	Mean	Median	Mode	Variance	Standard deviation	Interquartile range	Curtosis (STD)
SIMPLICITY (1: Too difficult; 7: Very easy)	5.4927	5.0	7.0	2.2610	1.5037	2.0	0.8358
* The user is the patient	5.3453	5.0	6.0				
* The user is the care provider	5.5564	5.0	7.0				
*The user is the patient and the care provider.	5.6648	5.0	6.0				
TIME CONSUMPTION (1: Not significant ; 7: Too much)	3.4341	3.0	3.0	2.5911	1.6176	2.0	0.0678
USEFULNESS (1: None; 7: Very useful).	5.4585	6.0	7.0	2.1319	1.4601	2.0	1.5696
USEFULNESS OF THE PAPER MODEL (1: None; 7: Very useful).	4.3902	5.0	5.0	3.5626	1.8875	3.0	-0.9363

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AB1080 RESULTS IN THE FOLLOW-UP OF THE NURSING CONSULTATION FOR THE MONITORING OF RHEUMATOLOGIC PATIENTS TREATED WITH INTRAVENOUS THERAPIES

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Background: In the management of rheumatologic patients treated with intravenous therapies, its regular monitoring is recommended in order to ensure its safety. The Nursing Consultation for monitoring rheumatologic patients treated with Intravenous Therapies (NCIT) represents a major support to patient caring for it provides patient monitoring before treatment administration and prior to rheumatologist consultation.
Objectives: To analyze number and types of incidents detected in the NCIT.
Methods: A cross-sectional longitudinal, observational study of data from patients followed-up in the NCIT (which was initiated in 2012) was performed. We have collected data of gender, diagnosis, drug administered, incidents detected previously to the drug administration, and if the incident was detected by telephone (one day before drug administration) or by personal interview. Biostatistical analysis with R (3.3.2.) was performed.
Results: We analyzed 7809 drug infusions corresponding to 545 patients (73% women). 48.25% of patients were diagnosed with osteoporosis (OP), 30.1% rheumatoid arthritis (RA), 5.7% ankylosing spondylitis (AS), 4.2% systemic lupus erythematous (SLE), 2.9% psoriatic arthritis (PsoA) and 8.3% had other diagnosis. The intravenous therapies were antiosteoporotic drug (7.8%) and biological and immunosuppressive treatment, being the most common drugs tocilizumab (38.89%), infliximab (31.9%) and abatacept (18.05%). In the 7809 treatment infusions, 477 incidents (4.1%) were registered, 33 of them related to the antiosteoporotic therapies and the other 444 incidents (93%) occurred in the biological therapies. The 63.7% of the incidents were detected by telephone one day before drug infusion. Statistical analysis showed that SLE patients exhibit higher tendency to incidents (4.8% of incidents in the 392 treatments for SLE patients; P=0.026) than other autoimmune diseases. On the other hand, RA and AS patients have incidents detected mainly by telephone ((P=0.047 y P=0.029 respectively). We also observed a high number of incidents in the intravenous administration of TCZ (P=0.009).
Conclusions: The NCIT has performed the follow-up of more than 5oo patients with only 6% of incidents, contributing to an improvement in the patients' health and in its caring. Moreover, the fact of identifying the incidents helps to reduce the number of personal consultations, avoids drug preparation in those cases where this infusion is suspended, and in summary it improves management of hospital resources.
Disclosure of Interest: None declared
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AB1081 INTEGRATING CASE FINDING AND INITIAL MANAGEMENT FOR OSTEOARTHRITIS, ANXIETY AND DEPRESSION INTO ROUTINE PRIMARY CARE NURSE-LED LONG-TERM CONDITION REVIEWS: RESULTS FROM THE ENHANCE PILOT TRIAL

