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IMPACT OF AXSPA ON WORKING LIFE: RESULTS FROM 233 PATIENTS OF THE RUSSIAN FEDERATION PARTICIPATING IN THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS (EMAS)

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Background:

Axial spondyloarthritis (axSpA) has been shown to impact patients' (pts) professional opportunities, employment status and work productivity [1].

Objectives:

To evaluate employment status, work-related issues and their interrelation with the disease-related characteristics among Russian axSpA pts.

Methods:

The European Map of Axial Spondyloarthritis (EMAS) was a cross-sectional on-line survey of pts with self-reported axSpA conducted in 13 European countries. Russian participants were recruited between Dec 2017 and Feb 2018 through the Russian Ankylosing Spondylitis Association and an online panel. Socio-demographic, BASDAI, psychological distress (GHQ-12), working status and work-related issues (e.g. taking sick leave, difficulties fulfilling or reducing working hours, etc.) were assessed.

Results:

233 Russian pts participated in EMAS. The mean age was 36.7±9.1 years, 51.9% were female, and the mean disease duration was 12.4±9.5 years. Of the 233, 226 reported their employment status and productivity, of which 73.45% were employed, 12.39% were unemployed, 4.42% were on sick leave, 3.54% were homemakers, 2.21% were retired, 2.21% were on early retirements, 1.77% were students. Of the 160 pts, who reported their occupation, 73 (45.63%) were employed and had jobs requiring higher education qualifications, 39 (24.38%) had management positions, 23 (14.38%) were skilled manual workers and 12 (7.50%) were skilled non-manual workers, 3 (1.88%)

were occupied in armed forces, 3 (1.88%) pts worked as unskilled workers. 124 (76.54%) of 162 pts survey respondents declared to have suffered work issues related to their disease in the 12 months prior to the survey. The most common work-related issue was difficulty fulfilling working hours in 69 (56.56%), followed by taking sick leave 49 (40.16%) and asking for days off 44 (36.07%) out of 122 pts. Pts who reported any type of issues at work had higher BASDAI and psychological distress (GHQ-12 score) (**table 1**). 145 (76.32%) out of 190 responded pts reported that their choice of workplace had been influenced by the disease (68.25%).

Table 1. BASDAI and GHQ-12 by work-related issues and difficulty fulfilling working hours due to axSpA.

Any type of issue at work	BASDAI			GHQ-12		
	Mean	SD	N	Mean	SD	N
No	3.14*	1.93	38	2.95*	3.39	38
Yes	4.97*	2.08	124	6.53*	3.76	124
Difficulty fulfilling working hours						
	Mean	SD	N	Mean	SD	N
No	4.53**	2.15	55	5.49**	3.80	55
Yes	5.32**	1.96	69	7.36**	3.54	69

* Mann-Whitney test p-values < 0.001

** Mann-Whitney test p-values < 0.05

Conclusion:

Results from the Russian sample of the EMAS survey highlight the impact of axSpA in working life. Patients with any type of work-related issue mark above the cut-off point of BASDAI and GHQ-12, so work-related issues are associated to a status of high disease activity and a risk of poor mental health. Among all work-related issues surveyed, the presence of presenteeism (measured by difficulty fulfilling working hours) is associated to both a clinical and significant increase in disease activity through BASDAI.

References:

van Lunteren, M., et al. <https://doi.org/10.1093/rheumatology/kex365>.

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