Acknowledgements: This work was supported by a grant from the Canadian Rheumatology Association through the Canadian Initiative for Outcomes in Rheumatology Care (CIORA).
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.2007

THU0630 OPIOID USE IN PATIENTS WITH POLYMYALGIA RHEUMATICA

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Background: Polymyalgia rheumatic (PMR) is a systemic rheumatic inflammatory disease characterized primarily by musculoskeletal pain and stiffness. Glucocorticoid treatment is the current standard of care however the need for additional pain management, in particular the need for opioid therapy, has not been studied.
Objectives: To examine the trends of chronic opioid use in patients with PMR over an 11 year period in Olmsted County, Minnesota, USA and compare this to subjects without the disease.
Methods: Retrospective data on opioid prescriptions were collected from 2005 to 2015 in a population-based incidence cohort of patients meeting the 2012 American College of Rheumatology classification criteria for PMR alongside comparison subjects. Poisson regression methods were used to compare opioid use between these groups.
Results: 244 patients with PMR and 211 non-PMR comparator subjects were included in the study. Rates of chronic opioid use were not significantly different between the two groups. 7.5% of patients with PMR were identified as chronic users by the end of the study period compared with 5.2% of non-PMR subjects. Any opioid use was also not significantly higher in PMR, with relative risk of 1.10 (95% CI 0.97, 1.26, p=0.14). There were higher rates of chronic use among patients over 80 years in both groups.
Conclusions: PMR does not appear to be associated with increased rates of opioid use when compared with the general population.

Acknowledgements: This study was made possible by the Rochester Epidemiology Project, which receives support from the National institute on Aging of the NIH.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1237

THU0631 DIRECT FINANCIAL BURDEN OF RHEUMATOID ARTHRITIS ON PATIENTS' LIFE IN A DEVELOPING NATION OF PAKISTAN, ONE YEAR PROSPECTIVE STUDY

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Background: Rheumatoid Arthritis is chronic inflammatory disease. Early diagnosis and management is necessary to ovoid joint destruction and to minimize disability. It effects 0.5 to 1 percent population. The female to male ratio is 3 to 1. Health care cost is of great concern to patients, physicians and health care policy makers. The financial impact of rheumatoid arthritis treatment like any chronic illness is of great significance in developing society like Pakistan where 30 percent population lives below poverty line and annual per capita incomes are very low. Whereas prevalence is same with high medicines prices with poorly developed health insurance system and government funded hospitals are scanty.

Most of times attention in the field of health economy is focused on direct medical in general and hospital cost in particular but however there are some social societal customs which also increases the burden of direct cost. The direct cost includes expenditures like physician visit cost, diagnostic tests, medications. There are also some hidden charges to this direct cost which are not included in studies like transport charges, food bills during hospital stay and accompany person, female are companied by males. All included puts strain on economy and major share of annual income of patient is paid on management of disease. The worst scenario is when patient stops treatment and if lucky gets support from other sources like patient welfare societies or from relatives.
Objectives: To assess the direct cost of patient's every visit to hospital outpatient department prospectively for one year and total cost of one year was summed up and percentage to annual income spend on treatment was calculated.
Methods: Study carried out from January to December 2015 at Fazle Omar Hospital Rabwah Chenab Nagar and 150 patients either newly diagnosed or already on treatment of rheumatoid Arthritis were included. Data collected for next 1 year for each visit, patients with any other disease along with rheumatoid were excluded. The estimated annual income of patient or the person bearing the expenses was recorded before start of study. Every time patient visit hospital outpatient department, prescription copy kept and cost of medicines, laboratory investigations and consultation fee is calculated and a questionnaire is filled how much it cost coming hospital and going back home and during hospital stay on any other things. The total cost of every visit was recorded for one year.
Results: The mean total per patient income after conversion from local currency was 3000 US dollars against 1474 US dollars per capita income in 2015. The annual average cost per patient including consultation fee, medicines purchased, laboratory investigations and other overhead expenses like transportation of patient and accompanied person and food bills during hospital stay was 1194 US dollars. 41% of patient gross income was spend on management of rheumatoid arthritis. Investigations cost 12%, medicines purchased 16%, consultation 2% and over head visit charges cost 10% of the total mean of per patient annual income.
Conclusions: RA management consumes large portion of patients annual income and it has significant burden on developing world economy.