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Background: Co-morbid osteoarthritis (OA), anxiety and depression are undermanaged in primary care yet have significant impact on pain, disability and outcomes of other long-term conditions (LTCs).
Objectives: To test the feasibility and acceptability of integrating case-finding and initial management for OA, anxiety and depression within extended primary care practice nurse (PN)-led LTC review consultations.
Methods: A stepped wedge pilot trial with process evaluation. PNs gave a study pack to patients age ≥45 years attending routine LTC reviews (asthma, COPD, hypertension, ischaemic heart disease, diabetes). The intervention included case finding questions (Generalized Anxiety Disorder (GAD2), Whooley 2-item depression, diagnosing OA clinically (hands, hips, knees or feet)) followed by further assessments (anxiety (GAD7), depression (PHQ9), joint examination). PNs completed an electronic patient record and initiated management. Predetermined success criteria were to recruit 4 practices; deliver training to 2 PNs per practice, recruit 50% of those invited, ensure 75% follow up (6 week, 6 month), and the satisfaction (GPAQ) of intervention patients to be at least as acceptable as that of control patients. 24 audio recorded consultations provided insight into fidelity of intervention delivery.
Results: Four practices were recruited. PNs were sequentially trained in practice prior to switching to intervention. Of the 474 people invited, 319 responded (207 control, 112 intervention) (67%). 83% and 79% of participants returned 6 week and 6 month questionnaires respectively. Demographic characteristics, general health, pain intensity, anxiety and depression scores were similar across arms. Overall, self-reported health (EQ5D5L) was high (median 0.84; IQR 0.72, 0.94). 14% of participants reported moderate to severe depression (PHQ9). Median GPAQ scores were similar (control 1.00 (IQR: 1.00, 1.29), intervention 1.00 (IQR: 1.00, 1.14)). 96% of those in the intervention arm reported being asked about joint pain, 93% reported being asked about mood. Audio recordings revealed that case finding questions were used as intended in most consultations (joint pain 20/24 consultations, anxiety 15/24, depression 6/24). One referral to physiotherapy and none to primary care mental health services were recorded by the PNs.
Conclusions: Recruitment and follow up were good. However, to target those who may benefit from the intervention, changes to the target population and eligibility criteria are required. There was reasonable delivery of the case finding questions, but limited referral and signposting, highlighting areas to optimise ahead of a main trial.
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AB1082 IMPACT OF ANKYLOSING SPONDYLITIS VERSUS NON-RADIOGRAPHIC SPONDYLOARTHRITIS ON EARLY RETIREMENT

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Background: Axial spondyloarthritis include non-radiographic SpA (nr-SpA) and ankylosing spondylitis (AS), suggesting the extent of sacroiliac involvement on imaging techniques (1). The influence of the two conditions on patients' physical function and their impact on work capacity should be regularly assessed so that we can better contribute to patients' social integration.
Objectives: The present study aims to assess the differences between AS and nr-SpA patients under anti-TNF therapy regarding disease related retirement (DR) and its contributing factors.
Methods: Over a period of eleven months 136 patients diagnosed with AS or nr-SpA on current biological therapy were included. Demographic data and working status were assessed. Statistical analysis was performed with SPSS 20.0.
Results: In the study cohort 69% of patients were males. The predominant age group was situated between 30 to 40 years old (29.8%), while 20.2% were over 50. Out of the study group, 66% confirm they are active in their work field with a minimum of seven hours per day, whereas 4.3% reached their retirement age. 29.8% of patients were granted a disability retirement and the majority (42.9%) belonged to the 40–50 age group. Surprisingly, 6.8% of early retired patients were under 30. Out of the DR category, 92.9% were diagnosed with AS, while the rest of 7.1% had nr-SpA. The interval from diagnosis to the initiation of biological therapy was 72.5±85.1 months for AS patients and 64.1±71.2 for nr-SpA. 23.2% of patients applied for early retirement before biological therapy and only 3.1% resumed work after anti-TNF introduction. Patient gender did not influence the working capacity. At the time of study inclusion, 12% of patients with AS and 4% of patients with nr-SpA still exhibited signs of highly active disease, according to ASDAS-CRP assessment.
Conclusions: Almost a third of patients in the study group were offered early retirement due to axial SpA. The vast majority of disease related retirement patients were known with AS, thus emphasizing the extent of disability brought on by this entity. However, a significant percentage of patients suffered from nr-SpA, raising doubts as to whether clinicians can promptly diagnose this entity and offer early, appropriate treatment so that inability no longer occurs.
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Disclosure of Interest: None declared

