THU0172 SLEEP QUALITY IN ELDERLY PATIENTS WITH RHEUMATOID ARTHRITIS SHOULD BE KEPT IN MIND

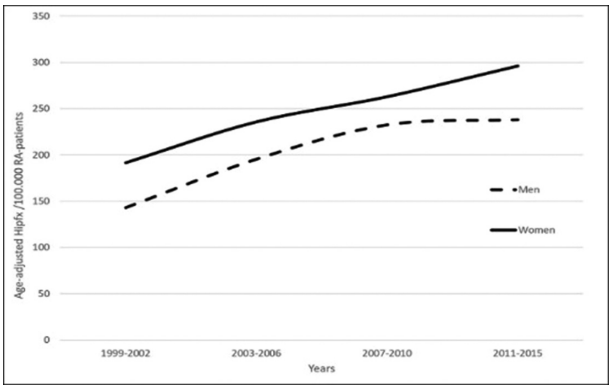
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Background: Sleep disturbance is one of the most important geriatric syndromes and its evaluation is part of the routine comprehensive geriatric assessment (CGA). Elderly patients with poor sleep quality are at risk of worse clinical outcomes such as falling, impairment of activities of daily living, depression and anxiety. Rheumatoid arthritis (RA) is an inflammatory disorder characterised by joint pain and may worsen sleep quality. Previous clinical trials in the literature have shown that elderly patients with RA have poorer sleep quality compared to younger patients. However, there is lack of data on sleep quality of elderly patients with RA.
Objectives: We aimed to investigate sleep quality of elderly patients with and without RA and also explore the effects of sleep quality on quality of life (QoL) and its association with disease activity.
Methods: This study was conducted in the Geriatric and Rheumatology outpatient clinics at a tertiary University Hospital. Fifty elderly RA patients diagnosed according to the ACR criteria and 30 age-matched controls without inflammatory arthritis were included in the study. All patients underwent CGA including evaluation of Basic Activities of Daily Living (ADL), Instrumental ADL, Yesavage Depression Scale (YDS), Mini-Mental State Examination, handgrip strength and Mini-Nutritional Assessment-Short Form. Sleep quality was assessed by Pittsburg Sleep Quality Index (PSQI), disease activity with Disease Activity Score 28 (DAS28-CRP) and QoL with RA QoL questionnaire (RAQoL).
Results: The median age was 70 years (min-max: 65–86) and 62.5% was female. Age, gender and co-morbidities, such as hypertension, coronary artery disease, osteoporosis, urinary incontinence, depression and chronic obstructive pulmonary disease, and comprehensive geriatric assessment parameters were similar between two groups. Diabetes mellitus frequency was higher in the control group compared to RA patients (43.3% vs. 22.0%, p=0.044). Median PSQI global score was higher in elderly patients with RA compared to controls [9 (min-max: 1–20) vs. 5 (min-max: 1–13), p=0.029), indicating poorer sleep quality. In elderly patients with RA, DAS28-CRP score significantly correlated with PSQI global (r=0.514, p<0.001) and RAQoL scores (r=0.493, p<0.001). PSQI global score also significantly correlated with RAQoL score (r=0.689, p<0.001), number of medication (r=0.324 p=0.022), handgrip strength (r=−0.370, p=0.017) and YDS score (r=0.417, p=0.005).
Conclusions: Our results suggest that elderly patients with RA may have poorer sleep quality compared to elderly control patients. Disease activity of RA had adverse effects on both sleep quality and QoL. In daily practice, when evaluating an elderly RA patient, sleep quality should also be assessed. Further studies are needed to investigate if management of sleep disturbances improve quality of life in elderly patients with RA.
Disclosure of Interest: None declared
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THU0173 TRENDS IN HIP FRACTURE INCIDENCE IN RHEUMATOID ARTHRITIS: A NATIONAL OBSERVATINAL COHORT STUDY

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Background: During the last 20 years there have been significant changes in the treatment of patients with rheumatoid arthritis (RA) and in the prevention and treatment of osteoporosis. The potential impact of these strategies on important outcomes as the incidence of hip fracture in RA is unknown.
Objectives: To analyse the incidence and trend of hospital admissions for hip fracture in patients with RA, in Spain, during the period between 1999 and 2015.
Methods: This is a retrospective population based study. We analysed a national administrative database that includes a Minimum Basic Data Set (MBDS) of hospital admissions of patients with RA. Period: 1999 to 2015. The hip fracture cases were identified by the presence in primary and secondary diagnosis of ICD 9 codes. The population at risk was estimated through the population census of the National Institute of Statistics, with an estimated prevalence of RA of 0.5%. The crude and adjusted rates of hip fracture were calculated. The trend was analysed using Generalised Linear Models (GLM) using the year variable as the analysis variable.
Results: Of a total of 338.343 admissions of patients with RA, 6.656 (2%) was due to hip fracture, 5.608 (84.2%) in women and 1.048 (15.7%) in men. The mean age was 77.54 (SD 9.6). Mean age increased linearly during the study period (from 75,3 years in 1999 to 79,9 in 2015). There was a total of 326 (4.9%) deaths during admission. The fracture age-adjusted rate during the study period was 243,66/100.000 RA-patients*year (245,24 in women and 198,05 in men). The fracture age-adjusted rate increased from 150.11/100.000*year in 1999, to 303.12 in 2015 (in both sex). In women from 134.71 in 1999 to 304.83 in 2015) and in men from 99.63 in 1999 to 268.5 in 2015). An annual increase in the fracture rate of 3.1% is estimated.



Conclusions: In Spain, during the period from 1999 to 2015, although the mean age has increased, the incidence of hip fracture has not been reduced. We estimate an annual increase of 3.1%.

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THU0174 SEXUAL FUNCTION OF WOMEN WITH RHEUMATOID ARTHRITIS IN COMPARISON WITH HEALTHY VOLUNTEERS

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Background: Rheumatoid Arthritis (RA) is one of the first diseases where quality of life (QoL) measurements are considered as a therapeutic goal. Sexual health is an important part of a quality of life. Persons with RA often experience decreased sexual health, due to pain, fatigue and physical disability.
Objectives: To assess the prevalence of sexual dysfunction in married women with RA and to compare it with a control group.
Methods: We conducted a cross-sectional study including seventy one married women with RA (ACR/EULAR Criteria), having sexual activity and seventy one, healthy volunteers women matched for socio-demographic characteristics. Sexual function was assessed by a self-reported questionnaire the Index of Female Sexual Function (FSFI).
The comparison of qualitative variables was performed with the Chi square test and the comparison of qualitative variable and quantitative ones was performed with the Student's test. The significance level was set at 0.05.
Results: The prevalence of female sexual dysfunction in women with RA and in controls was 49% and 23,9% respectively. There was a significant difference in the total FSFI score between patients and controls (24±6,7 versus 27,05±5,34; p=0,002). We found statistically significant differences between the two groups in dimensions of sexual function: desire (p=0,050), arousal (p=0,038) and satisfaction (p=0,024). However, no significant differences were found for pain (p=0,757), lubrication (p=0,069) and orgasm (p=0,083).
Conclusions: Our findings showed that RA adversely affects women's sexual function. The FSFI, easy and quick to use, could be proposed for the assessment of female sexual function to optimise the management of patients with RA.
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