

SAT0753-HPR AWARENESS OF POSSIBLE SIDE EFFECTS OF NSAIDS AMONG THE ALBANIAN PATIENT POPULATION

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Background: No official published figures are available regarding the annual use of NSAIDs in Albania. Nonsteroidal anti-inflammatory drugs are used primarily to manage different pain conditions, less commonly they are used for their antipyretic effect. Although generally well tolerated, conventional NSAIDs have been associated with a wide range of adverse effects. The most common of which are gastrointestinal tract (GIT) side effects like: dyspepsia, abdominal pain, heartburn, and the most serious life-threatening gastrointestinal (GI) ulceration.

Objectives: To investigate patient awareness of the proper use and frequency of side effects in nonsteroidal anti-inflammatory drugs (NSAIDs) patients in Albania. **Methods:** This study was a prospective 15 question interview of patients purchasing medications, during randomized 1 hour/day pharmacy visits over a one month study period (May 2015).

The study was conducted in 4 community pharmacies located in the city of Tirana (capital of Albania). Two hundred and ten patients were included in this study.

Results: Overall NSAIDs use during last year was 63%: Ibuprofene and diclofenac was the most used NSAIDs.

The majority of patients (58%) reported having side effects upon NSAIDs-use; gastrointestinal upset was the most frequently reported side effect.

Patients' awareness regarding proper NSAIDs use was poor, and pharmacist role in counseling was inadequate.

However, user ability to discover the most common side effect to the drug seemed not to be affected.

Conclusions: Nonsteroidal anti-inflammatory drugs use awareness and knowledge of probable serious side effects and how to handle them was not adequate. This probably reflected on high incidence of side effects. Nonsteroidal anti-inflammatory drugs are available on prescription as well as over the counter drugs.

Pharmacist involvement in education of patients using them is highly recommended and much needed to help decrease frequency of side effects.

However this is a small scale study and further studies need to be done.

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SAT0754-HPR "A NECESSARY INVESTMENT IN FUTURE HEALTH". PERCEPTIONS OF PHYSICAL ACTIVITY MAINTENANCE AMONG PEOPLE WITH RA PARTICIPATING IN AN OUTSOURCED HEALTH-ENHANCING PHYSICAL ACTIVITY PROGRAM

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Background: Health-enhancing physical activity (HEPA) is an active treatment in rheumatoid arthritis (RA) that may be difficult for patients to maintain over time. A two-year HEPA program including twice-weekly circuit training at public gyms and 150 weekly minutes of moderately intense aerobic exercise was conducted in Sweden between 2011 and 2013. Regular peer support sessions were held to guide adoption and maintenance of HEPA. Patient perceptions on maintained physical activity in RA have been minimally explored.

Objectives: To describe perceptions of physical activity maintenance during the second year of an outsourced 2-year HEPA-program among people with RA

Methods: A descriptive design with a qualitative inductive approach was used. Interviews were conducted with 18 participants with RA, including men and women differing in age, disease duration, activity limitation, perceived pain, levels of physical activity, training centers and peer support groups. Qualitative content analysis was used, and a pattern of theme, subthemes, categories, and subcategories was constructed based on the participants' perceptions of the phenomenon.

Results: A main overarching theme and three subthemes were established, called 'A necessary investment in future health through dedication, affinity and awareness', which described participants' experiences of maintenance during the second year of an outsourced 2-year HEPA-program. This was further described in eight categories with 16 subcategories. The categories described the participants'; 'mindsets, habits, commitments, social support, PA contexts, monitoring, insights in PA, and health gains'.

Conclusions: The findings are partly in line with the theoretically derived

explanations for maintenance of behavior change formulated to date, such as maintenance motives (self-determination and identity), self-regulation (skills and processes, lapse, relapse and coping) habits, resources (psychological and physical) as well as environmental and social influences. The results of this study could also be transferable to similar groups of people with RA in similar settings and useful in designing future HEPA interventions to facilitate maintenance of behavior change.

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SAT0755-HPR VARIATION IN SLE-RELATED PAIN: A SEVEN YEAR FOLLOW-UP STUDY

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Background: In a previous study we have shown that 24% of patients with SLE in our cohort reported high level of SLE-related pain, ≥ 40 mm on VAS (0–100 mm).¹ These patients with high pain level also reported significantly more fatigue, anxiety and depression and reduced health-related quality of life compared to the SLE patients with low pain level, ≤ 39 mm on VAS.²

Objectives: To investigate the variation in self-reported SLE-related pain and its association with presence of chronic widespread pain (CWP) and patient-related outcomes after seven years of follow-up.

Methods: 64 of 84 patients agreed to participate in the 7-year follow-up and answered questionnaires on pain (VAS/mm), fatigue (MAF), HRQoL (SF-36), anxiety and depression (HADS) and, in case of remaining pain > three months, marked painful body regions on a pain-drawing. Disease activity and damage (SLAM, SLEDAI, SLICC) were also captured. Nonparametric statistics were used to compare the different groups. Difference in measures (diff) between inclusion and follow-up was calculated.

