AB1254 LOW-BACK PAIN CHRONICITY IN A PRIMARY CARE SETTING IS ASSOCIATED WITH MALADAPTIVE PSYCHOSOCIAL FACTORS, OTHER CHRONIC PAIN CONDITION AND HIGH LEVELS OF PAIN AT BASELINE

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Background: Low back pain (LBP) is the leading cause of disability in Portugal and worldwide. The majority of the patients use primary health care services but the treatment outcomes are unknown. Findings of prognostic studies indicate that a marked reduction in mean pain and disability is expected in the first 6-8 weeks, for acute or persistent LBP. Beyond that time frame period, improvement slows and thereafter the probability to develop a persistent disabling back pain condition improves. Therefore, it seems important to measure the patients' outcomes at this time-point to better assess the effectiveness of the care provided.
Objectives: This study aims to describe the short-term outcomes for LBP patients treated in a primary health care centre in Portugal and to identify the prognostic factors for non-recovery and poor health related quality of live (HRQoL).
Methods: 116 patients with LBP were consecutively recruited from 7 different primary care units in Portugal. Baseline assessment includes sociodemographic and clinical data, psychosocial factors, pain, disability, and HRQoL. Pain, disability and HRQoL were then assessed at 8-weeks follow-up. A Global Rating of Change Scale to assess patient perception of improvement with treatment was added in the follow-up reassessment. Recovery criteria were determined according to the Minimal Clinically Important Difference established for pain and disability (reduction of ≥30% from baseline). The EQ-5D,3L index was dichotomised into 'poor' HRQoL (<0.6) and 'good' HRQoL (≥ 0.6), based on a proposed cut-off for having sufficient capacity to be able to work for a population with LBP. The relationship between variables on baseline and non-recovery/'poor' HRQoL was modulated through logistic regression.
Results: Of the 116 participants enrolled, 110 completed the 8-weeks follow-up. (mean age of 48,06±11,41). Approximately half of the participants (53.4%) were acute presentations of LBP. The main treatment strategy was medication (83.5%), with only 8.3% of patients having been referred for physiotherapy. At 8 weeks follow-up, there were statistically significant improvements on pain, disability and HRQoL (p≤ 0.05). However, 38% of the patients reported they felt the same or worse, 76.4% had a poor HRQoL, and only half of the patients reached the established recovery criteria (49% in disability and 50% in pain). In the adjusted model, the probability of non-recovery (p≤0.05) was associated with the presence of maladaptive psychosocial factors (OR: 1.65, 95% CI 1.13-2.40, for pain; OR: 1.61, 95% CI 1.15-2.24, for disability), a chronic pain condition (OR: 1.71, 95% CI 1.33-1.88, for pain; OR: 1.76, 95%CI 1.43-1.89, for disability), and high levels of pain at baseline for pain (OR: 1.26, 95%CI 1.09-1.39). Poor HRQoL was associated to the female gender (OR: 1.88, 95%CI 1.61-1.96), chronic pain condition (OR: 1.68, 95%CI 1.03-1.89) and high levels of pain intensity at baseline (OR: 1.36, 95%CI 1.11-1.67).
Conclusion: These results suggest there is a room for improvement in the healthcare delivered to LBP patients in the Portuguese primary healthcare setting.
Disclosure of Interests: None declared
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AB1255 SELF-PERCEPTION OF CARDIOVASCULAR RISK IN RHEUMATOLOGIC DISEASES; CASE-CONTROL STUDY

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Background: Several immune-inflammatory diseases are associated with an increased prevalence of cardiovascular diseases. Risk reduction through improved control of traditional cardiovascular risk (CVR) factors and the adoption of healthy lifestyle behaviors are critically important to reduce the CVR, although the general population must be aware of their CVR to make healthy sound decisions. Individuals who perceive an increased risk are more likely to adopt behaviors to reduce it, such as smoking cessation, exercise, weight loss, and medication compliance.
Objectives: The aim of this study is to assess the awareness of the CVR in patients with/without rheumatic diseases (RD).
Methods: Observational, cross-sectional study was design. Subjects with RD attending an outpatient clinic were consecutively recruited (RA, SLE, PsA OA, Sjögren syndrome, fibromyalgia, scleroderma, osteoporosis and osteopenia). A complete clinical history was made and a self-applied questionnaire (Precaution Adoption Process Model) was used to assess the awareness of the CVR in patients with RD. Comparisons were made to controls without RD. Frequencies (%), media and median values (q25-q75) were used for descriptive analysis and Chi Square test for comparisons.

