ABA initiators was higher than for TNFi initiators due to the higher proportion of pts continuing ABA after 6 months. ABA treatment resulted in lower hospitalization costs. The cost per QALY for ABA (vs TNFi) was £ 8667. An intervention with an ICER of less than £ 30,000 per QALY gained is generally considered to be cost effective in the UK. In a sensitivity analysis, in which the annual cost of TNFi was assumed to be the same as a biosimilar agent (£ 7829), the ICER increased to £ 25,660.

Conclusions: Based on real-world data, abatacept is a cost-effective alternative to TNFi in an ACPA+ pt with RA. The increased treatment costs of abatacept are offset by the gain in benefits (QALYs) from higher CDAL reductions with abatacept.

References:

- [1] van der Helm-van Mil AHM, et al. *Arthritis Res Ther* 2005;7:R949–58.
- [2] Harrold LR, et al. *Ann Rheum Dis* 2016;75(Suppl 2):505–6.
- [3] Malottki K, et al. *Health Technol Assess* 2011;15:1–278.
- [4] Stevenson MD, et al. *Health Technol Assess* 2016;20:1–610.

Disclosure of Interest: S. Johal Consultant for: PAREXEL Access Consulting received a Consultancy fee to support the analysis, Employee of: HERON Commercialization, E. Alemao Shareholder of: Bristol-Myers Squibb, Employee of: Bristol-Myers Squibb

DOI: 10.1136/annrheumdis-2017-eular.3436

THU0726-HPR WHAT CHARACTERISES PATIENTS REFERRED FOR SURGICAL CONSULTATION DUE TO CARPOMETACARPAL OSTEOARTHRITIS?

E.M.H. Gravas¹, R. Nossoum², R.E.M. Eide³, A. Klokereide⁴, K.H. Matre³, M. Olsen⁴, S. Darre², O. Andreassen¹, N. Osteras¹, I. Kjekken¹.

¹Diakonhjemmet Hospital, Oslo; ²St.Olavs Hospital, Trondheim; ³Haukeland University Hospital, Bergen; ⁴Haugesund Rheumatism Hospital, Haugesund, Norway

Background: Carpometacarpal osteoarthritis (CMC-OA) is a common joint condition, with a prevalence of 13% in people aged 41 to 50 years, increasing to 68% in people between 71 and 80 years. In the absence of disease-modifying interventions, non-pharmacological approaches are considered as core treatments for hand OA, while surgery is recommended for those with severe CMC-OA.

Objectives: To describe function and previous treatment in patients referred for surgical consultation due to CMC-OA.

Methods: Individuals referred for surgical consultation due to their CMC-OA at three Norwegian departments of rheumatology were invited to participate. Those who agreed attended a clinical assessment and reported their symptoms, disability and function using validated outcome measures including the Quick-Dash (0–100, 0=no disability) and the MAPHand (1–4, 1=no limitations).

Results: A total of 180 patients (mean age 63, range: 45 to 82; 79% women) were included. Thirty-six percent were referred for right hand, 43% for left hand, and 21% for bilateral surgery. Concerning previous treatment for hand OA, 21% (78% women) had received hand surgery, 22% (81% women) physical or occupational therapy, and 11% (95% women) had consulted a rheumatologist. Women consistently reported higher pain levels compared to men, had more finger joints with bony enlargements and significantly lower grip and pinch strength in both hands (Table). They also reported significantly more disability and activity limitations at Quick Dash; 38.6 versus 30.4, ($p=0.006$) and MAPHand; 2.0 versus 1.7 ($p<0.001$), for women and men, respectively. However, for finger range of motion, men had slightly more flexion deficit and less palmar abduction in their left hand compared to women.

Conclusions: Among patients referred for surgical consultation due to CMC-OA, women self-reported lower hand function and scored poorer than men in observer based assessments. Even if conservative treatment is recommended before referral for surgery, only a few participants had received such treatment for their hand OA.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.3662

THU0727-HPR BLENDED INTERVENTIONS FOR FATIGUE SELF-MANAGEMENT: IS THIS THE WAY PATIENTS AND PROFESSIONALS LIKE TO GO?

C. Bode¹, E. Taal¹, H. Vonkeman², F. Ben Allouch¹, K. Hohl¹. ¹Psychology, Health & Technology, University Twente; ²Rheumatology, Medisch Spectrum Twente, Enschede, Netherlands

Background: Blended care, the integration of online and face-to-face care, promises to combine the best of two worlds.

Objectives: To explore the attitudes and needs concerning blended care of two key stakeholders: health professionals and patients.

