

P34. Table I. Comparison of Quality of life by EQ-5D index and EQ VAS between participants with spondyloarthritis, low back pain and with no rheumatic diseases

	SpA n=92	CLBP n=1376	noRMD n=679	Adjusted p-value ^a SpA vs LBP	Adjusted p-value ^b SpA vs WRD
EQ-5D index (mean ± sd)	0.69±0.25	0.66±0.27	0.86±0.21	0.33	<<0.001
EQ VAS (mean ± sd)	65.28±18.1	60.92±19.86	75.69±17.64	0.925	<<0.001

SpA – Spondyloarthritis; LBP - low back pain; noRMD - no rheumatic disease.
^aadjusted for gender, age-group, NUTII, education level, employment status, body mass index category and number of noncommunicable Diseases
^badjusted for gender, age-group, NUTII, marital status and number of noncommunicable.

P34. Table II. EQ-5D domains in participants with spondyloarthritis, low back pain and with no rheumatic diseases

	SpA n=92	LBP n=1376	noRMD n=679
EQ-5D domains			
Mobility			
No problems	63 (68.48%)	849 (61.7%)	613 (90.41%)
Some problems	29 (31.52%)	522 (37.94%)	65 (9.59%)
Extreme problems	0 (0%)	5 (0.36%)	0 (0%)
Self-care			
No problems	82 (89.13%)	1156 (84.13%)	659 (97.2%)
Some problems	10 (10.87%)	211 (15.36%)	18 (2.65%)
Extreme problems	0 (0%)	7 (0.51%)	1 (0.15%)
Usual activities			
No problems	63 (68.48%)	927 (67.52%)	615 (90.56%)
Some problems	28 (30.43%)	421 (30.66%)	55 (8.1%)
Extreme problems	1 (1.09%)	25 (1.82%)	9 (1.33%)
Pain / discomfort			
No pain	35 (38.04%)	546 (39.74%)	516 (75.99%)
Moderate pain	54 (58.69%)	730 (53.13%)	154 (22.68%)
Extreme pain	3 (3.26%)	98 (7.13%)	9 (1.33%)
Anxiety / depression			
No problems	65 (70.65%)	958 (70.08%)	557 (82.52%)
Some problems	25 (27.17%)	369 (26.99%)	104 (15.41%)
Extreme problems	2 (2.17%)	40 (2.93%)	14 (2.07%)

SpA: Spondyloarthritis; LBP: low back pain; noRMD: no rheumatic disease.

P35

THE IMPACT OF SOCIOECONOMIC STATUS ON CLINICAL PARAMETERS IN FEMALE PSA PATIENTS

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Background and Aim. Psoriatic arthritis (PsA) is a chronic rheumatic disease associated with inflammatory arthritis and low quality of life. Different social status, which can often be ignored in daily practice, can adversely affect clinical parameters. In this study, it was aimed to investigate the effect of having different social status on the disease parameters in female patients with PsA.

Materials and Methods. Female patients with PsA, enrolled in a cohort created by the multi-centre TRASD-NETWORK in our country and met the CASPAR classification criteria were included in the study. They were divided into three

P35. Table I. Demographic and clinical characteristics of female patients with PsA.