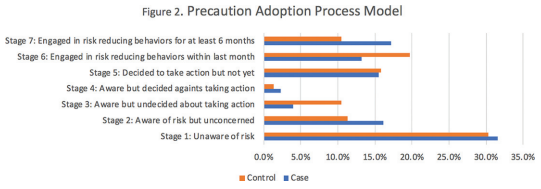

Figure 1

Results: 250 patients were included with 76 controls and 174 cases. Demographic characteristics shown in table 1. The majority of the patients located themselves in stage 1 of their CVR perception 31.6% in cases vs. 30.3% in controls (p>0.05), other results are shown in figure 2. In the case group, 69.5% have not made any changes to reduce their CVR and the same was seen in controls. Most of the individuals are unaware of their higher CVR even though they have traditional CVR factors. Only 30.5% of the group of RD have received information from a health care provider about their CVR.

Abstract AB1255 Table 1. Demographic Characteristics

	Rheumatic Diseases (n=167)	Controls (n=60)	*p*
Age, n (%)	58 (47-60)	51.5 (34-65)	**0.001**
Female, n (%)	156 (89.7)	51 (67.1)	**0.000**
Family history CVD, n (%)	79 (45.4)	29 (38.2)	NS
Hypertension, n (%)	43 (24.7)	16 (21.1)	NS
T2DM, n (%)	16 (9.2)	13 (17.1)	NS
Dyslipidemia, n (%)	52 (29.9)	26 (34.2)	NS
Myocardial infarction, n (%)	3 (1.7)	2 (2.6)	NS
Stroke, n (%)	5 (2.3)	0	NS
Kidney disease, n (%)	6 (3.4)	4 (6.6)	NS
Active smoking, n (%)	12 (6.9)	8 (10.5)	NS
Inactive lifestyle, n (%)	92 (52.9)	36 (47.4)	NS

Abstract AB1255 Table 2. Source of Information of Cardiovascular Risk

	Rheumatic diseases (n=167)	Controls (n=60)	*p*
None, n (%)	62 (35.6)	24 (31.6)	NS
Health care provider, n (%)	53 (30.5)	19 (25)	
Television, n (%)	18 (10.3)	8 (10.5)	
Magazine, n (%)	4 (2.3)	2 (2.6)	
Internet, n (%)	14 (8)	14 (18.4)	
Books, n (%)	0	1 (1.3)	
More than 1, n (%)	11 (7.7)	5 (5.3)	
No answer, n (%)	12 (6.8)	3 (3.9)	

Conclusion: Even though patients with RD have and increased CVR, most of the individuals perceived it the same as the control group. The majority of the individuals (69.5%) haven't made any changes to reduce their CVR and many of them didn't have any source of information about their CVR, and according to EULAR recommendations the rheumatologist is the one responsible. Therefore, they should commit to give a better education to their patients.

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AB1256 HIGH PREVALENCE OF DEPRESSION IN RHEUMATIC DISEASES: CASE-CONTROL STUDY

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Background: Prevalence of depression is higher in subjects with rheumatic diseases (RD) when compared to other general medical conditions. It's associated with chronic pain and long-term medical treatment. The Patient Health Questionnaire 9 (PHQ-9) is an extensively validated screening tool, with a negative predictive value of 99%; it has several advantages, like being self-applied and able to be used by any clinician. Currently there are no trials using this screening tool in Mexican rheumatic patients.
Objectives: To determine the prevalence of depression in a group of rheumatic subjects and compare it to non-rheumatic controls.
Methods: An observational, cross-sectional study was designed. Subjects with RD attending an outpatient clinic were consecutively recruited. A complete clinical history with information about exercise history, and the PHQ-9 screening tool were performed to every subject. Subjects without RD were recruited as controls. Descriptive analysis was done using frequencies (%) and median (q25-q75). Comparisons were done using Chi-square and Mann-U Whitney's test, considering only p<0.05 as significant.
Results: A total of 269 subjects were included. Demographic characteristics are shown in Table 1. In the RD group, a higher percentage were female (p<0.001) and had a higher median age (p<0.001). A higher prevalence of depression was found in the RD group (p<0.002). Regarding exercise history, subjects with an inactive lifestyle had a higher prevalence of depression (p<0.001). This remained significant after evaluating only subjects with RD (p<0.007) and controls (p<0.003).

