

**AB1370-HPR COMPARISON OF SLEEP, FATIGUE AND SEXUAL PARAMETERS OF RHEUMATIC DISEASES**

Fatma Birgül Kumbaroğlu<sup>1</sup>, Gamze Arın<sup>1</sup>, Nur Banu Karaca<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:** Chronic pain, sleep, and fatigue are common complaints in rheumatic disease (1). However, each rheumatic disease has different characteristics. So that it can be thought that individuals can be affected by different diseases in different ways (2).

**Objectives:** The aim of this study is to compare sleep, fatigue and sexual parameters in different rheumatic diseases.

**Methods:** Individuals diagnosed with Rheumatoid Arthritis (RA), Ankylosing Spondylitis (AS) and Fibromyalgia (FMS) who applied to the Rheumatology Department of the Medical Faculty of Hacettepe University were included in the study. After the demographic characteristics of the individuals were recorded; sexual function, sexual willingness, fatigue, and sleep features were assessed with 11th, 27th, 29th and 30th items of BETY-Biopsychosocial Questionnaire (BETY-BQ) which is developed in rheumatic patients (3).

**Results:** 160 RA, 108 AS, and 131 FMS patients were included in the study. The scores of individuals on scales are shown in Table 1. There was no statistically significant difference among the three groups in terms of BMI ( $p>0.05$ ), while the mean age of RA patients was statistically different from the other two groups ( $p<0.05$ ). The sleep, fatigue and sexual parameters (sexual function, sexual willingness) were examined with Kruskal Wallis analysis. When analyzed in terms of differences according to RA, AS and FMS, the responses to sleep ( $p=0.015$ ) and sexual functioning ( $p=0.003$ ) were found different according to the diseases. However, there was no significant difference in the sexual willingness ( $p=0.248$ ) and fatigue ( $p=0.708$ ) related to the disease. Mann-Whitney U test was performed to test the significance of a pairwise difference using Bonferroni correction to adjust for multiple comparisons revealed that the difference between the groups was due to RA patients (Table 2).

**Abstract AB1370HPR Table 1.** Comparison of three groups.

	RA (n=160)	AS (n=108)	FMS (n=131)
Age	51.44±0.83	41.75±1.19	43.60±0.78
BMI	28.65±0.88	27.49±0.52	28.64±1.59
Fatigue	3.02±0.10	3.09±0.10	3.17±0.87
Sexual function	1.20±0.11	1.64±0.15	1.75±0.13
Sexual willingness	1.50±0.12	1.72±0.15	1.77±0.13
Sleep	2.12±0.12	2.42±0.15	2.64±0.12

**Abstract AB1370HPR Table 2.** Mann-Whitney U test

	p	
	No:27 Sexual function	No:30 Sleep
RA-AS	0.019	0.124
RA-FMS	<b>0.001</b>	<b>0.004</b>
AS-FMS	0.528	0.278

**Conclusion:** As a result, all the patients who participated in this study have sleep, fatigue and sexual problems. Although the mean age of RA patients is higher than other patients, it is quite interesting that they have less sleep and sexual function problems. On the other hand, it was expected that symptoms of RA and AS diseases due to their inflammatory nature would be worse than FMS. Moreover, it can be estimated that AS patients have spinal involvement and this situation may affect their sexual function, but FMS patients' results in terms of these parameters were unclear. It was concluded that the psychosocial characteristics were taken into consideration especially in FMS patients' sexual parameters, fatigue, and sleep features during the disease management.

**REFERENCES**

- Moldofsky, Harvey. "Rheumatic manifestations of sleep disorders." *Current Opinion in Rheumatology* 22.1 (2010): 59-63.
- Hurd, Kelle, and Cheryl Barnabe. "Systematic review of rheumatic disease phenotypes and outcomes in the Indigenous populations of Canada, the USA, Australia, and New Zealand." *Rheumatology international* 37.4 (2017): 503-521.
- Unal, Edibe, et al. "Effectiveness of a Biopsychosocial Exercise Approach in Rheumatic Diseases." *Arthritis & Rheumatology*. Vol. 70. 111 River St, Hoboken 07030-5774, Nj USA: Wiley, 2018.