Methods: Rheumatologists (8) and specialized nurses (5) were recruited in a Dutch hospital and patients with an inflammatory rheumatic disease (10) were recruited via flyers in hospitals and patient organizations in Germany. A semi-structured interview scheme was used to explore knowledge, experiences, needs and perceived (dis)advantages of a blended care format for fatigue self-management. Transcribed verbal data were coded with hierarchical coding schemes.

Results: Perspective of professionals: Blended care matches needs for psychosocial interventions in medical settings, has a patient-friendly and flexible format, reflects the active role of patients and can easily be imbedded in standard care. Reported barriers were low education and skills in technology use in patients, the lack of proven and safe interventions and costs for development/ implementation. Patient perspective: Patients expected better communication, time saving and improvement of autonomy in self-management. They were concerned about loss of personal contact and in general, patients were very critical regarding online activities, privacy risks and guaranteed quality of eHealth products.

Conclusions: Health professionals and patients differ in their attitudes towards blended care. Professionals are better informed and have a more positive attitude, whereas patients' attitudes towards blended care are mainly driven by their reservations towards the reliability and safety of the internet in general. Results will be discussed on the background of attitudes towards eHealth in different countries.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6838

THU0728-HPR COMPARISON OF THE EFFECTIVENESS OF FUNCTIONAL AND NIGHT SPLINT FOR RHIZARTHRITIS: ONE-YEAR FOLLOW-UP OF A CONTROLLED, RANDOMIZED, BLINDED CLINICAL TRIAL

F.C. Silva, S.M.M. Adolph, R.V.T. da Silva, J. Natour. *Department of rheumatology, Federal university of São Paulo, São Paulo, Brazil*

Background: Rhizarthritis is an inflammatory degenerative joint disease affecting the trapeziometacarpal joint. The main symptom is pain, leading to difficulty with hand functions and reduced quality of life. Two randomized controlled trials found in the literature reported similar findings in terms of pain reduction and improved hand function with the use of a short orthosis for rhizarthritis; one of the trials showed the benefits when the device was used for daytime function while the other showed the benefits when the orthosis was used during nighttime rest.

Objectives: To compare the effectiveness of functional (daytime) and night splint (Figure 1) in reducing pain and improving functionality in patients with rhizarthritis.

Methods: A controlled, randomized, blinded clinical trial with sixty patients diagnosed with rhizarthritis. The patients were assessed by a blinded assessor at the beginning of the treatment and after 45, 90, 180 and 360 days the following variables were evaluated: pain at the base of the thumb using a numerical pain scale; thumb range of motion measured using a goniometer; grip strength evaluated by a hydraulic hand dynamometer; pinch strength using the pinch gage; hand dexterity evaluated with the pick-up test; function evaluated by the Brazilian version of the AUSCAN LK 3.01 Hand Osteoarthritis Index, the Cochin Hand Function Scale, the Michigan Hand Outcomes Questionnaire and a Likert-type scale. The Hand Outcomes Questionnaire, Cochin Scale and Michigan Questionnaire were used to assess hand function and patient satisfaction using a Likert scale.

Results: Most of the variables analyzed, including patient characteristics such

Abstract THU0726-HPR – Table 1. Hand function

	Right hand		p-value	Left hand		p-value
	Women	Men		Women	Men	
No. of joints with bony enlargements, mean (SD)	1,9 (2,3)	1,2 (2,9)	0,10	1,6 (2,3)	1,3 (2,8)	0,46
Proportion with normal max grip strength ^a , % (SD)	65,7 (27,6)	90,9 (26,1)	<0,001	64,0 (26,3)	83,5 (21,2)	<0,001
Proportion with normal max pinch strength ^a , % (SD)	66,2 (28,8)	73,6 (28,3)	<0,001	66,8 (25,8)	71,5 (29,0)	<0,001
Number of painful joints, mean (SD)	4,2 (3,3)	2,0 (2,1)	<0,001	3,8 (3,0)	1,8 (1,7)	<0,001
Pain at rest ^b , mean (SD)	2,3 (2,2)	1,7 (1,8)	0,10	2,8 (2,6)	2,3 (2,1)	0,23
Pain following grip strength assessment ^b , mean (SD)	2,7 (2,5)	2,4 (2,9)	0,60	2,6 (2,3)	2,5 (2,4)	0,92
Pain following pinch strength assessment ^b , mean (SD)	2,9 (2,7)	2,7 (3,0)	0,67	3,1 (2,8)	3,1 (2,7)	0,98
Total flexion deficit (mm), mean (SD)	11,2 (30,5)	8,0 (24,4)	0,56	10,4 (27,8)	10,7 (33,6)	0,96
Palmar abduction thumb ^b , mean degrees (SD)	50,9 (11,7)	51,5 (12,5)	0,77	50,0 (11,9)	48,5 (10,6)	0,49
Abduction CMC ^c , mean degrees (SD)	37,9 (9,6)	40,3 (12,0)	0,20	37,9 (9,9)	38,1 (10,6)	0,92

