

Results: Baseline characteristic were significantly different between diagnoses (Table 1). In patients with RA, 60% were able to work at baseline and 61% at 12 month, with PSA 71% and 74% resp., and with AS 72% and 77% resp. The main driver of improvement of WD was a change in the sick leave (RA 6%→2%, PSA 7%→1%, AS 9%→2%). In univariate analyses, diagnosis of AS and younger age at start of a-TNF-th were predictive of improvement in WD. In multivariate analysis, only diagnosis of AS was significantly associated with improvement in WD.

Conclusions: These real life data from CZ show that for improvement of WD, a-TNF-th was most effective in patients with AS. This may be a sequel of disease specific factors or reimbursement policy.

Disclosure of Interest: None declared

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THU0622 PATIENT-CENTERED AGING BIOBANKS - A SURVEY ON PUBLIC PERCEPTIONS AND PATIENT CHOICE AMONG RHEUMATOLOGY OUTPATIENTS

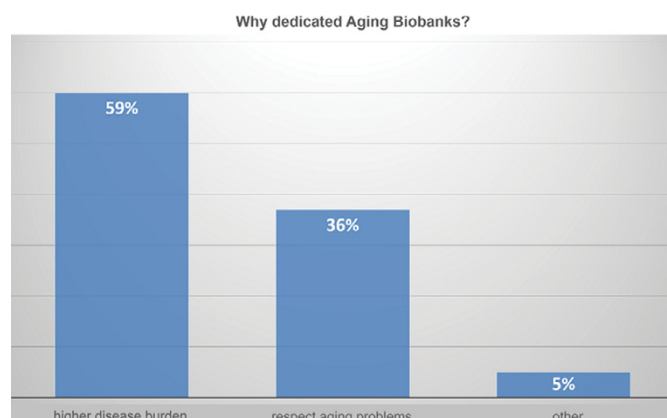
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Background: Biobanks for research (BBR) are organized repositories of biological materials and associated health information with enormous potential and value for scientific research. In consonance with increasing attention to healthy aging research, BBR specifically oriented to chronic diseases and aging populations have gathered heightened attention. Public perceptions and patient choices are key to design, develop and implement patient-centered BBR. Public awareness, education and involvement are confidence building and unequivocally lead to higher participation in scientific enterprises.

Objectives: To assess patient awareness, perception and choices regarding aging biobanking activities.

Methods: We developed and applied a standard anonymous questionnaire to rheumatology tertiary outpatients, aged 50 or older, between March-October 2016. Demographic data and perceptions about biobanking were collected. Data analysis was performed using Stata 14[®] software.

Results: We obtained a total of 131 valid responses [age (min-max, 50–93), mean (64); sex ratio (M/F) (40/91, 44%), education years (min-max, 0–20), mean (8.5)]. 69% of respondents did not know the specific term “biobank” but 57% were aware about the possibility of donating their biological material for research purposes. Furthermore, 77% of respondents indicated they were willing to contribute with their biological material to BBR, stating they had no particular preference whether these infrastructures were of private or public nature. However, they expressed a clear preference for these to be based at scientific research institutes (50%), instead of hospitals (23%), universities (16%) or biotechnology companies (7%). Moreover, respondents highlighted different requirements for their participation with anonymity (31%) and confidentiality (27%) ranking as top priorities. Most importantly, a majority of respondents (70%) expressed their agreement with a biobank exclusively dedicated to the study of aging, considering that people of older ages have higher disease burdens and that such research infrastructures and practices expressed respect for the particular problems of the elderly (Figure).



Conclusions: Our study constitutes a comprehensive assessment of public perceptions and patient choices regarding biobanks for aging research purposes among rheumatology outpatients. Although awareness is still suboptimal, BBR are highly regarded health infrastructures with enormous potential for further patient-centered development.

Disclosure of Interest: None declared

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THU0623 DECREASE IN THE TEMPORARY WORK INCAPACITY DUE TO MUSCULOSKELETAL DISEASES: UTILITY OF A PREVENTIVE PROGRAM IN VALENCIA-LA FE HEALTH AREA

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Background: Musculoskeletal diseases are nowadays a frequent cause of temporary work incapacity (TWI). The implementation of specific programs for the care of these patients can be an important cornerstone in the resolution of these TWI processes.