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AB1083 WORK IMPAIRMENT IN PATIENTS EXPERIENCING MUSCULOSKELETAL PAIN

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Background: Many individuals with musculoskeletal disorders (MSD) continue to work. Little is known about those who remain occupationally active relative to those who are on sick leave, despite the clear potential for reduced productivity or work ability, and associated downstream effects.
Objectives: To assess self-reported work impairment and its associations with psychosocial risk factors amongst workers seeking care for musculoskeletal pain.
Methods: Recruitment took place in five Irish hospitals. Self-report questionnaires were used to assess risk of progressing to long-term sick leave and work disability (Örebro Musculoskeletal Pain Screening Questionnaire; ÖMPSQ), work ability, work impairment (WPAI) and work performance (WRFQ).
Results: 155 patients (53.5% female; mean age =46.50 years (range 20 to 71)) completed the questionnaire. 25.2% (n=39) were at high risk of progressing to long-term sick leave and work disability according to the ÖMPSQ. 62.6% (n=97) were classified as functioning poorly according to the WRFQ; 52.3% reported having poor work ability (n=81). Higher work role functioning was associated with higher pain self-efficacy (OR =1.514); better work ability was associated with older age (OR =1.063) and poorer function (OR =0.929); absenteeism was associated with lower pain self-efficacy (OR =0.650) and higher return to work expectancy (OR =1.179). Presenteeism was associated with higher pain intensity (β =0.259) and lower pain self-efficacy (β = - 0.385).
Conclusions: MSDs affect many individuals ability to work effectively. While all participants have managed to stay at work despite decreased levels of work ability and functioning, approximately a quarter are at high risk of progressing to long-term sickness absence. Interventions that attempt to improve mutable factors, such as pain self-efficacy, may help reduce the likelihood of work disability.
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Disclosure of Interest: None declared
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AB1084 CONTRIBUTION OF CLINICAL TRIALS TO THE EFFICIENCY OF ARTHRITIS RHEUMATOID MANAGEMENT

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Background: Treatment and management of Rheumatoid Arthritis (RA) results in a high cost to the Health system such as the Spanish Health System. During the realization of clinical trials (CT) the sponsor is the one that pays for the direct healthcare costs of the patients, which leads to savings to the National Health System (NHS).
Objectives: To estimate the economic impact of conducting clinical trials (CT) for the NHS in terms of avoided costs.
Methods: A retrospective observational study was conducted using information from the clinical trials performed at the Clinical Research Rheumatology Department in the HUP la Fe from 2011 to 2015. Also a Cost-analysis was performed according Health System perspective. We calculated the length of stay in the CT in weeks for each patient included with RA diagnosis. Afterwards, we also calculated the total number of weeks of treatment for the total number of patients. In order to evaluate the economic impact in terms of avoided costs, economic evaluation included direct healthcare costs (rheumatologist visits, nurse care, laboratory tests and pharmacological treatment), and it was compared to the cost of the best alternative treatment in the market.
Results: A total of 35 CT were analyzed in this period, 14 of them focused on RA. Two observational studies and one CT (premature closure by the sponsor) were discarded. Therefore, 11 were considered in this study and a total of 76 patients with RA were analysed which add together 2609 weeks of treatment. This is approximately equivalent to treating 50 RA patients with biological therapy during one year. Evaluating the health savings that biological treatment would have cost during the 2609 weeks, we obtain a total amount of 699.176,88 €. This represents an annual saving of 139.835€ over the 5 years analyzed.
Conclusions: Our Clinical Research Unit managed to save a total amount of 13.935,30 € per patient in CT per year. Clinical Research Units should be considered as an efficient tool to the NHS.
Disclosure of Interest: None declared
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AB1085 MEASURING PATIENT SATISFACTION OF BIOLOGICAL TREATMENTS IN A REGIONAL HOSPITAL

