was one of the questions in the interview, where the patients themselves elaborated on their answers.

Results: Of the included six SSc patients with PAH, 4 (67%) were female and 2 (33%) men with mean disease duration of 5 years since PAH diagnosis (Table 1). NYHA functional class varied from 1 (mild) to 4 (severe) with a median of 3. Patients reported fatigue (VAS) was the most prominent symptom (Figure 1), confirmed by the results from the interviews. This also lead to physical and psychological challenges in everyday life, and reduced HRQoL. The patients` were mostly satisfied with the nurses, but felt some nurses had not the time when the patients needed it the most. The patients also highlighted that they felt that some of the nurses did not have enough knowledge about the diagnosis. This led to patients` repetition and explanation why their oxygen level was reduced, why they had heavy breathing or why it was not possible to measure pulse or oxygen level on the fingers, due to reduces peripheral circulation. The patients` wish was also to be seen and understood by their caregivers and friends.

Conclusion: Our study revealed that fatigue was the main symptom causing reduced HRQoL. Moreover, we show the importance of educated expert nurses in the management of PAH in SSc and the inclusion of information to caregivers, patients and next of kin. Nurse's awareness about the symptom burden and unmet needs of patients with SSc-PAH is important to give the best possible patient care.

Table 1. Patient characteristics.

PATIENT	1	2	3	4	5	6
Gender	K	M	M	K	K	K
Age	32	77	73	67	59	63
SSc duration (y)	11	2	18	3	12	17
PAH duration (y)	6	2	12	2	4	10
PAH treatment	ERA PDE5 PGI2	ERA PDE5	ERA PDE5	ERA PDE5	ERA PDE5	ERA PDE5 PGI2
RHC – mPAP (mmHg)	52	40	60	75	35	61
NYHA Class	3	3	3 to 4	4	1	2 to 3

F: female; M: male; SSc: systemic sclerosis; PAH: pulmonary arterial hypertension; ERA: endothelin receptor antagonist; PDE5: Phosphodiesterase 5 inhibitor; PGI2: Prostacyclin pathway agonist; RHC: right heart catheterization at the time of PH diagnosis; mPAP: mean pulmonary arterial pressure; NYHA: New York Heart Association.

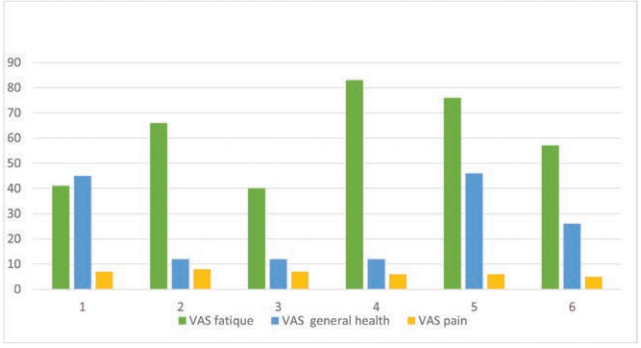


Figure 1. Overview of VAS-Scale, fatigue, general health and pain.

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AB1798-HPR FOOT ALTERATIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A 1-YEAR LONGITUDINAL STUDY

Keywords: Systemic lupus erythematosus, Patient reported outcomes

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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease mediated by autoantibodies, with involvement of various organs[1,2]. El 95% of patients with SLE have musculoskeletal involvement[1], most often in the form of arthralgias or non-erosive arthritis affecting mainly the hands and knees. Although the feet are equally affected and can result in significant disability, they have been little studied.

Objectives: To determine changes in foot involvement in patients with SLE after 12 months of follow-up.

Methods: Longitudinal case series. Thirty-six subjects with a diagnosis of SLE were consecutively recruited in the Rheumatology Unit between March and June 2021 and followed up at 12 months. Inclusion criteria were: patients with a diagnosis of SLE according to EULAR/ACR 2019 criteria, with at least one year of evolution and age equal to or older than 18 years. A Rheumatology nurse collected information on socio-demographic data and the questionnaires at baseline and at 12 months. The questionnaires were: SLEDAI (Systemic Lupus Erythematosus Disease Activity Index) and SLICC (Damage Index for Systemic Lupus Erythematosus), quality of life: EQ-5D, foot function: FFI (Foot Function Index), FAAM (Foot and Ankle Ability Measures Questionnaire), FAAM-Sport, FPI (Foot Posture Index). A descriptive analysis of the main variables, and a paired t-test or Wicoxon t-test, as appropriate, were performed between the baseline and 12-month follow-up visits.