Objectives: Our aim is to analyze the usefulness of an Early Intervention Program (EIP) in patients with TWI of musculoskeletal origin.

Methods: Case-control study, including patients from HUP La Fe area, which were referred from Primary Care since April 2012 to April 2016 to our Early intervention program (EIP) addressed to patients with TWI of musculoskeletal origin. The patients were evaluated in our consultation within a maximum of 15 days after the start of TWI. The intervention consisted in an evaluation, including complementary tests if necessary, diagnosis and treatment by the rheumatologist in consultation. The patient was followed in consultation continuously until discharge. Patients whose disabilities were of traumatic or surgical origin were excluded. A comparative study was carried out against a control group of patients with ILT of musculoskeletal origin.

Results: A total of 666 patients were recruited; 508 (76.3%) belonged to EIP group (46.1% male; 53.9% female) and 158 patients (23.7%) belonged to the control group (44.3% male; 55.7% female).

The average age was 47.6±10.5 years for the EIP ones and 46.7±10 years in the control group.

The most frequent diagnoses were low back pain (23.3%), neck pain (18%) y lumbosciatica (12.3%). In EIP group, 100% of the patients received medical treatment, a 54.5% received instructions for doing physical therapy at home, an ultrasound scan was performed to the 26.4% of the patients while the 19.9% received at least one local infiltration. The longest TWI corresponded to knee meniscopathy (203 days), painful shoulder syndrome (173 days) and lumbosciatica (170.5 days). No statistically significant differences were found between the duration of the TWI attending to sex, age group, labour activity or diagnose. However, a significant association was found between TWI duration and the delay since the start of the symptoms to the referral from Primary Care to our consultation, specially within the first 10 days (p=0.04). Furthermore, TWI duration was significantly shorter in the EIP group patients than in the control group patients (137.4±132.3 days vs 194.7±143.1 days; p<0.001). The period before relapse was longer in the EIP group, although the differences did not reach significance. In addition, an inverse relation was found between age and time to relapse (p=0.01).

Conclusions: The establishment of an early intervention program specifically addressed to patients with temporary work incapacity of musculoskeletal origin shortens the duration of this situation, allowing the patient to rejoin his work activity, with the resulting cost savings related to work incapacity.

Disclosure of Interest: None declared

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THU0624 ASSESSMENT OF PSYCHIC EXPERIENCES IN PATIENTS WITH RHEUMATIC DISEASES

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Background: There are several studies that report psychiatric comorbidity in patients with rheumatic disease, mainly the presence of mood disorders. Some of them describe non-affective psychosis related with inflammatory processes. Population with chronic inflammatory disease could present subclinical psychotic experiences that can interfere in the patient's functional status. The Community Assessment of Psychic Experiences (CAPE) scale is a validated and widely used tool for the evaluation of these experiences in the general population.

Objectives: To identify the presence of psychic experiences in different populations with a diagnosis of rheumatic disease, and to compare it with a sample of healthy subjects.

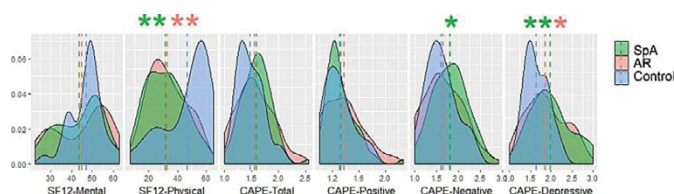
Methods: 124 subjects completed surveys including SF-12 and CAPE questionnaires, as well as other demographic and behavioral variables. Among them, 70 had Spondylarthritis (SpA) (age 44.3±13 years, 62% female), 23 rheumatoid arthritis (RA) (age 51.2±13 years, 82% female) and the rest were individuals without rheumatic diseases (47.6±12 years, 58% female).

