Introduction: The Burnout syndrome is defined as a state of physical, mental and emotional exhaustion, caused by chronic working exposure to stressful emotional circumstances. There is a high personal demand at medical work which can cause occupational stress, leading to worsening quality of life.
Objective: To evaluate the prevalence of burnout syndrome and its demographic and occupational factors, in rheumatologists and rheumatologists in training.
Methods: This descriptive and observational study included all the rheumatologists in practice, who were associate with the Uruguayan Rheumatology Society by December of 2019 (N=104). Patients who did not complete the form or did not consent to participate in the study were excluded; thus, 89 individuals where included (85,58%). We used anonymous questionnaires, in paper and digitally, taken into account social, demographic, personal and occupational aspects. We apply the Maslach Burnout Inventory Human Services for Medical Personnel to evaluate the 3 subscales from Burnout syndrome, which are; emotional fatigue, depersonalization and personal fulfillment.

Microsoft Access Database Engine 2010 was used to build the database and JASP 0.11.1 for analysis. We calculated the mean, the median and the central tendency for the variables under study, and the Chi-square test was performed for qualitative variables with a p-value of 0.05.
Results: 73% were women, more than 30% of them were between the ages of 51 and 60. 56% were married. 33,7% have a weekly workload greater than 40 hours and 64% worked not only in public areas, but also in private ones. 61,8% consider suffering occupational stress and 74,1% felt professionally fulfilled. 41% did not feel respected by colleagues from other medical areas, and 79% considered that the time spent with the patients was not enough. Regarding the subscales, 28% have a high risk of emotional fatigue and 24,7% a moderate risk. 12, 4% have a higher risk of depersonalization and the 19,1% a moderate risk. 67,4% felt lack of personal fulfillment and 68,5% have two subscales in moderate or high risk.
Conclusions: 8,9% of the surveyed presented high risk of Burnout syndrome and 2,2% moderate risk. 100% of those who have a high and moderate risk of Burnout syndrome, considered suffering occupational stress. We did not find significant relation between burnout, emotional fatigue, depersonalization and lack of personal fulfillment with the social, demographic, personal and occupational variables studied.

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USE OF RIVAROXABAN IN ANTIPHOSPHOLIPID SYNDROME: SERIES OF 22 CASES

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Objective: Rivaroxaban has been used for anticoagulation in antiphospholipid syndrome (APS) when warfarin cannot be used for some reason. We describe our experience with rivaroxaban for secondary prophylaxis in patients with APS treated at the Guatemalan Social Security Institute.
Methods: Search and clinical review of patient data that met the 2006 Sydney classification criteria for APS, being monitored in the last 6 years and treated with rivaroxaban 20 mg/day and aspirin 100 mg/day.
Results: 22 patients were evaluated, 17 (77%) women, 12 (54%) with secondary APS associated all with SLE, mean age of 37 years and a mean of 12 years of disease duration; 45% had deep vein thrombosis in limbs, 27% pulmonary thromboembolism, 23% cerebrovascular event and 14% venous sinus thrombosis. 50% of the patients had IgG and 68% IgM aCL in high titers. After an average of 701 days after initiating rivaroxaban, new thrombotic events occurred in 9 (41%) of the patients, with recurrent venous thrombosis sites in upper limbs in 33%, in lower limbs in 22%, pulmonary thromboembolism in 33% and acute myocardial infarction in 12%. The 22 patients also used aspirin 100 mg/day. 2 (9%) patients had vaginal bleeding and 1 died secondary to acute myocardial infarction.

Characteristics	n= 22 (%)
Age in years, mean (SD)	37 (8.6)
Sex, n (%)	5 (23)
Men	17 (77)
Women	
Antiphospholipid Syndrome	10 (46)
Primary	12 (54)
Secondary	
Age at the time of diagnosis in years, mean (SD)	29 (7.8)
Disease duration, years, mean (SD)	12.26 (23.12)
Manifestations	10 (45)
Venous thrombosis in extremities	5 (23)
Stroke	3 (14)
Venous sinus thrombosis	6 (27)
Pulmonary thromboembolism	10 (45)
Arthritis	2 (9)
Livedo reticularis	6 (27)
Ulcers	3 (14)
Hemolytic anemia	5 (23)
Thrombocytopenia	
Laborator tests	59.57 (60.42)
PTT, sec, mean (SD)	11 (50)
aCL	15 (68)
Ig G	
Ig M	
New thrombotic event	13 (59)
No	9 (41)
Yes	
Place of new thrombosis	3 (33)
Upper extremities, venous	2 (22)
Lower extremities, venous	1 (12)
Acute myocardial infarction	3 (33)
Pulmonary thromboembolism	
Time in days to new thrombotic event, mean (SD)	701 (244)
Adverse effects	2 (9)
Vaginal bleeding	1 (5)
Death	

Conclusions: Of the 22 patients who used rivaroxaban at a dose of 20 mg/day associated with aspirin 100 mg/day, 41% presented a new thrombotic event, with an average of 701 days after starting treatment.

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FACTORS ASSOCIATED WITH SEXUAL DYSFUNCTION IN PATIENTS WITH RHEUMATOID ARTHRITIS AND SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction: Rheumatic diseases of autoimmune origin affect all aspects of life including sexual function.
Objective: To determine the frequency of sexual dysfunction (SD) and its relationship with the level of disease activity, fatigue, psychological state and comorbidities in patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE).
Methods: We included 80 patients of legal age with active sexual life who were cared for at our rheumatology clinic. We applied the following surveys: Arizona Sexual Experiences Scale (ASEX), Hospital Anxiety and Depression Scale (HADS) and Functional Assessment of Chronic Illness Therapy (FACIT). Their level of disease activity was evaluated by DAS-28 and SLEDAI.
Results: Of the total of 80 patients, 61 (76.3%) had RA and 19 (23.8%) SLE with an average age of 43.9 (+/- 12) years. Regarding the level of activity, 43.8% were in remission, 18.8% in low activity, 31.3% in moderate activity and 6.3% in high activity. Around 48.8% had sexual dysfunction. According to the HADS survey, 30% had symptoms of anxiety and 21% of depression; and according to the FACIT survey, 28.8% had severe fatigue. 65% of the patients had comorbidities; the most prevalent were osteoporosis (20%), fibromyalgia (18.8%) and arterial hypertension (11.3%).

Patients with SD showed a higher prevalence of anxiety symptoms ($p = 0.010$) and depression ($p = 0.042$), severe fatigue ($p = 0.005$), were older ($p = 0.003$) and had some comorbidities ($p = 0.008$). No statistically significant