Results: Thirty-six patients with SLE (97.2% women) with a mean (SD) age of 49.31 (11.4) years with a range 23-66 years participated. Regarding treatment a total of 22/36 patients (66.2%) had immunosuppressive treatment, 4/36 (11.1%) biological therapy and 26/36 (72.2%) hydroxychloroquine treatment. After 12 months of follow-up, the disease remained stable and there were no significant differences in the SLICC and SLEDAI indices of SLE. There were also no significant differences in the different foot questionnaires administered: FAAM, FAAM-Sport, FPI, FFI after 12 months of evolution. There was only a worsening in VAS EQ5D (p=0.028) although there was no significant change in EQ5D (p=0.773) (Table 1).

Conclusion: In SLE patients with stable disease over one year of follow-up, assessments of foot function and ability remain unchanged. It is important to integrate foot assessment into the joint evaluation because of the high impact on the patient's quality of life and patient functionality.

Table 1.

	Baseline (Mean± SD)	12 months (Mean± SD)	P value
EQ5D	0,54±0,25	0,55±0,23	0,773
EVAEQ5D	66,43±21,61	57,36±24,77	0,028
FFI	37,52±25,23	36,24±25,29	0,965
FAAM	0,65±0,23	1,05±2,57	0,322
FAAM-Sport	0,51±0,28	0,57±0,28	0,779
FPI rigth	2,33±2,19	2,37±2,21	0,324
FPI left	1,36±1,85	1,37±1,88	0,248
SLICC	0,86±1,45	0,72±1,16	0,257
SLEDAI	1,44±1,94	1,02±1,87	0,117

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AB1799-HPR COMPARISON OF EXERCISE CAPACITY, PHYSICAL ACTIVITY LEVEL, AND PERIPHERAL MUSCLE STRENGTH IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH HEALTHY INDIVIDUALS

Keywords: Systemic lupus erythematosus, Physical therapy/Physiotherapy, Quality of life

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Background: Systemic lupus erythematosus (SLE) is a chronic, autoimmune, inflammatory rheumatic disease that causes tissue damage through autoantibodies and immune complexes. Patients with chronic diseases such as SLE fall into a vicious circle. Fatigue and depression can negatively affect the quality of life and cause patients to stay at home and hence, be physical inactivity. As a result of physical inactivity; the exercise capacity and muscle strength of SLE patients can decrease.

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Objectives: The aim of this study is to investigate the physical activity, peripheral muscle strength, exercise capacity, sleep, fatigue, anxiety, and depression levels between patients with SLE and healthy individuals.
Methods: Twenty-six patients with SLE (32.5 (24.75/43.25) years) and 29 healthy individuals (30 (23/32) years) were compared. Exercise capacity (6-minute walk test (6MWT)), peripheral muscle strength (dynamometer), physical activity (the Xiaomi Mi Band 4 smart bracelet device), fatigue (Fatigue Severity Scale (FSS)), anxiety and depression (Hospital Anxiety Depression scale (HAD)), quality of life (SLE-specific QOL scale (SLEQoL)), and sleep (Pittsburgh Sleep Quality Index (PSQI)) were assessed.
Results: Demographic characteristics were similar in both groups except for cigarette consumption (pack*years) ($p>0.05$). 6MWT distance, peripheral muscle strength, physical activity level, SLEQoL, and PSQI scores were significantly lower; FSS and HAD scores were higher in patients with SLE ($p<0.05$). Moreover; the difference between post and pretest values of heart rate, dyspnea, fatigue, and quadriceps femoris muscle fatigue was higher in patients with SLE compared to healthy individuals.
Conclusion: Patients with SLE had lower exercise capacity, muscle strength, quality of life, and sleep quality, and higher fatigue, anxiety, and depression. In addition; These patients were physically inactive. Further studies are needed to investigate the effects and efficiency of these symptoms on patients with SLE.
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AB1800-HPR EVALUATION OF KNOWLEDGE AND PRACTICES OF PATIENTS WITH SPONDYLOARTHRITIS

