**Conclusions:** Adverse childhood experiences are reported frequently in individuals with SLE; accumulation of adverse experiences is associated with poor SLE outcomes. Higher scores in each domain, especially childhood neglect or abuse, were associated with poorer health measures in adulthood. Further research regarding ACE patterns and SLE outcomes is warranted.

**Disclosure of Interest:** None declared

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## THU0601   CARDIOVASCULAR SCREENING AMONG PATIENTS WITH INFLAMMATORY ARTHRITIS: TO WHAT EXTENT DO PATIENTS FOLLOW RECOMMENDATIONS?

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**Background:** Patients with inflammatory arthritis (IA) have a substantially increased risk for cardiovascular (CV) disease and consequently regular screening is recommended (1).

**Objectives:** To investigate whether patients with known IA and high CV risk follow the recommendation, given in a nurse-led CV risk screening consultation, to consult General Practice in order to reduce their CV risk. Furthermore to investigate the influence of socioeconomic position and gender.

**Methods:** A register-based cohort study comprising outpatients at King Christian X's Hospital for Rheumatic Diseases, Graasten, Denmark, diagnosed with rheumatoid arthritis (RA), psoriatic arthritis (PsA) or spondylo arthritis (SpA), who had participated in at least one screening consultation based on the EULAR recommendations (1) between 1st of July 2012 and 1st of July 2015. The primary outcome was a consultation with their GP and at least one intervention of relevance for CV risk within 3 months after the screening consultation.

**Results:** 1266 patients, 18–85 years of age, were included; 72.5% with RA and 27.5% with SpA or PsA. Of the 447 (35%) with high risk of CV disease, 60% consulted GP after the screening visit compared to 55% for the 819 patients with low risk of CV disease. Of the 60% of patients with high risk who consulted their GP, 41% had at least one relevant intervention. Education $\geq$10 years increased the odds for non-compliance (Odds Ratio [Confidence interval]) (0.72 [0.56;0.92], p=0.01) and age above 65 years increased the odds for compliance (1.50 [1.15;1.95], p=0.03). Income, diagnosis, gender, Low Density Lipoprotein level and systolic blood pressure did not significantly influence the odds to consult their GP after the screening consultation. Among high risk patients, 7.4% had their blood glucose checked at a GP consultation and 6.3% had their blood-pressure measured with at-home equipment after the screening consultation as opposed to 4.8% and 1% among low risk patients.

**Conclusions:** After a screening consultation, 40% of the patients with high risk of CV disease did not consult their GP at all in the following 3 months. At least 33% of the patients with high risk followed the recommendations to consult their GP and 27% consulted their GP for reasons not possible to clarify in this study. Only age and higher education had a significant influence on the outcome.

**References:**

[1] Peters, M.J., et al., EULAR evidence-based recommendations for cardiovascular risk management in patients with rheumatoid arthritis and other forms of inflammatory arthritis. Ann Rheum Dis, 2010. 69(2): p. 325–31.

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## THU0602   WORKER PRODUCTIVITY LOSS REMAINS A MAJOR ISSUE FOR PATIENTS WITH INFLAMMATORY ARTHRITIS AND OSTEOARTHRITIS: RESULTS FROM THE INTERNATIONAL EULAR-PRO WORKER PRODUCTIVITY STUDY

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**Background:** Rheumatic and Musculoskeletal Diseases such as Inflammatory arthritis (IA) and osteoarthritis (OA) are one of the biggest causes of disability and worker productivity loss which has recently been recognized by European policy makers and the World Health Organization (WHO). However, limited information is available about job characteristics and the level of both presenteeism and absenteeism in employed persons with IA or OA across countries.

**Objectives:** To describe job characteristics and worker productivity loss in patients with IA and OA in Europe and Canada.

**Methods:** Patients with IA or OA in paid employment from seven countries within Europe and from Canada were recruited to the EULAR-PRO Worker productivity study. Patients completed a questionnaire including questions about their job, job characteristics and the Work Productivity and Activity Impairment Questionnaire (WPAI) measuring percent hours absent and the percentage their disease affected productivity while working (0–100%=disease completely prevented work). Patients also completed several health-related patient reported outcome measures, including: the Health Assessment Questionnaire (HAQ), Visual Analogue Scale (VAS) general well-being, and EuroQol-5D (EQ-5D).

