

[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%

Abstract PO.7.149 Table 1

	BMI categories			
	Normal weight (N=854)	Underweight (N=76)	Pre-obese (N=427)	Obese (N=295)
EQ-5D mobility				
Level 2; Level 3	297; 5 (35.4%)	25; 1 (34.2%)	200; 1 (47.1%)	173; 1 (58.9%)
OR (95% CI)		0.95 (0.58–1.56)	1.63 (1.28–2.06)	2.63 (2.00–3.45)
P value		0.840	<0.001	<0.001
EQ-5D self-care				
Level 2; Level 3	123; 5 (15.0%)	16; 1 (22.1%)	87; 1 (20.7%)	72; 5 (26.2%)
OR (95% CI)		1.61 (0.91–2.84)	1.48 (1.09–1.99)	2.01 (1.46–2.77)
P value		0.100	0.011	<0.001
EQ-5D usual activities				
Level 2; Level 3	404; 22 (50.0%)	36; 2 (49.4%)	237; 16 (59.4%)	197; 18 (72.9%)
OR (95% CI)		0.97 (0.61–1.55)	1.46 (1.16–1.85)	2.69 (2.01–3.59)
P value		0.913	0.002	<0.001
EQ-5D pain or discomfort				
Level 2; Level 3	580; 60 (75.2%)	58; 3 (79.2%)	306; 50 (83.2%)	220; 46 (89.9%)
OR (95% CI)		1.26 (0.71–2.23)	1.63 (1.21–2.19)	2.92 (1.94–4.40)
P value		0.433	0.001	<0.001
EQ-5D anxiety or depression				
Level 2; Level 3	404; 47 (52.7%)	33; 4 (48.1%)	209; 27 (55.1%)	162; 17 (60.7%)
OR (95% CI)		0.83 (0.60–1.32)	1.10 (0.87–1.39)	1.38 (1.06–1.81)
P value		0.429	0.418	0.018

Abstract PO.7.149 Table 2

	BMI categories			
	Normal weight (N=838)	Underweight (N=72)	Pre-obese (N=432)	Obese (N=323)
EQ-5D mobility				
Level 2; Level 3	218; 5 (26.6%)	13; 2 (20.8%)	163; 5 (38.9%)	152; 0 (47.1%)
OR (95% CI)		0.75 (0.39–1.40)	1.63 (1.24–2.15)	1.82 (1.35–2.45)
P value		0.382	<0.001	<0.001
EQ-5D self-care				
Level 2; Level 3	100; 5 (12.5%)	10; 2 (16.7%)	82; 3 (19.7%)	69; 3 (22.3%)
OR (95% CI)		1.46 (0.67–2.97)	1.63 (1.14–2.33)	1.55 (1.05–2.27)
P value		0.317	0.007	0.026
EQ-5D usual activities				
Level 2; Level 3	306; 16 (38.4%)	24; 2 (36.1%)	191; 16 (47.9%)	175; 10 (57.3%)
OR (95% CI)		1.03 (0.59–1.78)	1.39 (1.07–1.80)	1.61 (1.21–2.14)
P value		0.913	0.013	0.001
EQ-5D pain or discomfort				
Level 2; Level 3	493; 46 (64.3%)	40; 4 (61.1%)	273; 29 (69.9%)	232; 34 (82.4%)
OR (95% CI)		0.80 (0.47–1.37)	1.12 (0.860–1.47)	2.07 (1.49–2.92)
P value		0.399	0.396	<0.001
EQ-5D anxiety or depression				
Level 2; Level 3	332; 40 (44.4%)	30; 4 (47.2%)	189; 17 (47.7%)	144; 25 (52.3%)
OR (95% CI)		1.34 (0.77–2.32)	1.11 (0.86–1.45)	1.29 (0.97–1.73)
P value		0.296	0.426	0.084

confidence interval (CI): 1.28–2.06; $P < 0.001$) and pain or discomfort (PD) (83.2% versus 75.2%; OR: 1.63; 95% CI: 1.21–2.19; $P = 0.001$). Proportions of patients reporting problems were greater among obese versus normal-weighted patients regarding all EQ-5D dimensions (table 1). Post-intervention, similar results were seen for both the pre-obese patients and the obese patients, in comparison with normal-weighted patients (table 2). In multivariable logistic regression analysis, obesity was associated with unfavourable HRQoL in all EQ-5D-3L dimensions at baseline ($P < 0.05$ for all), showing the strongest association with mobility (OR: 2.09; 95% CI: 1.57–2.79; $P < 0.001$), and pre-obesity with problems regarding mobility (OR: 1.42; 95% CI: 1.11–1.82; $P = 0.005$). Post-intervention, obesity was associated with problems in mobility and pain/discomfort, and pre-obesity with problems in mobility and self-care ($P < 0.05$ for all).

Conclusions Our study corroborates known associations between high BMI and HRQoL impairments. Obesity appears to negatively impact on mobility and contribute to pain despite therapy. Investigation of whether weight control can improve HRQoL in a prospective setting is warranted.

PO.7.150 EXPERIENCE OF DAILY ACTIVITIES AMONG PERSONS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WITH COGNITIVE SYMPTOM

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Purpose/Objective Systemic Lupus Erythematosus (SLE) is an inflammatory systemic disease that can affect patients' ability to perform and take part in daily activities. Symptoms from the nervous system is common and include problems with cognitive functions. There is a lack of knowledge about how cognitive problems in SLE influence daily activities. The aim of this study was to investigate how persons with SLE experiencing cognitive problems perceived that these affected their daily activities and how they handled these difficulties.

Methods The study had a qualitative method approach, was an interview study and has been analyzed according to Graneheim and Lundmans method of content analysis. The method has been inductive and the analysis has been manifest.

Results Four categories could be discerned from the analysis: 1) Memory-, concentration- and learning problems affected my activities on leisure time, at work, at home and household activities for example impaired ability to read a book or to limit the amount of activities. 2) The body was experienced differently for example difficulty moving to music. 3) Emotions, fatigue and stress were affected when cognitive problems manifested in daily activities. This category describes emotions in participants, including irritation from their surroundings and participants experienced that fatigue and stress had a negative effect on cognitive problems and everyday activities. 4) Participants had made adjustments needed to be able to do what they wanted, for example they used everyday technology and performed activities in different ways than before, made changes at work, and used support from the environment, but also that they sometimes had to stop doing certain activities.

Conclusion Cognitive problems manifested themselves in the everyday life in persons with SLE. It is important that the rehabilitation recognizes the difficulties of this patient group and meets their needs. From an occupational therapy perspective, it could include improving activity ability and preventing activity loss.

PO.7.151 THE RELATIONSHIP BETWEEN HEALTH-RELATED QUALITY OF LIFE AND DISEASE ACTIVITY IN SLE PATIENTS

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Purpose Systemic lupus erythematosus (SLE) treatment has two objectives: disease activity control and damage progression prevention. These clinical aspects should be regularly measured by validated scores.

Unfortunately, these instruments do not take into account the health-related quality of life (HRQoL), often compromised