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Objectives: To determine/measure the satisfaction degree of patients with rheumatologic (rheumatoid arthritis, spondyloarthropathies and other arthritis) and dermatological (psoriasis, psoriatic arthritis and suppurative hidrosadenitis) disease treated with a biological drug.
Methods: Descriptive prospective study conducted in a Regional Hospital with a reference area of 109,530 inhabitants.
A survey was conducted to all patients, thepatientswhocollectedtheir medication at the Pharmacy Service (self-administration treatment) and the patients who came for consultation (treatment administered by the nursing staff). The satisfaction degree before and after the biological treatmentwas evaluated.From 0 to 10, where 0 was the maximum dissatisfaction and 10 the maximum satisfaction; and improvement of pain, where 0 implied no improvement and 10 maximum improvement.
Clinical records were reviewed and a database was generated for exploitation with SPSS-vs 22. All patients received an information sheet from the study and signed an informed consent form.
Results: A total of 100 patients were analyzed: 45 men and 55 women. The mean age was 53 years (SD 14.9). 42% of patients were actively employed.
Distribution of patients by pathologies: 46 (46%) rheumatoid arthritis, 25 (25%) psoriasis, 16 (16%) psoriatic arthritis, 8 (8%) spondyloarthropathies, 2 (2%) suppurative hydrosadenitis and 1 (1%) juvenile idiopathic arthritis.
Distribution of biological drugs: 49 (49%) adalimumab, 20 (20%) ustekinumab, 18 (18%) etanercept, 6 (6%) golimumab, 3 (3%) tocilizumab, 2 (2%) secukinumab,1 (1%) certolizumab. The treatment was self-administered in 61 patients.
Only 30 (30%) patients had undergone previous biological treatment. At present, 43 patients had some additional treatment, 38 with methotrexate and 5 with leflunomide.

Satisfaction degree before biological treatment, n (DE)	2.8 (2.6)
Satisfaction degree after biological treatment, n (SD)	7.9 (1.6)
Pain improvement, n (SD)	7.8 (2.1)
Comfort with the route of administration, n	94
Comfort with frequency of administration, n	97
Degree of pain during administration, n (SD)	3.2 (3.2)
Patients who have missed doses, n	15
Patients who have controlled the disease with the biological treatment, n	93
Patients who have improved the quality of life with the biological treatment, n	93
The patient considers to have sufficient information of the drug, n	80
The patient considers to have sufficient information of the disease, n	87
They belong to a patient association, n	4

Conclusions: The satisfaction degree of patients with their biological treatment is very high regardless of the route of administration. Most of them are in monotherapy or with low doses of FAME. 61% of patients self-administer the drug at home. 93% of patients consider that there has been a change in their quality of life and that they can lead a normal life.
Disclosure of Interest: None declared
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AB1086 THE PREVALENCE AND THE REACTIVATION RATES OF HEPATITIS IN PATIENTS WHO ARE TAKING AN IMMUNESUPRESSIVE AGENT FOR TREATMENT OF A RHEUMATOLOGICAL DISEASE

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Background: Today, the immunosuppressive treatment agents became important for therapy of rheumatoid diseases. Theoretically, the use of these agents may result in reactivations be in patients that infected with Hepatitis B (HBV) and Hepatitis C (HCV) virus.
Objectives: We aimed to study the reactions during treatment and prevalence of HBV and HCV infections in rheumatology patients who are using immunosuppressive treatment.
Methods: The records of a total of 1146 patients who were taking an immunosuppressive treatment for a rheumatoid disease were reviewed retrospectively. The hepatitis serology, type of immunosuppressive treatment, the duration of treatment, liver function tests, complete blood count; HBV – DNA and HCV – DNA and antiviral agents and time of use (if patient is infected) were recorded.
Results: There were 682 (59.5%) women and 464 (40.5%) men, the mean age was 45.04±13.13. Ankylosing spondylitis (AS) was diagnosed in 453, rheumatoid arthritis (RA) in 365, psoriatic arthritis in 151, systemic lupus erythematosus in 43, vasculitis in 39, Behçet Disease in 26, systematic sclerosis in 18, myositis in 9, juvenile rheumatoid arthritis in 7, Sjögren Syndrome in 7, Still Disease in 3, familial mediterian fever in 6, retroperitoneal fibrosis in 1 and mixed connective tissue disease in 1 patient. The rate of HbsAg positivity was 1.8% in AS and 2.2% in RA; the rate of HCV positivity was 0.7% and 1.9% respectively. While