	Married Mean±SD n:545	Single Mean±SD n:58	Widow + divorced Mean±SD n:65	p
Age (year)	47,9±11,2	34,7±13,5	53,7±12	<0,001
BMI (kg/m ²)	29,5±5,5	26,4±5,5	30,5±4,9	<0,001
Education n (%)				<0,001
Primary school	401 (74)	15 (26)	47 (72)	
High school	95 (17)	21 (36)	12 (18)	
University	49 (9)	22 (38)	6 (9)	
Smoking status n (%)				0,267
Never	381 (70)	41 (71)	38 (58)	
Ex-smoker	55 (10)	6 (10)	12 (18)	
Current smoker	109 (20)	11 (19)	15 (23)	
Peripheral-PsA n (%)				0,028
Yes	367 (67)	29 (50)	41 (63)	
No	178 (33)	29 (50)	24 (37)	
Psoriasis n (%)				0,27
Yes	443 (81)	49 (84)	48 (74)	
No	102 (19)	9 (16)	17 (26)	
Axial PsA n (%)				0,368
Yes	199 (37)	20 (34)	18 (28)	
No	346 (63)	38 (66)	47 (72)	
HLA B-27 (n:218), n (%)				0,994
Negative	154 (28)	15 (26)	22 (34)	
Positive	22 (4)	2 (3)	3 (5)	
Duration of PsA, year	5,9±7,1	5±4,8	8,7±9,9	0,006
Morning stiffness	38,9±48,8	45±57,6	45,3±42,7	0,58
VAS-pain (0-10)	5,1±2,5	4,8±2,7	5,6±2,8	0,204
VAS-fatigue (0-10)	5,5±2,7	4,7±3,3	6,4±2,3	0,004
PtGA (0-10)	4,9±2,4	4,7±2,6	5,4±2,4	0,156
PhGA (0-10)	4,1±2,1	4,1±2,5	4,5±2,1	0,295
TJC	8,2±9,5	8±9,8	10,6±12,2	0,241
SJC	3,5±4,2	2,3±2,4	4±3,3	0,377
BASDAI score	4,2±2,3	4±2,3	4,4±2,4	0,524
BASFI score	2,7±2,4	2,6±2,7	3,1±2,5	0,486
BASMI score	2±1,8	2,2±2	2,3±1,5	0,518
DAS28	3,5±1,2	3,3±1,2	4±1,2	0,004
ESH	21,9±14,5	22,2±17,4	27,9±16,3	0,009
MASES	3±3,4	2,9±3,4	2,8±3,6	0,9
PASI score	2,9±4,9	1,9±2,6	3±4,1	0,326
PsAQoL score	8,1±6,4	5,7±5,6	8,7±6,4	0,018
HAD Anxiety score	7,5±4,3	6,2±3,2	8,3±4,5	0,017
HAD Depression score	7,2±4,4	6,6±3,4	8,2±4	0,086
HAQ-DI score	0,5±0,5	0,3±0,5	0,6±0,5	0,003

PsA: Psoriatic Arthritis; BMI: Body Mass Index; VAS: Visual Analog Scale; PtGA: Patient Global Assessment; PhGA: Physician Global Assessment; TJC: tender joint count; SJC: swollen joint count; PASI: Psoriasis Area Severity Index; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index; BASFI: Bath Ankylosing Spondylitis Functional Index, BASMI: Bath Ankylosing Spondylitis Metrology Index; DAS-28: Disease Activity Score; ESR: Erythrocyte Sedimentation Rate; MASES: Maas-tricht Ankylosing Spondylitis Enthesis Score; PASI: Psoriasis Area Severity Index; PsAQoL: Psoriatic Arthritis Quality of Life; HAD: Hospital Anxiety and Depression; HAQ-DI: Health Assessment Questionnaire-Disability Index.

groups as married (n: 545), single (n: 58) and divorced/widowed (n: 65). Among the recorded demographic and clinical findings, Visual Analogue Scale (VAS) -pain, VAS-fatigue, Health assessment questionnaire (HAQ), Psoriatic arthritis quality of life (PsAQoL), Hospital Anxiety and Depression Scale (HAD), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Metrology Index (BASMI), Disease Activity Score-28 (DAS-28); Maastricht Ankylosing Spondylitis Enthesitis Score (MASES) and Psoriasis area severity index (PASI) scores were compared between groups. The SPSS 22.0 program was used to evaluate the statistical analysis. Comparisons between groups were made using Kruskal Wallis-H Test and Chi-square test. (p-value <0.05 was considered significant)

Results. A total of 668 female patients with PsA with a mean age of 47.3±12.2 and a BMI of 29.3±5.4 were included in the study. 81.6% of these patients were married, 8.7% were single and 9.7% were divorced/widowed. Fatigue, duration of illness, ESR, DAS28, PsAQoL score, HAD Anxiety score, HAQ score were significantly higher in divorced/widowed patients ($p<0.05$). There were no significant difference between groups in peripheral arthritis, enthesitis, spine involvement, morning stiffness, VAS-pain, PtGA, PhGA, TJC, SJC, BASDAI score, BASFI score, BASMI score, MASES scores.

Conclusion. In divorced or widowed patients, anxiety, fatigue, illness activity was higher, and their quality of life was found to be worse. These findings show that the social status of PsA patients should be taken into consideration during their treatment and follow-up.

P36

ASSESSMENT OF THE IMPACT OF THE COVID-19 PANDEMIC FROM THE PERSPECTIVE OF PATIENTS WITH RHEUMATIC DISEASES IN EUROPE: RESULTS FROM REUMAVID (FIRST PHASE)

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Introduction. The COVID-19 pandemic is an unprecedented public health crisis affecting people worldwide, including those with rheumatic and musculoskeletal diseases (RMDs).

P36. Table I. Disease and sociodemographic characteristics of the REUMAVID sample (n=1,800).

