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POS1462-HPR

### VALIDITY AND PSYCHOMETRIC CHARACTERISTICS OF THE PSORIATIC ARTHRITIS QUALITY OF LIFE (PSAQOL) QUESTIONNAIRE IN TURKISH POPULATION

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**Background:** Psoriatic Arthritis Quality of Life (PsAQoL) questionnaire was developed to measure quality of life (QoL) in patients with psoriatic arthritis (PsA) (1).

**Objectives:** The aim of the study was to assess validity and psychometric properties of the PsAQoL questionnaire.

**Methods:** The translation-back translation method by a bilingual panel was used to translate the original PsAQoL into Turkish (2). Face and content validities were evaluated via cognitive debriefing interviews with 10 PsA patients. Then, patients with PsA according to CASPAR criteria were recruited to assess feasibility, missing data, floor and ceiling effect, reliability, and construct validity. Reliability was assessed by internal consistency. Construct validity was investigated by convergent and divergent validity by assessing the PsAQoL's relations with QoL and non-QoL parameters. For this purpose, demographics, clinical characteristics (shown in Table 1), survey data including PsAQoL, Short form 36, visual analog scales for pain and fatigue, Health Assessment Questionnaire, and Hospital Anxiety and Depression Scale results were recorded.

**Results:** One hundred and sixty-two patients were recruited and 74 of them had axial PsA. Cognitive debriefing showed the Turkish version of PsAQoL to be clear, understandable, and relevant. It was easy to complete and calculate, with the 3 minutes and 20 seconds, respectively. The Cronbach's alpha coefficient for internal consistency was 0.930. The questionnaire presented no floor or ceiling

**Table 1. Spearman's correlation coefficients of PsAQoL with the other parameters for construct validity**

Convergent	Divergent				
	Rho	Clinical Parameters	Rho	Surveys	Rho
SF-36 subscales					
Physical component	-0.744**	Age	0.150	BASDAI (n:74)	0.355**
Mental component	-0.731**	Disease duration	0.014	VAS Pain	0.408**
Physical functioning	-0.629**	Tender joint count	0.262**	VAS Fatigue	0.447**
Physical role limitations	-0.640**	Swollen joint count	0.170*	HAQ	0.533**
Emotional role limitations	-0.576**	MASES	0.152	HADS Anxiety	0.535**
Vitality	-0.657**	PASI	-0.032	HADS Depression	0.517**
Emotional well-being	-0.590**	DAPSA	0.409**		
Social functioning	-0.591**	DAS28	0.322**		
Pain	-0.535**	BASMI (n: 61)	0.032		
General health	-0.536**				

\*\* p<0.001, \*p: 0.001-0.049. PsAQoL: Psoriatic Arthritis Quality of Life, SF-36: Short Form 36, MASES: Maastricht Ankylosing Spondylitis Enthesitis Score, PASI: Psoriasis Area Severity Index, DAPSA: Disease Activity in Psoriatic Arthritis, DAS28: Disease Activity Score 28, BASMI: Bath Ankylosing Spondylitis Metrology Index, BASDAI: Bath Ankylosing Spondylitis Disease Activity Index, VAS: Visual analog scale, HAQ: Health Assessment Questionnaire, HADS: Hospital Anxiety and Depression Scale.

effect (<15% for both) and no missing data. PsAQoL showed good correlations with the QoL scales indicating its convergent validity and moderate to non-significant correlations with the non-QoL parameters supporting its divergent validity (Table 1).

**Conclusion:** The Turkish version of the PsAQoL is a valid and disease-specific instrument with good psychometric characteristics to assess PsA-specific QoL.

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### IMPACT OF COVID-19 PANDEMIC ON DISEASE ACTIVITY AND EMOTIONAL WELL-BEING AMONG RHEUMATOID ARTHRITIS PATIENTS: A TELEMEDICINE STUDY

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**Background:** By the beginning of March 2020, the pandemic of the novel coronavirus disease (COVID-19) imposed severe lockdown measures opposing the viral spread, limiting non-COVID patients' access to hospitals. Previous reports suggest that Rheumatoid Arthritis (RA) patients may experience a worsening of self-reported disease activity following natural disasters. Moreover, RA patients are at increased risk of mood disorders, such as depression and anxiety. An increase of depressive symptoms, anxiety and suicidal rate has been recently reported as result of the lockdown in response to COVID-19.

**Objectives:** Aims of this study were to investigate the impact of the lockdown measures on disease activity and emotional well-being among patients affected by RA, through a telemedicine approach.

**Methods:** Patients followed in the "Early Arthritis Clinic" of our hospital were invited to participate to an online survey. They were asked also to invite their best friend (BF), matched for age and sex, to participate the survey, as control group. Moreover, clinical records from the same "Early Arthritis Clinic" cohort were used as pre-pandemic group. The online survey included demographic questions and, for RA patients, the evaluation of perceived pain (P-VAS) and disease activity (DA-VAS) on a scale of 1-10 as well as Rheumatoid Arthritis Disease Activity Index-5 (RADAI-5), a validated self-reported disease activity measure. Both RA patients and BF responded also to validated, psychometric scales for stress vulnerability (Stress Vulnerability Scale-SVS), resilience (Resilience Scale-RS), depression (Zung's depression questionnaire-Zung-D) and anxiety (Zung's anxiety questionnaire-Zung-A) evaluation.

**Results:** The cohort was composed by 76 RA patients who answered the survey, 32 BF and 170 RA patients from historical cohort. There were no differences in demographic characteristics, SVS, RS, Zung-D and Zung-A between RA patients and BF. RADAI-5 correlated positively with SVS (r=0,29;p=0,01), P-VAS (r=0,8;p<0,0001) and DA-VAS (r=0,8;p<0,0001) and negatively with RS (r=-0,23;p=0,04). Patients with higher disease activity showed higher classes of Zung-D (p=0,03) and SVS (p=0,006), and lower classes of RS (p=0,001). P-VAS was the only significant predictor of RADAI-5 (β=0,83;CI=0,53-0,76;p<0,001), and the concordance between RADAI-5, P-VAS and DA-VAS was high (K=0,94;p<0,001). Compared with the historical cohort, RA patients involved in the survey showed higher frequencies of moderate and elevated disease activity classes (p<0,001;Figure 1) despite there were no differences in P-VAS and DA-VAS.

**Conclusion:** These results suggest that lockdown did not affect differently emotional well-being of RA patients compared to healthy subjects. RA patients with elevated disease activity report higher stress and depressive symptoms, and SVS and RS may be useful to identify patients at higher risk. The higher self-reported disease activity measured through RADAI-5 may be the result of an overestimation of disease severity by patients, which depends mostly from pain. This should be considered in the assessment of disease activity through telemedicine.