Thyberg<sup>3,4</sup>, Mathilda Björk<sup>1,4</sup>. <sup>1</sup>Linköping university, Department of social and welfare studies, Division of occupational therapy, Norrköping, Sweden; <sup>2</sup>Linköping university, Department of behavioural sciences and learning, Division of psychology, Linköping, Sweden; <sup>3</sup>Linköping university, Department of clinical and experimental medicine, Division of neuro and inflammation science, Linköping, Sweden; <sup>4</sup>Region stergtland, Department of rheumatology, Heart and medicine center, Linköping, Sweden

**Background:** Persons with rheumatoid arthritis (RA) are at higher risk of sickness absence, and the probability of returning to work is lower compared to the general population [1]. In order for persons with RA to continue working, support from the social environment is claimed to be of importance [2]. However, this relation needs to be further investigated.

**Objectives:** To analyze how support from significant others affects the associations between disease related variables (medication, disease activity and activity limitations) at time for RA diagnosis and sickness absence one year after diagnosis.

**Methods:** Data were collected from 326 (71% women) patients in working age (18-63 years) included in the Swedish early RA cohort TIRA-2 [3] during 2006-2009. At time of inclusion, mean age was 50 years (SD=11), 89% were prescribed disease modifying anti-rheumatic drugs (DMARDs), mean disease activity score 28 joint count (DAS28) was 4.73 (SD=1.34), and mean score for activity limitation reported by Health Assessment Questionnaire (HAQ) was 0.91 (SD=0.60). The number of days with sickness absence during the first year after diagnosis and inclusion was retrieved from the Swedish Social Insurance Agency. Perceived support from significant others, family and friends separately, were self-reported