Variables	n (%) or mean ± SD
Rheumatic disease	
Axial Spondyloarthritis	670 (37.2)
Rheumatoid Arthritis	534 (29.2)
Osteoarthritis	310 (17.2)
Fibromyalgia	312 (17.3)
Psoriatic Arthritis	165 (9.1)
Osteoporosis	114 (6.3)
Systemic Lupus Erythematosus	97 (5.4)
Sjögren's Syndrome	104 (5.8)
Juvenile Idiopathic Arthritis	38 (2.1)
Gout	36 (2.0)
Peripheral Spondyloarthritis	50 (2.8)
Polymyalgia Rheumatica	13 (0.7)
Systemic Sclerosis (or Scleroderma)	30 (1.7)
Vasculitis or Arteritis	24 (1.3)
Myositis (Polymyositis, Dermatomyositis)	7 (0.4)
SAPHO (only captured in France)	15 (0.8)
Age	52.6 ± 13.2
Gender	
Male	355 (19.7)
Female	1442 (80.1)
Other	3 (0.2)
Educational Level	
No studies	20 (1.1)
Primary school	72 (4.0)
Secondary school	307 (17.1)
Vocational qualification	527 (29.3)
University	662 (36.8)
Master/Doctorate	212 (11.8)

Methods. REUMAVID is an international collaboration led by the Health & Territory Research group at University of Seville, together with a multidisciplinary team including patient organization and rheumatologists. The study consists of an online survey gathering data from patients with a diagnosis of 15 RMDs in Cyprus, France, Greece, Italy, Portugal, Spain and the United Kingdom. Participants are recruited by patient organizations. Data is collected in two phases: during the first peak of the COVID-19 pandemic (from early April to mid-July 2020), and during Spring 2021. This analysis presents descriptive results for the first phase.

Results. 1,800 RMD patients participated. Disease and sociodemographic characteristics are depicted in Table I. In total, 1.1% had tested positive for COVID-19, 10.8 % reported symptoms but were not tested, while 88.1% did not experience any symptoms. Access to care was limited with 58.4% being unable to keep the rheumatologist appointment, of which, 35.2% were cancelled by the provider and 54.4% was attended by phone or online. During the pandemic, 24.6% smoked and 18.2% drank more than before and 54.5% were unable to exercise at home. Indicators of wellbeing and mental health summarized in Table II. **P36. Table II.** Wellbeing and mental health status of REUMAVID participants (n=1,800, unless otherwise specified).

Variables	n (%) or mean ± SD
Self-perceived health status (n=1,786)	
Very good	125 (7.0)
Good	519 (29.1)
Fair	802 (44.9)
Bad	293 (16.4)
Very bad	47 (2.6)
Change in health status during lockdown (n=1,786)	
Much worse than before	182 (10.2)
Moderately worse	650 (36.4)
Same as before	843 (47.2)
Moderately better	97 (5.4)
Much better than before	14 (0.8)
Dissatisfaction with health status if prolonged in future months upon lockdown (n=1,421)	743 (52.3)
WHO-5 (0-100) (n=1,777)	50.7 ± 23.9
Poor wellbeing (WHO-5 ≤50)	870 (49.0)
Mental health (n=1,769)	
HADS Anxiety (0-21)	
No case (0-7)	756 (42.7)
Borderline case (8-10)	435 (24.6)
Case (11-21)	578 (32.7)
HADS Depression (0-21)	
No case (0-7)	958 (54.2)
Borderline case (8-10)	438 (24.8)
Case (11-21)	373 (21.1)

Conclusions. Results from the 1st phase of REUMAVID show disturbance of healthcare quality, substantial changes in harmful health behaviours and an unprecedented impairment of mental health in REUMAVID participants. REUMAVID will continue to collect information in order to assess the impact of the COVID-19 pandemic in people affected by RMDs across Europe.

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DETERMINANTS OF POOR WELLBEING DURING THE COVID-19 PANDEMIC IN PATIENTS WITH RHEUMATIC DISEASES IN EUROPE: RESULTS FROM REUMAVID (FIRST PHASE)

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Introduction. The COVID-19 pandemic has impacted wellbeing of patients with Rheumatic and Musculoskeletal Diseases (RMDs).

Methods. REUMAVID is an international collaboration led by the Health & Territory Research group at the University of Seville, together with a multidisciplinary team including patient organisations and rheumatologists. The study consists of an online survey gathering data from patients with a diagnosis of 15 RMDs in Cyprus, France, Greece, Italy, Portugal, Spain, and the United Kingdom. 1,800 participants were recruited between April and July 2020. Par-