**Results:** 503 patients were included in this large international study. Mean (SD) age was 47 (10) years, median [IQR] disease duration 12 [5, 21] years and 94% had IA. 42% had a predominately mentally demanding job, 10% physically demanding job, and 48% a combination; with overall 34% reporting their job being very demanding (see table for country specific results). Respectively 12% and 5% of patients were able to often or always postpone work tasks if need be, whilst, respectively 19% and 51% never or sometimes received help from colleagues which may depend on job/employment type and company size. Twenty-one% of patients reported that they missed time off work due to ill-health in the past week (median [IQR] % time missed due to ill-health 20% [9–50]). Interestingly, a total of 11% were unsatisfied with their current job; and 23% of patients did not disclose their disease to their employer.

| | United Kingdom N=76 | France N=45 | Netherlands N=96 | Estonia N=81 | Sweden N=66 | Romania N=62 | Italy N=31 | Canada N=46 |
|---|---|---|---|---|---|---|---|---|
| Age, years | 48 (8) | 46 (10) | 49 (11) | 46 (11) | 49 (9) | 42 (9) | 47 (9) | 51 (9) |
| Gender, female | 53% | 60% | 54% | 62% | 73% | 55% | 84% | 83% |
| VAS well-being, mm | 39 [21-60] | 28 [18-49] | 30 [11-60] | 43 [20-62] | 38 [20-61] | 35 [12-55] | 32 [14-65] | 28 [15-60] |
| HAQ-score | 0.63 [0.25-1] | 0.25 [0.13-0.63] | 0.38 [0-0.5] | 0.38 [0.1-0.75] | 0.63 [0.38-.88] | 0.13 [0-0.63] | 0.25 [0-0.5] | 0.5 [0.13-1] |
| EQ-5D | 0.62 [0.57-0.69] | 0.69 [0.66-0.73] | 0.73 [0.62-0.73] | 0.66 [0.52-0.73] | 0.66 [0.62-0.73] | 0.69 [0.62-0.90] | 0.69 [0.62-0.88] | 0.62 [0.55-0.73] |
| **General job demands:** | | | | | | | | |
| Slightly demanding | 12% | 11% | 34% | 66% | 12% | 16% | 7% | 20% |
| Demanding | 41% | 40% | 40% | 30% | 41% | 54% | 50% | 33% |
| Very demanding | 47% | 49% | 26% | 4% | 47% | 30% | 43% | 47% |
| **Job satisfaction:** | | | | | | | | |
| Satisfied | 57% | 78% | 84% | 81% | 67% | 74% | 73% | 71% |
| Neutral | 19% | 11% | 11% | 13% | 17% | 21% | 17% | 11% |
| Unsatisfied | 24% | 11% | 4% | 6% | 17% | 5% | 10% | 18% |
| % Absent in previous week due to ill-health | 16% | 20% | 15% | 26% | 23% | 18% | 26% | 33% |
| % Work time missed due to ill-health* | 24 [9-100] | 20 [13-34] | 50 [19-72] | 19 [10-50] | 15 [9-50] | 15 [9-50] | 19 [5-33] | 15 [3-50] |
| % impairment due to ill-health while working (WPAI)# | 20 [0-50] | 20 [0-30] | 20 [0-50] | 20 [0-40] | 30 [5-45] | 20 [10-50] | 20 [0-50] | 20 [10-60] |

Scores are mean (SD) or median [IQR] depending on the distribution of the data.
Categorical data are presented as %.
* In those absent due to ill-health;
# WPAI (0= condition no effect on work – 10=condition completely prevented work)*100%.

**Conclusions:** This is one of the largest international studies investigating worker productivity loss in patients with IA and OA. It highlights the burden of the disease across countries and the importance of increasing awareness of rheumatological conditions in order to prevent presenteeism and long-term sick leave by providing the best available intervention to the individual patient in paid employment.

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## THU0603   DISEASE BURDEN OF KNEE OSTEOARTHRITIS PATIENTS UNDERGOING JOINT REPLACEMENT COMPARED TO MATCHED CONTROLS: A POPULATION-BASED ANALYSIS OF A DUTCH MEDICAL CLAIMS DATABASE

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**Background:** Knee osteoarthritis (OA) is a progressive joint disease generally associated with increasing pain. In severe symptomatic knee OA, knee prosthesis