Abstract FRI0761-HPR – Table 1. Individual- and contextual-dependent variables

		Random Effects Pooled Prevalence					Univariate Meta-regression	
		Studies	Estimates	Pooled Estimate	95% CI	I ²	I ²	p-value
Gender	Males (n=242808)	11	11	6.7	4.5–8.8	98.6	98.8	<0.01
	Females (n=290395)	11	11	10.9	8.1–13.7	98.7		
WHO Geographical Region	Europe (n=595876)	17	21	9.1	7.1–11.2	99.8	99.7	0.208
	Americans (n=16611)	6	6	10.9	5.1–16.7	99.4		
Latitude	<37° (n=6651)	6	6	10.5	4.5–16.5	98.9	99.8	0.622
	>37° (n=612233)	19	23	9.2	7.3–11.1	99.8		
Survey Type	Personal (n=551483)	18	22	10.0	7.7–12.3	99.5	99.5	0.746
	Non-Personal (n=67401)	7	7	7.8	4.8–10.7	99.4		
WHO Development Status	Developed (n=611999)	21	25	8.7	7.0–10.5	99.7	99.7	0.084
	Developing (n=6885)	4	4	13.9	6.4–21.4	98.5		
Socioeconomic Measures	GINI Index (n=618884)	25	29				99.5	0.258
	HDI (n=618884)	25	29				99.4	0.002
Reporting Quality	High (n=583819)	17	21	10.0	7.5–12.5	99.8	99.7	0.237
	Low (n=583819)	8	8	8.0	5.8–10.2	98.4		

Key: "Studies" refer to number of manuscripts, while "Estimates" relate to the number of countries within a manuscript that provided CWP prevalence estimates.

of socioeconomic position), GINI coefficient (measure of inequality), and latitude were added. Methodological reporting quality was assessed using the STROBE checklist [1]. Meta-analyses were conducted to determine global CWP prevalence, and individual- and contextual-dependent factors were evaluated using meta-regression analyses.

Results: Thirty studies across 20 countries (630,654 participants) met the inclusion criteria. Studies varied in CWP diagnostic criteria, survey method, and reporting quality. Study CWP sample prevalence ranged from 1.4–24.0%, with CWP in men ranging from 1.1–15.3%, while in women it ranged from 1.7–22.1%. Estimated overall CWP prevalence was 9.4% (7.6–11.3%). By gender, the global CWP prevalence estimate in women was significantly higher than for men (10.9% [8.1–13.7%] v 6.7% [4.5–8.8%], $p \leq 0.01$; Table). A meta-regression of the contextual factors showed the HDI was related to CWP prevalence ($p=0.002$), while other measures such as survey type, methodological reporting quality and GINI index showed no significant effect.

Conclusions: Globally CWP affects one in ten individuals within the general population, with women more likely to experience CWP than men. HDI was noted to be the socioeconomic factor related to CWP prevalence, with those in more developed countries having a lower CWP prevalence than those in less developed countries. There was a lack of data from countries with a lower socioeconomic position, and further CWP data in these areas can help determine if there are socioeconomic effects associated with CWP prevalence and can refine the CWP prevalence estimate.

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[1] Poorolajal, J., et al., *Epidemiology and health*, 2011. 33.

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PREVALENCE OF TOBACCO USE IN AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES (AIRDS): EFFICACY OF COUNSELING IN QUITTING TOBACCO USE

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Background: Autoimmune inflammatory rheumatic diseases (AIRDs) are chronic in nature and common presentation involves the musculoskeletal system. Off lately, the researches have proved the strong association of tobacco in the development of the disease and increasing severity as well as reducing treatment efficacy. Therefore, awareness about the deleterious effect of tobacco and counselling to quit the same should be an imperative part of the patient education.

Objectives: To assess the prevalence of tobacco use among patients with AIRDs and the effect of counselling on quitting tobacco.

Methods: AIRDs patients attending the rheumatology clinic, willing to participate in the survey were enrolled in this study. Tobacco use was categorized as active [smoking or oral tobacco use] or passive (when the patient was exposed to tobacco smoke). All the information collected in pre-design form, which included demographic information and current status of tobacco use. They were also counselled about the methods of quitting tobacco and its importance and short-term follow-up details were recorded.

