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Background: Depression and other mental disorders are among the most prevalent comorbidities in patients with axial spondyloarthritis (axSpA).

Objectives: To assess the association between sociodemographic characteristics, disease progression, and mental health comorbidity with risk of mental disorders (RMD).

Methods: In 2016 a sample of 680 axSpA patients was interviewed as part of the Spanish Atlas. To quantify the RMD, GHQ-12 scale was employed. Possible RMD predictors taken into account in the analysis were: sociodemographic characteristics (age, gender, being part of a couple, patient association membership, job status); disease characteristics (BASDAI, spinal stiffness, functional limitation in 18 daily activities; and mental health comorbidities. All clinical variables showed a Cronbach's alpha coefficient guaranteeing the reliability of the scales used. First, a descriptive analysis was employed to describe the sample and study variables. Second, univariate correlation and homogeneity analyses between each predictor (independent variable) and RMD (GHQ-12) were performed.

Results: All variables except educational level and thoracic stiffness showed significant univariate correlation with RMD. BASDAI, functional limitation and age showed higher coefficient ($r=0.543$, $p<0.001$; $r=0.378$, $p<0.001$; $r=-0.174$, $p<0.001$, respectively).

Multiple hierarchical regression analysis showed as sociodemographic variables explained in great detail the RMD ($R^2=83.2\%$). By contrast, having established sociodemographic as a control variable, the inclusion of depression and anxiety to the model increased the R^2 value to just 0.6% ($p<0.001$), while the inclusion of variables related to the disease characteristics add 5.5% ($p<0.001$) to the GHQ-12 punctuation variability. The only variables presenting a significant coefficient different from 0 were BASDAI (0.52, $p<0.001$) and functional limitation (0.14, $p<0.01$). This suggests that once the sociodemographic and mental comorbidity variables are established, a change in BASDAI levels or functional limitation impacts the GHQ-12 score.

In the stepwise regression analysis, four variables (BASDAI, functional limitation, association membership, cervical stiffness) showed a significant relation to GHQ-12 and explained the majority of RMD variability. BASDAI displayed the highest explanatory degree ($R^2=0.875$, $p<0.001$).

Abstract AB0874 – Table 1. Sample characteristics (n=474, unless other specified)

Variables	Values (means \pm SD or percentage)
Age, mean \pm SD	45.43 \pm 10.78
Sex, No. of men	233 (49.2%)
Having a couple, No. of participants (N=444)	386 (86.9%)
Education level, No. of university studies	185 (39.3%)
Job status, No. of unemployed	68 (14.4%)
Association Membership	227 (47.9%)
BASDAI, (0-10) mean \pm SD (N=442)	5.49 \pm 2.17
Cervical stiffness, No. (N=447)	201 (45.0%)
Thoracic stiffness No. (N=435)	186 (42.8%)
Lumbar stiffness No. (N=458)	288 (62.9%)
Functional Limitation, (0-54) mean \pm SD (N=473)	27.54 \pm 12.78
Depression, No. (%) (N=474)	99 (20.9)
Anxiety, No. (%) (N=474)	134 (28.3)
GHQ-12, (0-36) mean \pm SD	18.30 \pm 8.01

Conclusions: In axSpA, patients at certain sociodemographic levels are more prone to present a higher BASDAI. Taking these conditions for granted, the degree of disease progression measured by BASDAI is a good indicator of RMD. Therefore, in those patients with higher disease activity, psychiatric evaluation and intervention should be considered within the medical treatment.

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