Abstract AB1256 Table 1. Demographic Characteristics

	Rheumatic diseases (n=195)	Controls (n=74)	*p*
Female, n (%)	175 (89.7)	52 (70.3)	**<0.001**
Age, n (%)	58 (47-65)	46 (30-60)	**<0.001**
Hypertension, n (%)	46 (24.3)	18 (24.7)	NS
T2DM, n (%)	22 (11.7)	13 (17.8)	NS
Dyslipidemia, n (%)	59 (31.7)	23 (32.4)	NS
Active smoking, n (%)	11 (5.9)	8 (11.1)	NS
Inactive Lifestyle, n (%)	103 (55.1)	33 (48.5)	NS
RA, n (%)	106 (54.3)	-	-
OA, n (%)	32 (16.4)	-	-
LES, n (%)	7 (3.5)	-	-
Sjogren Syndrome, n (%)	7 (3.5)	-	-
Fibromyalgia, n (%)	9 (4.6)	-	-
Ankylosis spondylitis, n (%)	5 (1.9)	-	-
PsA, n (%)	3 (1.1)	-	-
Scleroderma, n (%)	4 (2)	-	-
Other RD, n (%)	22 (11.2)	-	-

Abstract AB1256 Table 2. Patient Health Questionnaire (PHQ-9)

Classification Cut-off point	Rheumatic diseases N=195	Controls N=74	*p*
Normal 0-5, n (%)	84 (43.1)	49 (66.2)	**0.003**
Mild 6-9, n (%)	41 (21)	11 (14.9)	
Major Depression ≥10, n (%)	70 (35.9)	14 (18.6)	

Conclusion: Patients with RD have a higher prevalence of depression than non-rheumatic controls (p<0.001). An inactive lifestyle was associated with a higher prevalence of depression in our cohort, both in RD subjects and in controls (p<0.001). This is the first study that evaluates the PHQ-9 screening tool in Mexican patients with RD. The physicians should be aware of it and use screening tools to detect depression disorders and provide an adequate treatment.

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AB1257 CARDIOVASCULAR RISK FACTORS IN GOUT COMPARED TO AS, PSA AND RA – RESULTS FROM A QUESTIONNAIRE STUDY

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Background: Increased risk for cardiovascular disease (CVD) is a hallmark for many rheumatic diseases including gout, ankylosing spondylitis (AS), psoriatic arthritis (PsA) and rheumatoid arthritis (RA). This is likely explained by a combination of increased occurrence of CVD risk factors (CVDRF) and chronic inflammation and in gout possibly by increased serum urate levels.
Objectives: To compare the prevalence of CVRFs and CVD in gout, AS, PsA and RA.
Methods: All individuals aged ≥18 years with at least one ICD-10 diagnosis of gout (M10), AS (M459), PsA (M073) and RA (M059/M060) recorded by a physician during a two year period (Jan 2015 through Feb 2017) were identified at 12 primary care centers and three rheumatology units in the Western Sweden Health Care Region. A total of 1589 gout, 1095 AS, 1200 PsA and 1246 RA subjects were sent a questionnaire which included questions on demographics, CVRFs (smoking, alcohol consumption, physical activity (PA)) and comorbidities (diabetes (DM), hypertension (HT), dyslipidemia (DL), acute coronary syndrome (ACS) and stroke). High alcohol intake was defined as >4 std drinks/week. Low PA was defined as ≤3 hours of moderate PA/week. Primary non-responders received a second mailing of the questionnaire. All prevalences were indirectly age standardized (IAS) to the population of Sweden 2017, due to the differences in age distribution between the diseases. Chi square test with significance level .05 was performed. IAS prevalences for BMI, PA, DM and HT for the general population (GP) was retrieved from the National public health survey from 2015 which was sent to more than 100 000 randomly selected citizens in Sweden aged 16-84.
Results: Response rates ranged from 53.6% (AS) to 59.6% (RA) and after excluding subjects who had not provided complete information on the evaluated variables we included 2437 individuals. The gout and RA