

[0.63 (0.13–1.13) versus 0.13 (0.0–0.63); $P=0.001$] compared with individuals who were never exposed to tobacco smoking. There were no differences across groups regarding cSLEDAI-2K scores.

In multivariable linear regression models, obesity and current tobacco smoking were independently associated with lower EQ-5D-3L index scores ($\beta=-0.12$; $P=0.021$ and $\beta=-0.11$; $P=0.029$, respectively), and higher VAS fatigue ($\beta=12.8$; $P=0.007$ and $\beta=17.5$; $P<0.001$), VAS pain ($\beta=12.1$; $P=0.004$ and $\beta=15.5$; $P<0.001$), VAS well-being ($\beta=9.6$; $P=0.028$ and $\beta=9.8$; $P=0.035$) and HAQ scores ($\beta=0.30$; $P=0.001$ and $\beta=0.27$; $P=0.007$), but not with cSLEDAI-2K ($\beta=-0.73$; $P=0.189$ and $\beta=0.34$; $P=0.572$).

Conclusions In a Swedish SLE population, obesity and tobacco smoking were independently associated with worse outcomes - compared with normal weight patients and individuals who never smoked, respectively - regarding HRQoL, fatigue, pain and functional disability but not with clinical disease activity.

PO.7.148 PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND THEIR EXPERIENCE WITH VACCINATION AGAINST COVID-19: A DESCRIPTIVE AND EXPLANATORY STUDY

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Purpose A pandemic emergency could represent a source of concern for Systemic Lupus Erythematosus (SLE) patients and their rheumatologists; the unexpected arrival of the COVID-19 emergency could determine the loss of health status control, with anxiety and stress development. Here, we performed a descriptive and explanatory study to describe the expectations and potential concerns related to COVID-19 vaccination in SLE subjects, by using a narrative approach and thus providing the patients' perspectives.

Methods SLE patients filled out an anonymous self-administered web-based questionnaire consisting of four questions regarding their experience with SLE over the past year and with vaccination, as reported below:

1. How have you experienced your condition as a Lupus patient in the last year?
2. How did you feel when you were called for the vaccination? What did it mean for you to be called for the vaccination?;
3. Describe the day of vaccination;
4. Do you think anything will change in your life now that you have been vaccinated? (If so, what?).

Furthermore, the Positive and Negative Affect Schedule (PANAS) and the Generic Risk Perception (GRP) were performed in all the patients.

Results Thirty-one patients were recruited [M/F 29/2; mean age 45.2 years (SD 8.9)]. The experience during the last year was described with a predominantly negative connotation, referring to the fear of infection, feelings of fear or anxiety, concern for own frailty or for contracting the virus. Concerning the question on vaccination, people basically answered in two ways, referring either to the fear or concern related to the risk to their health and possible side effects, or to the feeling of relief, opportunity/freedom/health protection and gratitude for having received the vaccine.

The application of PANAS questionnaire referring to the period before and after vaccination demonstrated a significant improvement in the majority of investigated positive items and the reduction of those negative. In detail, we observed the significant improvement in the following positive items: determined ($p=0.03$), active ($p=0.001$), enthusiastic ($p=0.0005$), alert ($p=0.01$), and strong ($p=0.02$). Finally, a substantial change in the risk perception was observed: in particular the proportion of patients perceiving high risk of being infected with SARS-Cov2 decreased from 29.4% to 2.9%.

Conclusion The present descriptive and explanatory study provides information about the experience with vaccination against COVID-19 of SLE patients. Our results indicated that vaccination substantially changed the patients' perspective, with a positive direction towards the future.

PO.7.149 ASSOCIATIONS BETWEEN ABNORMAL BMI AND PATIENT-REPORTED HEALTH-RELATED QUALITY OF LIFE BEFORE AND AFTER THERAPEUTIC INTERVENTION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Purpose To investigate whether abnormal body mass index (BMI) is associated with patient-reported health-related quality of life (HRQoL) impairments in terms of experienced diminutions in different dimensions of the 3-level Euro Quality of Life 5-dimensions (EQ-5D-3L) questionnaire, before and after a 52 week-long therapeutic intervention for moderately to severely active systemic lupus erythematosus (SLE) within the frame of phase III clinical trials.

Methods We conducted a post-hoc analysis of data from two phase III clinical trials which evaluated the efficacy of belimumab in SLE patients, i.e. BLISS-52 (NCT00424476; N=865) and BLISS-76 (NCT00410384; N=819). Abnormal BMI was defined as underweight (BMI <18.5 kg/m²), pre-obesity (25 ≤ BMI <30 kg/m²), and obesity (BMI ≥30 kg/m²). HRQoL impairments were defined as experiencing problems (some/moderate; severe/extreme) in each one of the five dimensions of the descriptive system of EQ-5D-3L. Pearson's chi-square tests were used to determine potential associations between abnormal BMI and experiencing problems in EQ-5D-3L at baseline and week 52, using normal weight as the comparator. Multivariable logistic regression models were used to adjust for potential confounders, i.e. age, ethnicity, SLE disease activity, and prednisone dose. Results at week 52 were also adjusted for baseline EQ-5D-3L responses and belimumab use to capture whether BMI independently affected the post-treatment EQ-5D outcome.

Results EQ-5D-3L data were available in a total of 1655 patients. Proportions of patients reporting problems at baseline (table 1) were greater among pre-obese versus normal-weighted patients, with the highest difference regarding mobility (47.1% versus 35.4%; odds ratio (OR): 1.63; 95%