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**AB1371-HPR EFFECTS OF MORNING STIFFNESS ON THE PSYCHOSOCIAL AND FUNCTIONAL STATUS OF PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS**

Fatma Birgül Kumbaroğlu<sup>1</sup>, Aykut Özçadırcı<sup>1</sup>, Selcan Demir<sup>2</sup>, Yelda Bilginer<sup>2</sup>, Edibe Ünal<sup>1</sup>, Seza Özen<sup>2</sup>. <sup>1</sup>Hacettepe University Faculty of Physical Therapy and Rehabilitation, Ankara, Turkey; <sup>2</sup>Hacettepe University Faculty of Medicine, Department of Pediatric Rheumatology, Ankara, Turkey

**Background:** Juvenile Idiopathic Arthritis (JIA) is a chronic childhood autoimmune disease that has significant implications on a child's physical health and psychosocial integration (1). Common symptoms of JIA include pain, joint stiffness, joint swelling, fatigue, and decreased physical function (2,3).

**Objectives:** The aim of this study is to investigate the effects of morning stiffness on the psychosocial and functional status of patients with JIA.

**Methods:** 387 JIA patients were included in this study. To determine the functional status of the patients' functional subscale of The Juvenile Arthritis Biopsychosocial-Questionnaire (JAB-Q) and Childhood Health Assessment Questionnaire (CHAQ) were used. Psychosocial subscale of JAB-Q was used to assess psychosocial status. Finally, morning stiffness was measured as "less than 30 minutes", "between 30 minutes and 1 hour" and "more than 1 hour".

**Results:** A total of 162 boys and 225 girls participated in the study (Table 1). The effect of morning stiffness on functional and psychosocial status was examined with Kruskal Wallis analysis. There were statistically significant differences between the functional status (CHAQ Total,  $p=0.001$ ; CHAQ General VAS,  $p=0.012$ ; CHAQ Pain VAS, 0.001; Function JAB-Q,  $p<0.001$ ) of the patients and the duration of morning stiffness. However, there was no significant difference between the duration of morning stiffness and psychosocial status. Mann-Whitney U test was performed to test the significance of a pairwise difference using Bonferroni correction to adjust for multiple comparisons revealed that the difference between the groups was due to the morning stiffness duration "less than 30 minutes" group (Table 2).

**Abstract AB1371HPR Table 1.** Descriptive statistics

	Mean ± SD
Age	12.50±3.67
BMI	19.93±4.34
Gender	
Female [n(%)]	225 (58.14)
Male [n(%)]	162 (41.86)

**Abstract AB1371HPR Table 2.** Mann-Whitney U test

	p		p	
	CHAQ Total	CHAQ (General VAS)	CHAQ (Pain VAS)	Function
1-	<b>0.004</b>	<b>0.003</b>	<b>0.001</b>	<b>0.002</b>
2				
1-	<b>0.004</b>	0.237	0.028	<b>&lt;0.001</b>
3				
2-	0.393	0.517	0.943	0.038
3				

1= <30 min morning stiffness, 2= 30 min-1 hour morning stiffness, 3= >1 hour morning stiffness

**Conclusion:** In our study, as a result psychosocial status was not affected by duration of morning stiffness. On the other hand, functionality of patients were getting worse as the duration of morning stiffness increases. It was concluded that psychosocial status should be dealt with independently of functional status, and children should be supported to participate in psychosocial environment such as school attendance, social activities.

**REFERENCES**

- Cassidy JT, Petty RE. Chronic arthritis in childhood. In *Textbook of pediatric rheumatology*. 5th edition. Edited by Cassidy JT, Petty RE, Laxer RM, Lindsley CB. Philadelphia, PA: Elsevier Saunders; 2005; 206-60
- Stanley LC, Ward-Smith P. The diagnosis and management of juvenile idiopathic arthritis. *J Pediatr Health Care* 2011;25:191-94.