

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