ASSOCIATION BETWEEN SELF-EFFICACY AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Paola Alejandra Zopha Huancas1, Cristina Reategui Sokolova1,2, Rocío Gamboa Cardenas1,3, Mariela Medina Chinchon1,3, Francisco Zevallos Miranda1,3, Graciela Irigoyen, Reumatología, Lima, Peru; Universidad Nacional Mayor de San Marcos, School of Medicine, Lima, Peru; Universidad Científica del Sur, School of Medicine, Lima, Peru; The University of Alabama, Birmingham, USA, School of Medicine, Birmingham, United States of America

Background: Self-efficacy for managing chronic conditions assesses the confidence a person has on the ability of successfully perform specific tasks related to a chronic condition in different situations. Self-efficacy is considered one of the most important modifiable factors in educational interventions that enhance Systemic Lupus Erythematosus (SLE) patients’ mental health status. Low disease self-efficacy is associated with SLE morbidity.1

Objectives: To determine the association of several domains of self-efficacy for managing chronic conditions and health-related quality of life (HRQoL) in SLE patients.

Methods: We evaluated patients with SLE from a single center cohort between October 2018 and January 2019. Using a standard protocol, we evaluated demographic characteristics, clinical manifestations and treatment. Self-efficacy was measured with the Spanish version of the Self-Efficacy for Managing Chronic Disease Scale (PROMIS Short Form v1.0) which include six domains: general self-efficacy, managing emotions, managing symptoms, managing daily activities, managing social interactions, managing medications and treatment. A score of 50 is the average for the US general populations with a standard deviation of 10 (such values are not available for Peruvian or Latin American populations). HRQoL was measured with the LupusQoL, disease activity was ascertained with the Systemic Lupus Erythematosus Disease Activity Index – 2K (SLEDAI-2K), and damage with the Systemic Lupus International Collaborating Clinics (SLICC)/American College of Rheumatology (ACR) damage index (SDI). The associations between self-efficacy (six domains) and each domain of LupusQoL were examined using linear regression models, adjusted by gender, age at diagnosis, socioeconomic status, educational level, SLEDAI-2K, SDI, prednisone daily dose, and antimalarial and immunosuppressant use.

Results: A total of 60 patients fit the inclusion criteria. Of them, 54 (90.0%) were female, their mean (SD) age at diagnosis was 37.3 (13.4) years, disease duration was 9.2 (7.2) years. The HRQoL domains most affected were the following: burden to others, intimate relationships, and body image. Self-efficacy was lower than the expected for the general population ranging between 43.1 and 48.6. The six domains of self-efficacy were positively associated with the majority of the domains of HRQoL, as depicted in Table 1.

Conclusion: Low disease self-efficacy in the management of SLE negatively correlated with HRQoL. The impact of the improvement of self-efficacy in the HRQoL should be evaluated prospectively.

REFERENCE

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PREGNANCY AND UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE: OUTCOME AND RISK OF FLARE IN 100 PREGNANCIES

Dina Zucchi1, Chiara Tani1, Elena Elefante1, Linda Carl1, Alice Parma1, Francesca Anna Letizia Strigini2, Marta Mosca1.
1Azienda Ospedaliero Universitaria Pisana, Rheumatology Unit, Department of Clinical and Experimental Medicine, University of Pisa, Italy, Pisa, Italy; 2Division of Gynecology and Obstetrics, Department of Clinical and Experimental Medicine, University of Pisa, Italy, Pisa, Italy.

Background: Undifferentiated connective tissue disease (UCTD) is a group of systemic autoimmune conditions which do not fulfil the criteria for a definite connective tissue disease (CTD). The interaction between pregnancy and UCTD is still poorly studied and scarcely recognized.

Objectives: The purpose of this study was to evaluate the risk of disease flares or differentiation into a well-defined CTD and also the risk of adverse outcomes in pregnancy in patients with UCTD.

Methods: A total of 100 pregnancies in 81 UCTD followed at a single center were included in this analysis. From the time the pregnancy was detected, each patient was evaluated every 4 – 6 weeks and the diagnosis was re-evaluated at each observation; the follow-up was considered completed after the last visit during puerperium. At each visit, patients were assessed by a rheumatologist and by a gynecologist.

Results: Eleven pregnancies (11%) ended with abortion in the first trimester and the remaining 89 (89%) ended with a live birth. Twelve patients (12%) flared during pregnancy or puerperium and three (3%) had major flares and evolved to systemic lupus erythematosus (SLE) with renal involvement. Obstetric complications were observed in twenty-nine out of the 89 successful pregnancy (33%), including two cases (2%) of preeclampsia. We found a significant association between anti-dsDNA antibodies positivity at baseline and disease flare (p<0.01), while disease activity at the beginning of pregnancy was associated with flare (p<0.01) and also with cumulative obstetric complications (p<0.05).

Conclusion: The impact of pregnancy appears to be less serious in UCTD than in other CTDs, however disease flares and obstetric complications can represent a clinical challenge; disease clinical and serological activity seem important determinants of pregnancy outcomes. Thus, a pre-pregnancy counselling and planning as well as a close monitoring during pregnancy is warranted.

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