Results: For the patients with low degree of SLE-related pain the previous week (≤ 39 mm on VAS) at inclusion, n=50, there were no significant difference at 7 years follow-up in pain, fatigue, anxiety, depression and all dimensions of SF-36, except for deterioration in physical function median diff (IQR) 0 (-10 to 5), p=0.024. Of these patients with low level of pain, 26% indicated chronic widespread pain on the pain drawing.

Among patients with high degree of pain (≥ 40 mm on VAS) at inclusion, n=14, half of the patients reported significantly decreased pain, diff (IQR) 45 (35 to 65), p=0.021, fatigue, 8 (8 to 17), p=0.018, anxiety, 4 (1 to 4), p=0.035 and depression, 4 (2 to 5), p=0.018 and improvements in all dimensions of SF-36 except for role emotional and social function at follow-up, p<0.05.

However, half of the patients with high degree of pain at inclusion reported no significant changes at follow up regarding pain, median diff (IQR) -13 (-20 to 28), fatigue, 5 (-0.3 to 6), anxiety, 2 (-1 to 3) and depression, 0 (-3 to 2). These patients reported significantly deterioration in vitality in SF-36, diff (IQR) 20 (15 to 35), p=0.0018 but no significant changes in the other dimensions of SF-36. All patients with high levels of remaining pain indicated chronic widespread pain on the pain drawing. These patients with remaining pain had significantly higher SLAM at follow-up compared to the patients with decreased pain at follow-up, p=0.017 and the patients with low levels of pain at inclusion, p=0.006. No significant differences were found regarding SLEDAI and disease damage.

Conclusions: Self-reported level of disease-related pain remain low in most patients and in some patients also significantly reduced. However, half of the patients with high level of pain at inclusion still experienced high level of pain and pain-related problems including widespread pain after 7 years of follow-up. These results suggest a transition from SLE-related pain to chronic widespread pain, which requires different pain management.

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SAT0756-HPR EFFECT OF NSAID INTAKE ON KINESIOPHOBIA IN PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background: Spinal stiffness and loss of spinal mobility, explained by spinal inflammation and structural damage due to extensive osteoproliferation, are characteristics of Ankylosing Spondylitis (AS). AS usually disables a person with severe back pain and, in later stages, remarkable spinal kyphotic deformity. The deformity eventually may necessitate a major corrective procedure. Therefore, controlling the symptoms and progression of AS in early stages by effective medication is the main step in the management of AS.

Objectives: The aim of this study was to investigate the effectiveness of DMARD therapies on NSAID intake and kinesiophobia in patients with AS.

Methods: A total of 74 patients, diagnosed according to the modified New York criteria for AS, were enrolled. Patients were assessed to measure disease activity using the Bath Ankylosing Spondylitis Disease Activity Index [BASDAI]. Fear of movement was assessed with the Tampa Scale for Kinesiophobia [TSK]. To calculate NSAID intake and the type of NSAID, dose, percentage of days with intake were recorded, along with DMARD therapy, age, body mass index (BMI), and disease duration. The NSAID equivalent scoring was calculated according to recommendations from longitudinal clinical studies. The drug therapy groups were compared using the Kruskal-Wallis test and the Chi-square test. Correlation analysis was evaluated by Spearman's correlation coefficient.

Results: Seventy-four patients (36 women, 38 men; mean age: 43.81±10.18 years; mean disease duration: 9.89±8.50 years; BMI: 28.20±5.07) treated with four types of DMARDs (adalimumab+golimumab =17; infliximab =19; etanercept =13; sulfasalazine =25) were included. There were no drug group differences in terms of age ($p=0.179$), sex ($p=0.886$), or BMI ($p=0.821$). BASDAI scores (mean: 3.9±2.4) and NSAID intake (mean: 68.1±76.1; $p=0.003$) were significantly higher in the sulfasalazine therapy (ST) group compared to other drug groups. BASDAI scores were not correlated with age ($p=0.103$), disease duration ($p=0.131$), BMI ($p=0.641$) or the TSK scores ($p=0.376$). Different NSAID intake groups ($p=0.089$) had similar TSK scores.

Conclusions: Patients with AS had fear of movement independent of age, BMI or disease duration, even when they experienced positive results from drug therapies and concomitant therapy with a single oral dose of NSAID or oral corticosteroids in stable dosages.

