

Psychological Distress in Patients with Axial Spondyloarthritis in Europe. Results from the European Map of Axial Spondyloarthritis Survey

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Session Title: Spondyloarthritis Including Psoriatic Arthritis – Clinical Poster II: Clinical/Epidemiology Studies

Session Time: 9:00AM-11:00AM

Background/Purpose: To assess the association between sociodemographic characteristics, disease activity, and psychological distress in patients with axSpA.

Methods: Between July 2017 and February 2018, 2,846 axSpA patients participated in the patient survey of the European Map of Axial Spondyloarthritis (EMAS) across 13 countries. The General Health Questionnaire (GHQ-12), ranging from 0 to 12, using a score of ≥ 3 as a threshold for risk of psychological distress, was employed. Sociodemographic characteristics (age, gender, relationship status, educational level, job status), disease assessments (BASDAI, spinal stiffness ranging from 3-12, functional restriction in 18 daily activities), and diagnosis of depression and/or anxiety were collected. The chi-square independence test and Mann-Whitney tests were applied, and a level of significance of 5% was adopted, to compare those at risk of distress (GHQ-12 ≥ 3) and those not at risk of distress (GHQ-12 < 3). Rank-based test was applied to stiffness index, BASDAI and age to determine if their distributions were different based on level of distress. In addition, correlation between age, spinal stiffness and BASDAI scores with GHQ-12 scores were assessed using Pearson correlation coefficient. To assess the degree to which these factors explain the variance in distress scores, a stepwise forward regression was conducted.

Results: All variables, except educational level, showed significant univariate correlation with distress (Table 1). Total GHQ score showed a significant inverse correlation with age indicating that younger participants had greater distress scores ($r = -0.154$). Higher GHQ scores also showed significant positive correlation with spinal stiffness and BASDAI scores, implying that higher BASDAI scores and stiffness are associated with more distress ($r = 0.405$ and 0.201 respectively). From the regression analysis, explanatory variables were indicated as significant in the following order from higher to

lower explanatory power: BASDAI scores, anxiety, gender, job status, age and relationship status (Table 2).

Conclusion: In axSpA, clinical characteristics such as degree of disease activity and spinal stiffness are good predictors of psychological distress. Therefore, in patients with greater disease activity and more physical restriction, psychological evaluation and intervention should be considered as part of a holistic medical treatment.

Table 1. Sample characteristics according to the risk of distress GHQ-12 (N=2,846, unless other specified).

	No Risk of Distress (GHQ-12 < 3) (mean ± SD or %)	Risk of Distress (GHQ-12 ≥ 3) (mean ± SD or %)	P
Age, mean ± SD	46.39 ± 12.84	42.1 ± 11.48	<0.001
Sex, No. of men	43.9%	34.7%	<0.001
Having a couple, No. of participants (N=1,380)	63.9%	55.0%	0.002
Educational level, No. with university studies	47.2%	48.8%	0.596
Job Status	58.8%	46.1%	<0.001
- Employed	5.2%	14.8%	
- Temporary sick leave	9.0%	11.3%	
- Permanent sick leave	1.4%	1.6%	
- Early retirement			
BASDAI, (≥ 4), No.	49.7%	86.9%	<0.001
BASDAI, (0-10) mean ± SD (N=2,584)	4.57 ± 2.01	6.04 ± 1.77	<0.001
Stiffness index, (3-12) mean ± SD (N=605)	7.26 ± 2.53	8.06 ± 2.44	<0.001
Depression, No. (%)	8.8%	37.1%	<0.001
Anxiety, No. (%)	10.6%	41.9%	<0.001

Table 2. Stepwise regression model.

Regression Model	R ²	R ² adjusted	Change in R ²	Significance of change in R ²
BASDAI	,688	,687	,688	,000
BASDAI, Anxiety	,691	,690	,003	,002
BASDAI, Anxiety, Gender	,696	,695	,005	,000
BASDAI, Anxiety, Gender, job status	,697	,696	,001	,032
BASDAI, Anxiety, Gender, job status, age	,698	,697	,001	,028
BASDAI, Anxiety, Gender, job status, age, relationship status	,700	,699	,002	,006

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