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What to do about comorbidity?

OP0209-HPR INCIDENCE OF FIRST CARDIOVASCULAR EVENT IN SPANISH PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES: PROSPECTIVE DATA FROM THE CARMA PROJECT

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Objectives: To determine the incidence and risk factors implicated in the development of first cardiovascular event (CVE) in patients with chronic inflammatory rheumatic diseases (CIRD) attending rheumatology clinics after 2.5 years of follow-up.
Methods: Analysis of data after 2.5 years of follow-up in an observational prospective study [CARdiovascular in rheuMAtology (CARMA) project] that includes a cohort of patients with CIRD [rheumatoid arthritis (RA), ankylosing spondylitis (AS), and psoriatic arthritis (PsA)] and another cohort of matched individuals without CIRD attending outpatient rheumatology clinics from 67 hospitals in Spain. The cumulative incidence per 1000 patients and the incidence density per 1000 patient-months of non-fatal CVE were estimated in both cohorts at 2.5 years from the start of the project. Weibull proportional hazard model was used to calculate the Hazard Ratio (HR) and 95% confidence interval (95% CI) of the risk factors involved in the development of CVD events. Losses to follow-up and their causes were also analyzed.
Results: The total number patient who completed the follow-up visit at 2.5 years was 2,598 (89.2% of those who started the study). Seven patients had died due to CVE and 23 because of non-CVE. The higher number of losses to follow-up was found in the control group (15.81%), because many of them were not periodically follow-up at the outpatient clinics. Cardiovascular cumulative incidence in patients with CIRD 15.30 cases per 1000 patients (95% CI: 12.93–17.67), being higher in AS patients 22.03 (95% CI: 11.01–33.04). The higher risk of developing a first CVE during the 2.5 years of follow-up was in patients with AS (HR: 4.11, 95% CI: 1.07–15.79; p: 0.04), those with older age (HR:1.09; 95% CI: 1.05–1.13, $p<0.001$), higher systolic blood pressure (HR: 1.02; 95% CI: 1.00–1.04, p=0, 01) and longer duration of the rheumatic disease (HR: 1.07; 95% CI: 1.03–1.12), $p<0.01$). In contrast, woman gender was a protective factor (HR: 0.43; 95% CI: 0.18–1.00, p=0.05).
Conclusions: Patients with AS prospectively followed-up at rheumatology outpatients clinics show higher risk of developing a first CVE than those with RA or PsA. Besides traditional CVD risk factors a longer time course of the disease is a risk factor for the development of CVD in patients with CIRD.
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Difficult to reach patient groups

OP0210-PARE THE DEVELOPMENT AND EVALUATION OF AN INTERACTIVE HEALTH COMMUNICATION APPLICATION TO EDUCATE AND EMPOWER YOUNG PEOPLE LIVING WITH JUVENILE IDIOPATHIC ARTHRITIS: A PILOT STUDY

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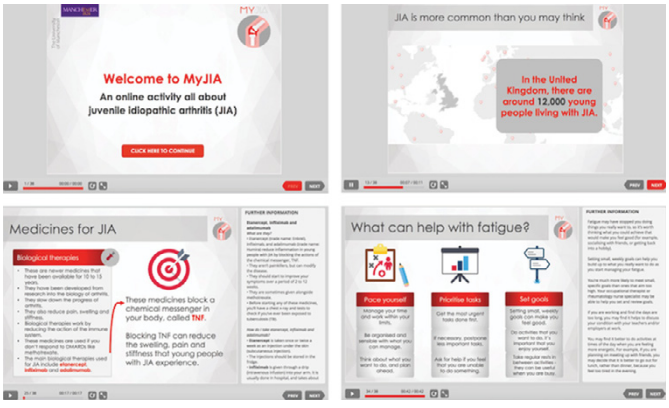
Background: In parallel with clinical care, it is equally important to empower young people with juvenile idiopathic arthritis (JIA) to develop self-efficacy skills, so that they can competently self-manage their health, particularly as they transition into adult health services.[1] Capitalising on the popularity of technology, web-enabled tools represent a novel and effective way of engaging young people with JIA. A Cochrane review of Internet Health Communication Applications (IHCAs) found that IHCAs have a positive effect on self-efficacy, empowering individuals to become more knowledgeable.[2]
Objectives: The aim of this study was to: i) develop and evaluate an IHCA in young people with JIA, aged 16 to 25 years; and ii) investigate whether an IHCA enhanced young people's condition-specific knowledge, and their self-efficacy to manage their health.
Methods: Young people aged 16 to 25 with a self-reported diagnosis of JIA were recruited to take part via social media. The IHCA was built using Microsoft PowerPoint and iSpring Suite (Figure 1). A virtual advisory group of patients, parents and healthcare professionals were involved throughout the design and development of the IHCA. The contents of the IHCA was obtained for existing published sources. Matching anonymous pre- and post-participation questionnaires were used to assess differences in knowledge of JIA and self-efficacy skills.
Results: In total, 23 (79%) young people with JIA completed both pre- and post-participation questionnaires. Most young people reported that their preferred source of condition-related information was obtained via an internet search engine (83%). Prior to completing the IHCA, only 22% of young people reported that they had an excellent understanding of JIA. After completing the IHCA, there was a significant improvement in young people's condition-specific understanding. Similarly, after completing the IHCA, there was a significant improvement in young people's confidence to better self-manage their health. Interestingly, only 30% of young people reported that the information which health professionals provided to them about JIA was adequate, in terms of comprehension and usefulness. Qualitative findings identified three core themes: resource content, practical support and accessibility/functionality. Young people liked the way that information was presented, as well as practical steps they could take to improve their health.



Conclusions: Quantitative results correspond with qualitative findings, indicating that the IHCA was well-received by young people with JIA. Condition-specific understanding was enhanced after completing the IHCA, as was participants' confidence in their self-efficacy and disease self-management capabilities. These results indicate that with ongoing development and larger scale evaluation, implementation of this IHCA is feasible.
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