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SAT0757-HPR SIGNIFICANT IMPROVEMENT OF RHEUMATOID ARTHRITIS (RA) OUTCOME WITH REPEATED SELF-ASSESSMENT APPLYING SMART SYSTEM OF DISEASE MANAGEMENT (SSDM) MOBILE TOOLS: A COHORT STUDY OF RA PATIENTS IN CHINA

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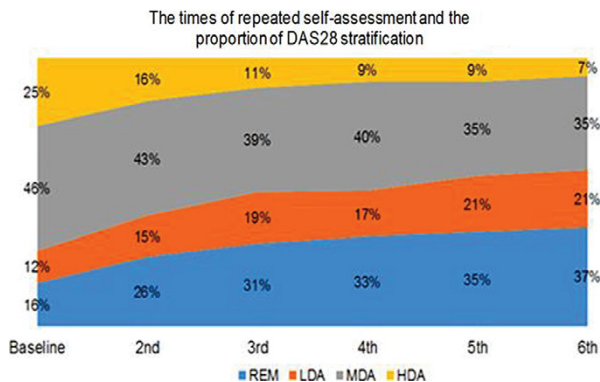
Background: There are more than 5 million RA patients in China, but only 5,000 rheumatologists. Treat-to-Target (T2T) strategy are critical for the treatment of RA, but the Chinese rheumatologists can hardly provide patients with a complete assessment in the clinic due to limited time. The SSDM includes interfaces of both physicians' and patients' application. After entering the data of lab test records, treatment regimens, and executing DAS28 assessment by patients themselves, all data can be synchronized automatically to the authorized physicians' mobile tool. The rheumatologists can adjust treatment regimens base on patients' profile. Our previous study showed that patients in China can master the application of SSDM for accurately evaluating DAS28 and health assessment questionnaire (HAQ) after training.

Objectives: The purpose of this study is to explore the effectiveness of applying

SSDM in improvement of disease activity after repeated self-assessment in Chinese RA patients.

Methods: Patients were educated to assess DAS28 with SSDM and asked to repeat the self-assessment once a month. Descriptive statistics were performed for patient and disease characteristics. According to DAS28 scores, disease activity was divided into four groups: remission (Rem), low disease activity (LDA), moderate disease activity (MDA) and high disease activity (HDA).

Results: From Aug 2014 to Jan 2017, a total of 11,867 RA patients from 459 centers in China participated in the study. The mean age was 49.27±14.35 (18 to 99) years and the median disease duration was 11.43 months. All patients performed self-assessment of DAS28, HAQ and morning stiffness time for 20,376 times. Proportion of patients in Rem, LDA, MDA and HDA was 16%, 12%, 46% and 25% respectively at baseline. Of which, 3,472 patients performed repeated assessment for 8,509 times. Proportion of patients in Rem, LDA, MDA and HDA changed into 34%, 18%, 38% and 10% at the last assessment. The proportion of T2T (DAS28 <3.2) at the last assessment was higher than that of baseline significantly ($P<0.001$). According to the assessments, the rate of T2T from baseline to 6 times were 28%, 41%, 49%, 51%, 56% and 58% (see Figure 1). With the increase of the times of self-assessment, the T2T rate was significantly improved ($p<0.001$).



Conclusions: Under repeated self-assessment of DAS28 using SSDM, RA patients can achieve better T2T result. SSDM can assist rheumatologist to rationally adjust treatment for RA patients.

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SAT0758-HPR DEPRESSION BUT NOT CORE SYMPTOMS PREDICT CAREGIVER STRAIN IN ADULTS SHARING A HOME WITH PRIMARY SJÖGREN'S SYNDROME PATIENTS

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Background: Patients with primary Sjögren's syndrome (PSS) experience a range of symptoms including dryness, fatigue, pain and low mood. The impact of these symptoms upon the people with whom they live, is unknown. The caregiver strain index (CSI) is a thirteen item questionnaire which measures strain in caregivers (Robinson 1983).

Objectives: To determine whether adults living in the same household as a person with PSS experience caregiver strain and to examine the relationship between caregiver strain and other factors.

Methods: We collected age, Carer Strain Index (CSI) and quality of life (QOL) (SF-36) scores from 62 adults who shared a home with a PSS patient. We also collected various measures from the PSS patients that they lived with. The patient measures included; age, time since diagnosis, fatigue, dryness, pain, QOL, depression, anxiety, and physical function (Improved HAQ). We conducted Spearman correlations to compare the relationship between the carers' CSI and SF-36 scores as well as the measures from the patients they lived with. We performed multivariate analyses on factors that significantly correlated with CSI scores.

Results: The caregiver strain scores are shown in the Figure. Although a median CSI score of 1 demonstrates that most AHM participants experienced very little caregiver strain, 14% of AHM participants did experience high levels (indicated with a CSI score ≥ 7).

Age and PSS disease duration negatively correlated with carer strain. Increased pain, fatigue, mental fatigue, physical functioning, anxiety, depression in the patients and SF-36 physical component scores in the household members all significantly correlated with increased carer strain. There was no relationship between dryness scores and age of the PSS patient and CSI scores. Multivariate analysis suggests the main predictor of increased carer strain was depression in the PSS patient and younger age of the household member.

Conclusions: Caregiver strain is evident in a proportion of adults sharing a home with a person with PSS. Caregivers of patients with high depression scores are particularly susceptible and may benefit from additional support.