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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.5571

THU0632 VALIDATION OF INTERNET-BASED REPORTING OF PATIENT REPORTED OUTCOMES WITHIN THE SWEDISH RHEUMATOLOGY QUALITY REGISTER

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Background: Previous studies have validated the use of clinic based touchscreens for registering patient reported outcome measures (PROMs) (1–3). The Swedish Rheumatology Quality (SRQ) register has implemented an internet-based method (PER (Patientens Egen Registrering, or Patients' sElf Registration)) for collecting PROMs.
Objectives: The aim of this study was to investigate the feasibility of the internet-based method as well as the validity of reported outcomes and disease activity scores compared to the gold standard paper format.
Methods: We recruited patients (n=44, mean age =51.0, standard deviation =13.2 years, 69.6% women) included in SRQ with a diagnosis of rheumatoid arthritis, psoriatic arthritis, juvenile arthritis, spondyloarthritis or ankylosing spondylitis. Before a planned visit at the rheumatology clinic the patients registered Visual Analog Scales (VAS) for global health, pain and fatigue, both electronically by PER and on paper. Patients with axial disease also registered BASDAI and BASFI related variables (n=6). For patients with peripheral arthritis (n=38), DAS28 was calculated using both methods. The differences between the methods were compared by T-test and Intra-class correlation (ICC). Agreement was visualized using Bland-Altman plots for all VAS registrations. The patients also answered a questionnaire regarding the used device and preferred method.
Results: No differences between PER or paper based VAS scores were found for VAS Global, VAS Pain and VAS Fatigue (p=0.086, p=0.691 and p=0.197, respectively). ICC scores ranged from 0.930 to 0.971. Bland-Altman plots for VAS assessments showed good agreement and no proportional bias was detected (Fig 1). Mean difference for DAS28 was - 0.04 (p=0.177). Of the recruited patients, 78%, preferred the Internet based method. BASDAI and BASFI could not be evaluated due to a limited number of observations.

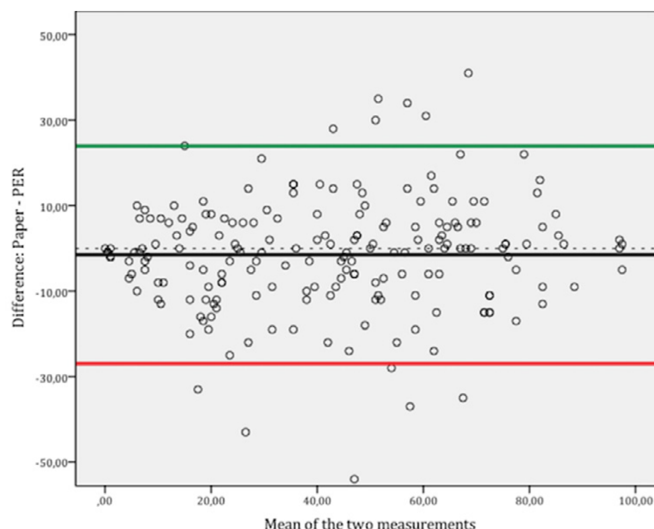

Fig. 1 Bland-Altman plot showing level of agreement of all VAS (VAS Global, VAS Pain, VAS Fatigue, VAS included in BASFI and BASDAI) between paper and PER method. BASDAI and BASFI scores multiplied by 10 for comparability.

Conclusions: Internet based reporting of PROMs supply valid VAS data. DAS28 scores from the internet-based method presents an acceptable alternative to the traditional paper formats.

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