^aMeasured in Newton using the Grippit. ^bNumeric rating scale (NRS): 0–10, 0= no pain. ^cMeasured in degrees using the Pollexograph.

as age, gender, disease duration and hand dominance, were homogeneous at the beginning of the study. In both groups there was a reduction in hand pain with time (intragroup analysis). Pain in the functional group, expressed as mean $\pm$ standard deviation, was 6.82 ± 1.72 and 4.77 ± 2.45 at the beginning and end of the treatment, respectively, and the corresponding figures for the nighttime group were 7.20 ± 1.63 and 4.83 ± 2.68 . The p values for both groups were $p < 0.001$. There were no statistically significant differences in the majority of the parameters assessed between the groups, including the outcome pain. Three measures considered to be occasional, presented a significant difference between the groups: right palmar abduction $p = 0.023$ and right tripod pinch strength $p = 0.006$ with better results for the group that used the night splint; and time execution of the pick-up test with eyes closed to the right hand $p = 0.048$ with more representative results for the functional (daytime) splint use.

Figure 1: Splint for rhizarthrosis

Conclusions: There was no statistically significant difference between functional and night splint in terms of pain, function or any of the other parameters assessed in rhizarthrosis patients after one year of treatment.

References:

- [1] Carreira ACG, Jones A, Natour J. Assessment of the effectiveness of a functional splint for osteoarthritis of the trapeziometacarpal joint of the dominant hand: a randomized controlled study. *J Rehabil Med* 2010;42(5): 469–74;
- [2] Rannou F, Dimet J, Boutron I, et al. Splint for Base-of-Thumb Osteoarthritis. A randomized trial. *Annals of Internal Medicine* 2009;150(10):661–9; osteoarthritis: systematic review and meta-analysis. *Disabil. Rehabil, Early Online* 2015: 1–19.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5590

THU0729-HPR PATIENTS AND CAREGIVERS PREFERENCES RELATED WITH THE USE OF INFORMATIC TECHNOLOGY TOOLS FOR EDUCATION IN RHEUMATOID ARTHRITIS

S. Henao¹, F. Rodriguez², L. Villarreal³, P. Santos-Moreno⁴, M. Cabrera⁵, D. Buitrago-Garcia⁶, C. Caicedo⁷. ¹Patient service; ²Patient Program; ³Psychology and processes; ⁴Rheumatology; ⁵Engineer and processes; ⁶Epidemiology, Biomab, Center for Rheumatoid Arthritis, Bogota; ⁷Public Health, Universidad Nacional de Colombia, Bogota, Colombia

Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease of the joints affecting more than 1% of global population, it is a long term condition that causes pain, disability and affects the quality of life (1). It has been demonstrated that patient's involvement with its treatment and disease management can be more effective than information-only given by the physician or a health care professional (2).

Objectives: To describe patient's preferences regarding information technology tools for education and RA management in a specialized center in Bogotá Colombia.

Methods: We conducted a descriptive study where a survey was applied to a group of patients or care-givers attending to a patient-focused symposium in Bogotá Colombia. Descriptive epidemiology was done; percentages and averages were calculated for qualitative variables.

Results: We included 452 participants, 80% were patients and 20% caregivers, only 25% referred to assist to informative activities regarding disease management, 41% reported to have information regarding RA, also between 29% and 45% of patients acknowledged the role of the health-care team in the disease activity management. Regarding technology information tools patients considered that WhatsApp was the most important tool to received messages to disease management (40%) followed by YouTube and websites. 70% reported to have a computer or a mobile phone with internet connection, 60% reported to use Facebook while only 30% reported to use easily websites and twitter.

Conclusions: It is important to know the preferences and access that patients and caregivers have to informatics technology in order to create self-care programs that really are going to be used in this population. This survey is evidence not only to start an educational program in our specialized center but to the health care professionals and stakeholders in Colombia.

References:

- [1] Prothero L, Georgopoulou S, de Souza S. Patient involvement in the development of a handbook for moderate rheumatoid arthritis. 2016.