Results: Results of the SF-12 test in their mental and physical domains, and the CAPE questionnaire in their dimensions (positive, negative, depressive and total symptoms) are shown in the table, expressed as mean value (SD) and in the graph expressed as density histograms with mean values. Significant statistical

	SF-12		CAPE			
	Physical	Mental	Positive	Negative	Depressive	Total
SpA	31.8 (13.6)**	43.8 (10.6)	1.32 (0.2)	1.81 (0.4)*	1.98 (0.5)**	1.59 (0.3)*
RA	33.1 (13.1)**	44.9 (12.7)	1.37 (0.3)	1.66 (0.4)	1.86 (0.5)*	1.55 (0.3)
Control	47.0 (16.1)	47.2 (7.5)	1.30 (0.2)	1.61 (0.4)	1.65 (0.3)	1.47 (0.2)

differences, according a t de Student test with control group is shown in both (* $p < 0.05$, ** $p < 0.01$).

There were no significant differences in the mental component of the SF-12. These differences appear at the physical component, since patients have impaired their mobility and function due to their disease. About the CAPE questionnaire, patients had a little bit higher score due mainly to the appearance of depressive symptoms. The values of positive symptoms of psychosis remained within the normal range for diseases analyzed.



Conclusions: In our study, we found significant differences in the dimensions, especially depressive, of the CAPE scale among patients with rheumatic diseases (especially in SpA) and healthy subjects. This gives us an idea of the importance of considering the psychological problems of patients (anxiety, depression, ...) to improve the treatment of rheumatic disease.

Acknowledgements: We would like to thank these patients' organizations for their collaboration in our study: Coordinadora Española de Asociaciones De Espondiloartritis (CEADE), Asociación Cordobesa de Enfermos de Espondilitis (ACEADE), Asociación Cordobesa de Enfermos de Artritis Reumatoide (ACOARE).

Disclosure of Interest: None declared

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THU0625 DESIGN OF AN INFORMATION AND COMMUNICATIONS TECHNOLOGY PLATFORM TO SUPPORT COORDINATION OF CARE FOR RHEUMATOID ARTHRITIS PATIENTS WITH CARDIOVASCULAR CO-MORBIDITIES – FIRST EXPERIENCES

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Background: Coordination of care plans between healthcare sectors and efficient management of patients (pts) with co-morbidities is of large demand. Rheumatoid arthritis (RA) pts are at increased risk of cardiovascular diseases (CVD). Different stakeholders are potentially involved in the EULAR recommended management processes. Optimized orchestration of accumulated information is of major importance to ensure data quality, meaningful management processes and cost effectiveness. A newly developed information and communications technology (ICT) platform within the Horizon2020-funded PICASO-project (www.picaso-project.eu) will support a continuum of care from hospitals and outpatient clinics to the home.

Objectives: Explore challenges to provide an efficient ICT integrated solution across many healthcare professionals working for various organisations and potentially crossing national borders that complies to privacy and regulatory constraints allowing more efficient care management. Suitable system architecture and appropriate features require identification of target users' user requirements. PICASO platform will be developed and trialed with pts and clinician. The proposed system architecture will be evaluated for suitability for a larger scale rollout.

Methods: Projects' pre-defined clinical and technological driven work packages started. Various stakeholders (e.g. pts, local data security and IT representatives, health care insurances' representatives, clinicians) were integrated in the design phase. A PICASO ethical board including external members (e.g. Chair of the Standing Committee of PARE) addressed ethical and legal concerns.

Results: Current work-flows for the care plan management including stakeholders' hand-over procedures were elaborated. Vision scenarios (n=11) and To-Be Use Cases (n=18) addressing solutions including home monitoring were developed (1). A comprehensive list of user requirements (currently n=87) resulted. Detailed system architecture descriptions are stipulated. Ethical issues and how to handle these, in particular data-protection and -privacy challenges were pre-assigned as these affect platforms' architecture. PICASO ethical principles and guidelines were stated (2). The platform is under development. The first trial running over nine months including RA-pts will start in spring 2017. First experiences will be reported at EULAR.

