ABSTRACT NUMBER: 998

Mental Health in Patients with Axial Spondyloarthritis: Increasing Our Understanding of the Disease. Results from the Spanish Atlas

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Meeting: 2017 ACR/ARHP Annual Meeting

Date of first publication: September 18, 2017

Keywords: mental health, psychological well-being and spondylarthritis

SESSION INFORMATION

Date: Monday, November 6, 2017

Session Type: ACR Poster Session B

Session Title: Epidemiology and Public Health Poster II: Rheumatic Diseases Other than Rheumatoid Arthritis

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

Background/Purpose: This study's aim was 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, Goldberg's General Health Questionnaire (GHQ-12) scale was employed. Possible RMD predictors analysed were: sociodemographic characteristics (age, gender, being part of a couple, patient association membership, job status); disease characteristics (BASDAI, spinal stiffness ranging from 0-3, functional limitation in 18 daily activities ranging from 0-3); and mental health comorbidities (depression and anxiety). 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, we performed univariate correlation and homogeneity analyses between each predictor (independent variable) and RMD (GHQ-12). Third, selection of variables that showed statistical significance in the univariate analyses in order to conduct a multiple hierarchical and stepwise regression analysis.

Results: All variables except educational level and thoracic stiffness showed significant univariant correlation with RMD. BASDAI, functional limitation and age showed higher coefficient (R = 0.543, R = 0.378, R = -0.174, 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 increase 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 = 0.000) to the GHQ-12 punctuation variability. The only variables presenting a significant coefficient different from 0 were BASDAI (0.52, p = 0.000) and functional limitation (0.14, p = 0.004). This suggests that once the sociodemographic and mental commorbidity variables are established, a change to 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).

Table 1**.** Sample characteristics (n = 474, unless other specified).

Variables	Values (means ± SD or percentage)
Age, mean ± SD	45.43 ± 10.78
Sex, No. of men	233 (49.16%)
Having a couple, No. of participants (N=444)	386 (86.94%)
Education level, No. of university studies	185 (39.30%)
Job status, No. of unemployed	68 (14.35%)
Association Membership	227 (47.89%)
BASDAI, mean ± SD (N=442)	5.49 ± 2.17
Cervical stiffness, No. (N=447)	201 (44.97%)
Thoracic stiffness No. (N=435)	186 (42.76%)
Lumbar stiffness No. (N=458)	288 (62.88%)
Functional Limitation, mean ± SD (N=473)	27.54 ± 12.78
Depression, No. (%) (N=474)	99 (20.89)
Anxiety, No. (%) (N=474)	134 (28.27)
GHQ-12, mean ± SD	18.30 ± 8.01

Conclusion: 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 with higher disease activity, psychiatric evaluation and intervention should be considered within the medical treatment.

Disclosure: M. Garrido-Cumbrera, None; **V. Navarro-Compán**, None; **D. Galvez-Ruiz**, None; **C. J. Delgado Dominguez**, None; **P. Font-Ugalde**, None; **O. Brace**, None; **P. Zarco**, None; **J. Chacon-Garcia**, None; **P. Plazuelo-Ramos**, None.