- [2] Vermaak V, Briffa NK, Langlands B, Inderjeeth C, McQuade J. Evaluation of a disease specific rheumatoid arthritis self-management education program, a single group repeated measures study. *BMC musculoskeletal disorders*. 2015;16:214.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5450

THU0730-HPR CONTENT AND SUPERVISION OF GROUP EXERCISE THERAPY (GET) FOR AXIAL SPONDYLOARTHRITIS (AXSPA) IN THE NETHERLANDS; A NATION WIDE SURVEY

F. Van Der Giesen^{1,2}, S. Van Weely², N. Lopuhaa³, T. Vliet Vlieland².

¹Rheumatology, Haga Teaching Hospital, The Hague; ²Orthopedics, Leiden University Medical Center, Leiden; ³Dutch Arthritis Foundation, Amsterdam, Netherlands

Background: For axSpA patients exercise therapy is recommended in (inter)national treatment guidelines. Apart from mobility exercises, muscle strengthening and cardio vascular training are recommended therapeutic modalities [1,2]. In the Netherlands 45 therapy groups (land based exercises; 1, hydrotherapy; 13, combination groups; 31) are organized by 17 local patient organizations exclusively for AxSpA patients. It is unclear if the treatment recommendations are followed and what the nature of the supervision in these exercise programs is.

Objectives: To describe the therapeutic modalities used and characteristics of the supervision in GET for patients with axSpA in the Netherlands.

Methods: A questionnaire was sent to the coordinating supervisors of GET from the 17 local patient organisations involved in GET for axSpA with questions regarding the frequency and duration of group exercise programs and treatment modalities (mobility, strengthening and/or cardio-vascular exercises) used in land-based and hydrotherapy parts of the programs. In addition the questionnaire included questions regarding the number of supervisors involved in the supervision of GET, their professional background (physical therapist, other), years of experience with GET (<1yr, 1–5 yrs, >5yrs) additional education related to rheumatic diseases (yes/no) and rheumatology network membership (yes/no).

Results: All 17 coordinating supervisors of GET for axSpA returned the questionnaire. All exercise groups were performed once a week with a median (range) duration of 30 minutes (30–60) for the hydrotherapy and 105 minutes (45–180) for the combination therapy groups. Regarding land-based treatment modalities, active joint range of motion exercises and muscle strengthening exercises were used as stated by 15/17 and 14/16 coordinators respectively. In hydrotherapy this was 17/17 both. 13/16 coordinators stated that cardio-vascular training was used in land-based parts and in hydrotherapy parts in 14/17. Only 1/17 coordinator stated that heart rate monitoring (land-based) was used. A total of 64 supervisors were involved in GET for axSpA of whom 54/60 were physical therapists. 35/59 were involved for more than 5 years, 21/55 had post graduate rheumatology education and 10/54 were rheumatology network members.

Conclusions: Mobility and strengthening exercises are used in the majority of GET programs, but heart rate monitoring is almost never used raising questions regarding the intensity of these programs. The duration of exercise sessions showed a wide variety, as did the program composition (water based/land and water based) identifying considerable practice variation. The majority of the supervisors were physical therapists with long standing experience but only a minority had postgraduate rheumatology education. To ensure the quality of GET for patients with axSpA, reducing practice variation is a future challenge. Education of GET supervisors might be important aspects and target of priority.

References:

- [1] Van der Heijde D, Ramiro S, et al. 2016 update of the ASAS-EULAR management recommendations for axial spondyloarthritis. *Annals of the rheumatic diseases*. 2017.
- [2] Dutch Arthritis Association, Guidelines for diagnostics and treatment in axial spondylitis. 2014.

Acknowledgements: This study was funded by the Dutch Arthritis Foundation.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4192

THU0731-HPR CAN A THREE WEEKS PROGRAM IN A REHABILITATION CENTER IMPROVE SYMPTOMS AND EXERCISE-FREQUENCY FOR RHEUMATIC PATIENTS?

G. Jarret, A. Orpana. Skogli Helse- og Rehabiliteringsenter AS, Lillehammer, Norway

Background: Rehabilitation for people with rheumatic disorders (15% of world-wide population) is a long term project (Stoffer et al. 2015). Rheumatic patients do not exercise as often as recommended (Holm et al. 2015). Intensive multidisciplinary interventions in rehabilitation-centers are in some countries an option – of which there is little effect knowledge. Perhaps data from a quality-management report can shed some preliminary light on this subject.

Objectives: Primarily to observe short and long term effects of a three weeks intensive multidisciplinary program for people with rheumatic disorders, and secondary to see if a correlation can be found between level of training frequency and levels of pain, stiffness, and self rated health.