

(Table 1). Correlations between physicians' SLAM, without laboratory items (SLAM-nolab), and patients' assessments were: SLAQ total, $\rho=0.685$, Symptom score, $\rho=0.651$, Flares, $\rho=0.547$ and Patients global, $\rho=0.600$. Of symptom items fatigue ($\rho=0.640$), seizures ($\rho=0.635$) and headache ($\rho=0.604$) correlated best. Neurology/stroke syndrome, skin and lymphadenopathy correlated less well ($\rho < 0.24$). Patients' and physicians' assessments were notably more discordant for patients with short disease durations.

Conclusions We confirm that the SLAQ can be used to monitor disease activity. However, the discrepancy between patients' and physicians' assessments was greater for patients with short versus long disease duration. We encourage further use of the SLAQ, but would like to develop a shorter version which would be valuable in modern, partly web-based, clinical care.

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COMPARISONS OF FATIGUE, ANXIETY AND DEPRESSION IN SYSTEMIC LUPUS ERYTHEMATOSUS, SYSTEMIC SCLEROSIS AND ANTI-NEUTROPHIL CYTOPLASMATIC ANTIBODY-ASSOCIATED VASCULITIS

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Background and aims To compare fatigue, anxiety and depression between systemic lupus erythematosus (SLE), systemic sclerosis (SSc) and anti-neutrophil cytoplasmic antibody associated vasculitis (AAV).

Methods Patients filled in self-assessments of fatigue (Multi Assessment of Fatigue Scale, MAF) and anxiety/depression

Abstract 380 Table 1 Comparison of fatigue between three cohorts^a of inflammatory disorder.

	SLE	SSc	AAV	p-value ^b		
	(n=417) Median (IQR)	(n=212) Median (IQR)	(n=227) Median (IQR)	SLE vs SSc	SLE vs AAV.	SSc vs AAV.
Age (years)	47 (34-57)	60 (52-69)	62 (49-69)	<0.001	<0.001	0.296
Disease (years)	10 (2-20)	2 (0-8)	3 (0-8)	<0.001	<0.001	0.807
<i>Fatigue^c</i>						
Global ^c (1-50)	30.4 (21.4-38.9)	26.9 (18.5-35.1)	27.8 (18.7-33.7)	0.001	0.001	0.899
Degree ^c (1-10)	7 (5-9)	6 (4-8)	7 (4-8)	<0.001	0.002	0.429
Severity ^c (1-10)	6 (4-8)	6 (4-7)	6 (3-7)	0.001	0.002	0.803
Distress ^d (1-10)	6 (3-8)	5 (2-7)	5 (3-7)	0.007	0.005	0.956
Activities ^d (1-10)	3.6 (1.8-5.6)	3.4 (1.8-4.9)	3.0 (1.9-4.4)	0.084	0.010	0.358
Anxiety ^c (0-14)	6 (3-9)	5 (2-7.8)	5 (2-9)	0.013	0.007	0.767
Depression ^c (0-14)	4 (2-7)	4 (2-6.8)	4 (1-7)	0.596	0.191	0.453

a: SLE=systemic lupus erythematosus, SSc=systemic sclerosis, AAV= anti-neutrophil cytoplasmic antibody associated vasculitis

b: Mann-Whitney U

c: Fatigue components from Multi Assessment of Fatigue Scale

d: Hospital Anxiety and Depression Scale.

Abstract 380 Table 2 Comparison of fatigue between three cohorts^a of inflammatory disorder with disease duration of less than one year.

	SLE (n=70)	SSc (n=74)	AAV (n=67)	p-value ^b		
	Median (IQR)	Median (IQR)	Median (IQR)	SLE vs SSc	SLE vs AAV	SSc vs AAV
Age (years)	37.5 (28-48.5)	62.5 (49.75-69)	59 (46-69)	<0.001	<0.001	0.666
<i>Fatigue^c</i>						
Global ^c (1-50)	36.7 (24.4-42.2)	23.9 (11.8-34.9)	30.3 (20.0-37.1)	<0.001	0.015	0.049
Degree ^c (1-10)	8 (6-9)	6 (3-8)	7 (5-9)	<0.001	0.030	0.013
Severity ^c (1-10)	8 (5-9)	5 (2-7)	7 (5-8)	<0.001	0.071	0.006
Distress ^c (1-10)	7 (3-8)	4 (1-7)	6 (3-8)	<0.001	0.172	0.009
Activities ^c (1-10)	4.7 (2.5-6.6)	2.9 (1.2-5.5)	3.2 (1.9-5.1)	0.003	0.016	0.514
Anxiety ^d (0-14)	6 (2-11)	4 (2-6)	7.0 (3-10)	0.020	0.866	0.011
Depression ^d (0-14)	5 (1-8.3)	3 (1-6)	4.0 (2-8)	0.084	0.779	0.221

a: SLE=systemic lupus erythematosus, SSc=systemic sclerosis, AAV= and anti-neutrophil cytoplasmic antibody associated vasculitis
b: Mann-Whitney U
c: Fatigue components from Multi Assessment of Fatigue Scale
d: Hospital Anxiety and Depression Scale

(Hospital Anxiety and Depression Scale). Sub-analyses of MAF were conducted of global fatigue (scale 1–50) and subscales regarding degree, severity, distress and impact on daily activities (scale 1–10 for each). Results are presented as median (inter-quartile range).

Results We included 857 patients (77% women), age 18–85 years, disease duration 0–58 years. Persons with SLE were younger 47(34-57) than persons with SSc 60(52-69) $p<0.001$ and AAV 62(49-69) $p<0.001$, and they had longer disease duration 10 (2-20) than both the SSc 2 (0–8) $p<0.001$ and the AAV 3 (0–8) $p<0.001$ groups.

SLE patients reported a higher anxiety level and more impact of fatigue on all analysed subscales compared to the AAV patients, and all but impact on daily activities compared to SSc. SSc and AAV had a similar pattern on all analysed components (Table 1).

Among persons with disease duration less than a year, SLE still scored highest on all components of fatigue, but

interestingly AAV patients reported similar figures to SLE regarding the severity and distress of fatigue (Table 2).

Conclusions Fatigue and anxiety was assessed to be more pronounced and have more impact on daily activities in SLE patients compared to SSc and AAV patients. However in persons with short disease duration the pattern of fatigue in SLE was more similar to AAV than SScs.

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LABORATORY FINDINGS OF SYNOVIAL FLUID IN CONNECTIVE TISSUE DISEASES

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Background and aims Changes in the parameters of synovial fluid (SF) give a picture of the local pathological process in connective tissue diseases.