Keywords: Spondyloarthritis, Patient information and education, Best practices

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Background: Spondyloarthritis is a chronic inflammatory rheumatic disease mostly affecting young adults, causing functional disability and impaired quality of life. Thus, patient education is a major component to improve their knowledge of the disease, therapeutic compliance and quality of life.
Objectives: The aim of this study is to evaluate the knowledge and practices of patients with spondyloarthritis and determine the factors associated with them.
Methods: This is an observational, descriptive, analytical and monocentric study, in patients followed up at Al Ayachi University Hospital in the Rabat-Sale region of Morocco. The study duration was from the beginning of May 2022 to the beginning of July 2022. The consent of the study population was free and informed. The participants were interviewed and voluntarily responded to a questionnaire drawn up by a team of rheumatologists, which includs socio-demographic information, prior knowledge and practices of patients with spondyloarthritis.We calculated a score of correct answers ranging between 0 and 10 for each patient.
Results: We recruited 100 patients with a mean age of 39.3 years ± 12.9, 59% were men and 17% were illiterate. 85% of the population came from an urban environment, and 79% were unemployed. 68% of the patients suffered from ankylosing spondylitis, 17% had psoriatic arthritis, 13% were affected by inflammatory bowel disease associated arthropathy and 2% had juvenile spondylarthritis. 31% of patients considered that the disease can affect young adults, wherein 43% reported a male predominance. 47% reported that the cause of the disease is genetic, 34% declared that it is related to immunity whereas entheses affection was known by 52% of patients. 81% find that therapeutic management helps prevent deformities and 97% see that it improves the quality of life. Furthermore, only 4% of patients knew that NSAIDs are a disease-modifying treatment and 7% were aware that pneumopathy could be a potential complication of Methotrexate. 73% of patients knew what a biologic drugs is, when biosimilar was only known by 10% of them, yet 45% knew that tuberculosis is one of the infections that can occur under biologic drugs. This study revealed that 63% of patients had a total score of correct answers superior to 5 (for a max score of 10) and 37% had a total score between 0-5.
Conclusion: Althought this study showed decent knowledge and good practices among the Moroccan patients with spondyloarthritis. The doctor-patient contact and the multimedia information as well as patients' associations remain as useful means to improve this knowledge.
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AB1802-HPR PAIN IN AXIAL SPONDYLARTHRITIS MAY NOT BE ALWAYS INFLAMMATORY

Keywords: Pain, Spondyloarthritis, Inflammatory arthritides

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Background: Many patients with axial spondyloarthritis (axSpA) report persistent pain even when treated with anti-inflammatory agents. Therefore, it can be hypothesized that this persistent pain may not be always entirely of inflammatory origin and additional pain mechanisms may play a role (1)
Objectives: To evaluate the frequency of central sensitization (CS) and neuropathic pain (NP) in patients with axial spondylarthritis (axSpA) and its relationship with disease activity and functional status.
Methods: Patients classified as axSpA according to ASAS 2009 criteria were included in this cross-sectional study. Presence of CS was evaluated with the CS inventory (CSI; a 25-item questionnaire that a score of ≥40 point scored out of 100 is positive for CS. Presence of depression and anxiety were evaluated with Hospital Anxiety and Depression questionnaire (HADS), and fibromyalgia syndrome (FMS) by ACR 2016 criteria. Neuropathic pain (NP) was assessed with DN4 (Douleur Neuropathique en 4 questions) questionnaire. In addition, the patients' BASDAI, ASDAS-CRP, BASFI, ASQoL, ASAS-HI/environmental scores were also calculated.
Results: 121 axSpA patients[102 (84.3%) radiographic axSpA, 74 (61.2%) male, mean age: 43.9 ± 10.6 years] were included in the study. Of our patients 84% were receiving biological therapy. Other characteristics of the patients are summarized in **Table 1**. CS was detected in 35 (28.9%), NP in 12 (10.1%) and FMS in 9 (7.7%) patients. Age and advanced treatment usage rates were similar between the groups. Among patients with CS the percentage of female was higher, there was no sex difference for patients with NP and FMS. Duration of the disease was shorter in the CS group. Pateints and physician global assessment of disease activity (PGA and PhGA recpectively), BASDAI, Leeds enthesitis *index* (LEI), ASQoL, ASAS-HI were found to be significantly higher in patients with CS and NP. In addition, BASFI and ASAS-HI environmental scores were worse in those with CS. While anxiety was higher in those patients with CS and NP according to the HADS questionnaire, the rates of depression were similar. Six (17.1%) patients with CS also had NP and 6 (50%) patients with NP had also CS. While all 9 patients with FMS had CS, only 2 had NP. CS severity and disease activity and quality of life scores showed a strong positive correlation **(Figure 1)**.
Conclusion: Approximately one-third of axSpA patients, most of which received advanced therapy, have CS and %10 of them have NP. Both quality of life and activity measures were found to be higher in patients who have CS. Therefore it should be kept in mind that in axSpA patients pain may not be always due to inflammatory origin of the disease, but may be due to non-inflammatory causes of pain.
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