

Results: 96 women were included: 48 with ARD and 48 without ARD. The median age was 27 (IQR 24 – 32). In both groups, 24 were reproductive-age women and 24 were pregnant-postpartum women (18/ 75% postpartum and 6/ 25% pregnant). In the ARD group, the most frequent diagnoses were rheumatoid arthritis (22/ 46%) and systemic lupus erythematosus (20/ 42%). The sociodemographic characteristics and HITS results are in **table 1**. 18 (19%) women suffered IPV: 11 (23%) women without ARD and 7 (15%) women with ARD (**figure 1**); in both the most reported item was being insulted (10 without ARD vs 7 ARD) followed by being screamed (6 without ARD vs 6 ARD). Threatened with harm was reported in 3 ARD women while physical hurt was reported in 3 women without ARD. We found significant differences between the HITS scores of ARD women and women without ARD ($p= 0.007$). No differences in IPV frequency in women without ARD and in the ARD group were found ($p= 0.433$). Overall, more pregnant-postpartum women were identified as IPV victims than reproductive-age women ($p= 0.433$).

Conclusion: Pregnant and postpartum women are prone to report IPV than women of reproductive age. The current rise in IPV requires us to actively participate in research to prevent complications in pregnant and postpartum patients with ARD.

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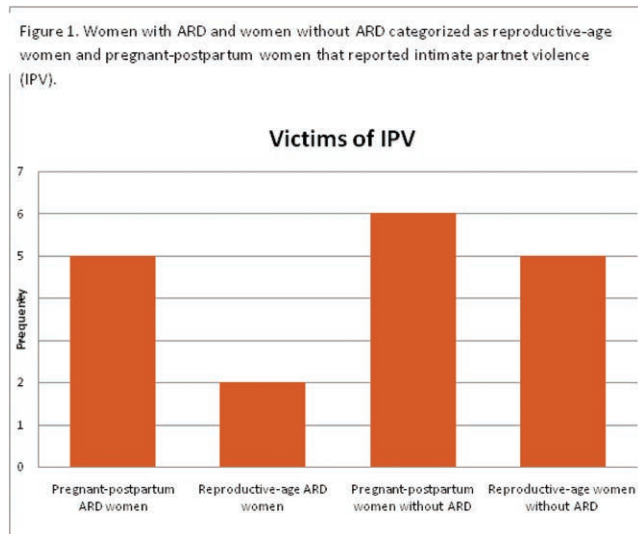


Table 1. Sociodemographic characteristics and HITS results

	Pregnant-postpartum ARD women n= 24	Reproductive-age ARD women n= 24	Pregnant-postpartum without ARD women n= 24	Reproductive-age without ARD women n= 24	
Age, median, (IQR), years	28.5 (23.3 – 35.0)	27.0 (23.0 – 32.0)	28.5 (22.3 – 35.0)	27.0 (26.0 – 29.0)	
Marital status, n (%)					
Single	4 (17)	20 (83)	3 (13)	18 (75)	
Common law marriage	9 (38)	1 (4)	11 (46)	2 (8)	
Married	11 (46)	3 (13)	10 (42)	4 (17)	
Occupation, n (%)					
Employee	7 (29)	21 (88)	7 (29)	21 (88)	
Housewife	14 (58)	2 (8)	16 (67)	-	
Student	3 (13)	1 (4)	1 (4)	3 (13)	
Years of education, n (%)					
<9 years	10 (42)	5 (21)	9 (38)	-	
>9 years	14 (58)	19 (33)	15 (63)	24 (100)	
HITS score, median, (IQR)	4 (4.0 – 4.8)	4 (4.0 – 4.0)	5 (4.0 – 5.8)	4 (4.0 – 5.0)	$p=0.027$

IQR: Interquartile range, IPV: Intimate Partner Violence

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AB1809-HPR DETERMINATION OF PRE-SARCOPENIA IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

Keywords: Quality of life, Sarcopenia, Inflammatory arthritides

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Background: Sarcopenia is described as the decline in muscle mass and strength that generally occurs with increased age which may cause increased fall risk, mortality, disability, and adverse health outcomes. Patients with axial spondyloarthritis (axSpA) may be more prone to sarcopenia due to the presence of chronic inflammation.

Objectives: This study aims to determine the presence of sarcopenia or pre-sarcopenia and to clarify the associated factors with pre-sarcopenia.

Methods: This cross-sectional study recruited 39 patients with axSpA. Sarcopenia was assessed according to the European Working Group on Sarcopenia in Older People in 2018 (EGSWOP2) criteria by evaluating muscle mass, gait speed, and grip strength. Muscle mass was measured using a bioimpedance body analyzer. Physical performance was assessed with the five times sit-to-stand (FTSTS) test and Short Physical Performance Battery (SPPB). Quality of life (QoL) and physical activity level were evaluated using Ankylosing Spondylitis Quality of Life (ASQoL) questionnaire and the International Physical Activity Questionnaire – Short Form (IPAQ-SF) respectively. Between-group comparison and correlation analysis were performed.

Results: The mean age of the patients was 47.58±6.78 with (64.1 % women), the mean disease duration was 8.17±7.33 years, and the mean body mass index was 28.05±4.74 kg/m². Pre-sarcopenia was detected in 43.6% of all patients which was defined by low grip strength and no patients had sarcopenia. Patients with pre-sarcopenia were more physically inactive, had worse quality of life, and had lower physical performance compared with those without pre-sarcopenia ($p < 0.05$). The grip strength as the indicator of pre-sarcopenia was significantly moderately correlated with the SPPB ($r = -0.48, p = 0.002$), FSST ($r = -0.43, p = 0.006$), ASQoL ($r = -0.45, p = 0.003$), and IPAQ-SF ($r = 0.48, p = 0.002$).

Conclusion: Pre-sarcopenia is commonly detected in axSpA patients and physical performance is impaired which may result in a further decline in functional status. Maintaining adequate muscle strength and muscle function in patients with axSpA may contribute toward improving QoL. Patients with axSpA should be assessed in terms of sarcopenia-related findings.

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Table 1. Comparison of patients according to their frailty status

	No-sarcopenia (n =22)	Pre-sarcopenia (n = 17)	P value
Age (years), mean (SD)	46.13 (5.49)	49.47 (7.93)	0.13
Sex, women/men	12/10	13/4	0.19
BMI (kg/m ²), mean (SD)	27.32 (3.38)	29.01 (6.06)	0.28
SPPB, mean (SD)	10.22 (1.37)	9.05 (1.29)	0.012
FSST, sec, mean (SD)	14.56 (4.58)	19.19 (6.31)	0.010
ASQoL,mean (SD)	6.90 (5.39)	11.35 (3.46)	0.005
IPAQ-SF (MET), mean (SD)	15.20.77 (1365.42)	726.29 (573.13)	0.020

Bold values indicate significance. BMI; body mass index, SPPB; Short Physical Performance Battery, FSST; Five Times Sit to Stand Test, ASQoL; Ankylosing Spondylitis Quality of Life Questionnaire, IPAQ-SF; International Physical Activity Questionnaire – Short Form, MET; Metabolic Equivalent.

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AB1810-HPR RESILIENCE AND PERINATAL LOSS IN WOMEN WITH AUTOIMMUNE RHEUMATIC DISEASES

Keywords: Quality of life, Mental health, Pregnancy and reproduction

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