Conclusions: Considering the needs of a highly valued, specialised health care system relevant To-Be Use Cases, numerous user requirements and EU-wide ethical and legal issues were gathered to serve as basis for appropriate design, development and implementation of the ICT platform. Software development will

take place in iterative cycles followed by prototypes' thoroughly evaluated by real end users investigating usability and acceptance. The platform will become available for RA-pts in routine care but also for wider applicability in Rheumatology and other chronic diseases.

References:

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- [2] PICASO Consortium (2016), D3.3 PICASO Ethical Guidelines. <http://www.picaso-project.eu/download/520/>; both last accessed 27/01/2017.

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THU0626 COST-EFFECTIVENESS OF EARLY TREATMENT OF ACPA POSITIVE RHEUMATOID ARTHRITIS PATIENTS WITH ABATACEPT

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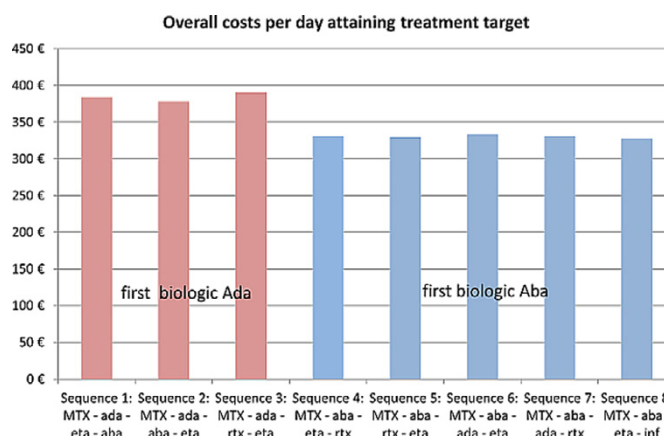
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Background: Studies have reported that the presence of elevated anti-citrullinated protein antibodies (ACPA)/RF levels, together with joint erosions, is associated with higher disease burden in terms of disability, and mortality in rheumatoid arthritis (RA). Abatacept has been shown to be effective in this patient population with favorable comparative data against adalimumab.(1) However, few studies have investigated the cost effectiveness of abatacept in this population to similar treatments such as TNFs.

Objectives: The objective of the study was to compare the cost-effectiveness of abatacept to adalimumab as a first bDMARD in ACPA positive RA patients who failed treatment with methotrexate (MTX) in Germany.

Methods: A decision tree model was used to estimate the cost-effectiveness, from a payer's perspective, of different treatment sequences in RA over a two year time frame. The effectiveness criteria were defined as achieving the treatment target measured by the Disease Activity Score 28 (DAS28 (CRP)) < 2.6; "remission". A treatment switch to a different biologic as 2nd line and 3rd line bDMARD was allowed -in case of not achieving remission with therapy- every 6 months over a two year time period. Effectiveness data was based on randomized controlled trials (RCT) identified by an updated previous systematic literature search by the Institute for Quality and Efficiency in Health Care (IQWiG). Costs of medication and other direct medical costs were taken from a recent publication (2) and included in the analysis. Cost-effectiveness of RA treatment was investigated in ACPA positive patients in this study and presented as overall costs per day in remission. To manage uncertainty in the model, a fully probabilistic approach was used with 10,000 runs.

Results: For ACPA positive patients, treatment strategies including early treatment with abatacept had lower total costs per clinical outcome compared to later use. Figure 1 summarizes the costs per day in remission for the treatment sequences investigated: treatment sequences starting with abatacept resulted in lower costs for reaching remission (mean 330 €/day, range 328 €-333 €/day) compared to sequences starting with adalimumab (mean 384 €/day, range 378 €-390 €/day). Choice of the second or third biologic in the treatment sequences appears to have little impact on the costs per outcome.



Conclusions: The results of this analysis suggest that in ACPA positive RA patients treatment with abatacept appears to be more cost-effective compared to treatment with adalimumab as a first bDMARD.

References:

- [1] Sokolove J, Schiff M, Fleischmann R, et al. Annals of the rheumatic diseases. 2016 Apr;75(4):709-14.