Results: 361 patients were enrolled in this study, out of them 162 (44.87%) were tobacco-naïve and 199 patients (55.12%) were either active or passive tobacco users, among them active tobacco user 113 (56.78%), and passive user 86 (43.21%). Active tobacco users were further classified into mild 53 (47%), moderate 50 (44%) and severe 10 (9%) users. Other characteristics were as follows; Female: Male ratio 1.02:1 [F: M (183:178)], Rheumatoid arthritis 268 (74.2%) [F: M (171:97)], Spondyloarthropathy 93 (25.8%) [M: F (81:12)]. Residential details were: urban 284 (79%) and rural 79 (21%). Educational status: 28 (8%) illiterate, 148 (41%) basic education, 106 (29%) graduate, 79 (22%) postgraduate. Co-morbidities status: 123 (34%) having multiple co-morbidities and 238 (66%) have no co-morbidities.

276 (75%) patients were unaware of the ill effects of tobacco use in AIRDs whereas, remaining 85 (25%) were having little knowledge about it.

The results of persistent counselling and creating awareness with the help of

audio-visual aids were 49/113 (43.4%) quit from the active user's category, whereas, 64/113 (56.6%) were unable to quit. Among passive users, 9/86 (10.46%) could able to quit whereas in a large significant number of patients follow-up information could not be obtained.

Conclusions: The use of tobacco was significantly higher in males (61.80%) than females (38.19%). But females were mainly passively exposed to tobacco. By an intense and regular counselling by the specialist rheumatology nurses; 43.4% of active and 10.4%, passive users were able to quit tobacco.

References:

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[2] Naranjo A, Khan NA, Cutolo M, Lee SS, Lazovskis J, Pandya S, et al. Smoking cessation advice by rheumatologist: results of an international survey on behalf of the QUEST-RA group. *Rheumatology (oxford)* 2014; 53:1825–29.

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INVESTIGATING THE CLINICAL AND COST BURDEN OF PRIMARY SJÖGREN'S SYNDROME: A DESCRIPTIVE ANALYSIS FROM A US ADMINISTRATIVE CLAIMS DATABASE

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Background: There is limited information available describing the disease burden of primary Sjögren's Syndrome (pSS).

Objectives: This retrospective cohort study aimed to provide a descriptive analysis of the clinical characteristics and disease burden of patients with pSS and describe their healthcare resource use and associated costs.

Methods: This retrospective cohort study (HO-15-16077) was conducted in the US Truven MarketScan® Commercial database. This database reports descriptive data from employees and their families, as covered by employer-sponsored private health insurance. The primary cohort comprised patients with ≥ 1 diagnosis of sicca syndrome prior to 1 January 2013, and continued enrolment for ≥ 24 months (1 January 2012 to 31 December 2013). Patients with any conditions mimicking sicca symptoms not due to SS were excluded, as were those with connective tissue disease that may suggest secondary SS. The 1:1 matched comparator population comprised subjects without a previous diagnosis of sicca syndrome (sicca-free). The primary objective was to describe the clinical characteristics and demographics of patients with pSS, including the proportion of patients with glandular versus extra-glandular disease. The secondary objective was to describe their healthcare costs and resource utilisation compared with sicca-free subjects.

Results: There were 12,717 eligible patients in the primary cohort: the majority (86%) were female and the mean age was 51 years. Overall, 61% of patients had claims associated with extra-glandular disease manifestations. These patients experienced a higher disease burden with 41% reporting pain, fatigue and/or insomnia, compared with 12% of patients with glandular disease only who reported pain, fatigue and/or insomnia. Patients in the primary cohort incurred greater annual healthcare service costs (1.6 times greater for all causes and 1.5 times greater for pSS-related causes) and healthcare resource utilisation compared with the sicca-free comparator cohort. The largest difference in SS-related resource utilisation was in the number of office visits (primary cohort: 5.8 visits per patient; comparator cohort: 4.7 visits per patient). Patients with extra-glandular disease also incurred greater average annual costs and used more healthcare resources than patients with glandular disease only.