

Figure 1.

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POS1464-HPR ASSESSMENT OF EMOTIONAL WELL-BEING IN RHEUMATIC PATIENTS DURING COVID-19 LOCKDOWN THROUGH A WEB-BASED SURVEY APPROACH

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Background: The severe measures of lockdown imposed in Italy to limit the SARS coronavirus 2 disease (COVID-19) spread caused an increase of reported anxiety, depression and suicidal rate among general population. Patients affected by rheumatic disorders feature an increased risk of mood disorders for the chronic course of the disease itself and for the related disability.

Objectives: Aim of this study was to investigate the impact of COVID-19 lockdown on emotional well-being of a large cohort of rheumatic patients through a telemedicine approach.

Methods: Patients in follow-up in rheumatologic out-patient clinics of our hospital were invited to participate to an online survey. They were asked also to invite their best friend, matched for age and sex, to participate the survey, as control group. The online survey included demographic questions and validated, psychometric scales for stress vulnerability (Stress Vulnerability Scale-SVS), resilience (Resilience Scale-RS), depression (Zung's depression questionnaire-Zung-D) and anxiety (Zung's anxiety questionnaire-Zung-A) evaluation.

Results: The cohort was composed by 484 subjects (84,1% F, 15,9% M). The number of subjects and the frequency of various diagnosis are shown in Table 1. According to the psychometric scales, 55,5% and 43,3% of subject showed respectively an increased stress vulnerability and a reduced resiliency. Moreover, 64% and 40,5% of the enrolled subjects reported respectively anxiety and depressive symptoms worthy of psychiatric attention. There was a significant different distribution of scores for SVS ($p<0,0001$), Zung-A ($p<0,0001$) and Zung-D ($p<0,0001$) among the various diagnosis. In comparison with controls, higher scores of SVS were present in connective tissue diseases (CTD) ($p=0,007$), Sjogren's Syndrome (SSJ) ($p=0,0029$) and fibromyalgia (FM) ($p<0,0001$) patients, higher scores of Zung-A were present in SSJ ($p=0,006$) and FM ($p<0,0001$) patients and higher scores of Zung-D were present in FM ($p<0,0001$) patients (Figure 1). Ordinal regression analysis showed that higher classes of anxiety were independently predicted by the Tension ($\beta=0,32$;CI=0,13-0,52; $p=0,003$) and Demoralization ($\beta=0,22$;CI=0,04-0,44; $p=0,046$) components of SVS and by the Zung-D score ($\beta=0,09$;CI=0,05-0,1; $p<0,001$), while higher classes of depression were independently predicted by SVS total ($\beta=0,17$;CI=0,03-0,30; $p=0,012$), by its subcomponent Demoralization ($\beta=0,22$;CI=0,01-0,43; $p=0,038$), by a lower absolute RS score ($\beta=-0,083$;CI=-0,1-0,06; $p<0,001$) and by the Zung-A score ($\beta=0,11$;CI=0,06-0,15; $p<0,001$). In both cases, a specific diagnosis was not associated to a higher risk of advanced anxiety and depression classes.

Conclusion: Rheumatic patients developed a high frequency of anxiety and depressive symptoms following COVID-19 lockdown, of which a large part should be referred for specialist attention according to their severity. There was a large variability of the symptoms reported among the various diagnosis. CTD, SSJ and FM patients were the most susceptible to the development of anxiety, depression and stress vulnerability. The application of psychometric scales

through a telemedicine approach represents a useful tool to identify patients with higher levels of anxiety and depression.

Table 1.

DIAGNOSIS	Frequency		Percent
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Controls	45	9,3	
RA	82	16,9	
PSA	21	4,3	
UA	4	0,8	
SPA	7	1,4	
CTD	70	14,5	
FM	79	16,3	
Myositis	8	1,7	
Behcet's	11	2,3	
Vasculitis	16	3,3	
APS	6	1,2	
Other AID	13	2,7	
SSJ	122	25,2	
Total	484	100	

RA: Rheumatoid Arthritis, PSA: Psoriatic Arthritis; UA: Undifferentiated Arthritis; SPA: Spondyloarthritis; CTD: Connective tissues diseases (including Systemic Lupus Erythematosus, Scleroderma, Undifferentiated Connectivitis, Mixed Connectivitis); FM: Fibromyalgia; APS: Anti-phospholipid syndrome; Other AID: Other autoimmune/inflammatory disorders (including Adult-onset Still disease, IgG4 related disease); SSJ: Sjogren Syndrome

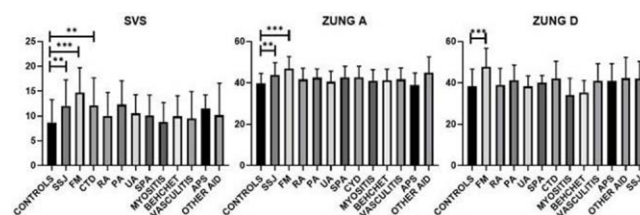


Figure 1.

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HPR Epidemiology and public health (including prevention)

POS1465-HPR THE RELATIONSHIP BETWEEN SEDENTARY BEHAVIOR AND SLEEP IN RHEUMATOID ARTHRITIS: A CROSS-SECTIONAL STUDY

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Background: Rheumatoid arthritis (RA) is a chronic, autoimmune inflammatory condition that affects 0.5% of the adult population worldwide (1). Sedentary behavior (SB) is any waking behavior characterized by an energy expenditure of ≤ 1.5 METs (metabolic equivalent) and a sitting or reclining posture, e.g. computer use (2) and has a negative impact on health in the RA population (3). Sleep is an important health behavior, but sleep quality is an issue for people living with RA (4, 5). Poor sleep quality is associated with low levels of physical activity in RA (4) however the association between SB and sleep in people who have RA has not been examined previously.

Objectives: The aim of this study was to investigate the relationship between SB and sleep in people who have RA.

Methods: A cross-sectional study was conducted. Patients were recruited from rheumatology clinics in a large acute public hospital serving a mix of urban and rural populations. Inclusion criteria were diagnosis of RA by a rheumatologist according to the American College of Rheumatology criteria age ≥ 18 and ≤ 80 years; ability to mobilize independently or aided by a stick; and to understand written and spoken English. Demographic data on age, gender, disease duration