intervention may avert the requirement of expensive biological therapy as second-line treatment, which leads to improved overall cost-effectiveness. As a first step to address this issue, we performed a systematic literature review to appraise existing evidence relating to delay in diagnosis and cost-of-illness in DMARD-naïve newly-diagnosed RA patients.

Objectives: To identify whether disease duration before initiation of first DMARD therapy is a determinant of subsequent direct and indirect costs in DMARD-naïve RA patients.

Methods: We systematically searched Pubmed, EMBASE, CINAHL and Medline databases for published literature relating to rheumatoid arthritis, and direct and indirect costs. We included studies with DMARD-naïve patients who fulfilled the 1987 ACR or 2010 ACR/EULAR classification criteria for RA. We excluded: studies on non-rheumatoid arthritis patients; conference abstracts, systematic reviews or review articles; studies with no documented symptom duration prior to diagnosis; studies which did not report direct and/or direct costs and/or health utilisation. All studies were required to report their methods and sources of respective cost measurements. We extracted the following data from each study: study design; potential determinants of RA cost; health economic outcomes and source of unit cost for the health-resources.

Results: A total of 173 records were identified in the systematic search, five of which included in the analysis. Two were cost-of-illness studies within the context of observational studies and the remaining were cost-of-illness studies alongside clinical trials. The health outcomes reported were heterogeneous: 1) Direct medical costs were reported in three studies; 2) Indirect non-medical costs were reported in one study and 3) Health-care utilisation was reported in one study. Only one study reported indirect costs from the societal perspective e.g. work disability. The definition of symptom duration was not specified in any studies. Three studies reported disease duration of one year or less and two studies reported symptom duration of six months and <two years. The timing and duration of the reported health economic outcomes varied widely (figure 1). The direct medical costs for three papers were adjusted for purchasing power parities and consumer price index for 2017 US Dollars.

Conclusions: Data on the relationship between symptom duration and costs in DMARD-naïve RA patients is limited. Comparability between studies is hampered due to heterogeneity of the definition for symptom/disease duration and the health economic outcomes reported. An inception cohort of suspected/subclinical RA should include data in resource utilisation and costs studies to identify the relationship between symptom duration and health economic outcomes.

Disclosure of Interest: None declared

C.A. Loes 1,2, F.M. Pimentel-Santos 1, M. Mateus 1, J.C. Branco 2
1 Rheumatology, HOSPITAL EGAS MONIZ – CHLO, 2 CEDOC, NOVA Medical School, NOVA University of Lisbon, Lisbon, Portugal

Background: Axial Spondyloarthritis (axSpA) usually starts in early adulthood and the lifetime impact of the disease can be considerable. Pain, stiffness, sleep disturbances contribute to health-related quality of life reduction with significant impact in work productivity. Absenteeism and presenteeism are still responsible for high costs associated with the disease.

Objectives: Assess absenteeism, presenteeism, work and daily-activities impairment and their related associated factors in patients with axSpA.

Methods: Cross-sectional postal, uncenter, non-interventional study. Patients fulfilling the Assessment of SpA International Society Classification criteria for axSpA under working age were included. Two groups were defined: A) patients under current anti-TNF; B) patients under conventional therapy. The outcome measures were: 1) Qualitative surveys were performed: Work Productivity and Activity Impairment Questionnaire in SpA (WPAI); participants’ experiences of working and their perceptions of how their condition had affected their work capacity and workplace relationships were recorded. The questionnaires were applied through a telephone call, after consent of the participant and respecting anonymity.

Results: 60 patients were included (table 1). No significant differences were found between the two groups. They worked on average 42±14.7 hours per week (h/w) and missed 2.3±4.1 h/w due to axSpA. Mean absenteeism, presenteeism, work and activities impairment due to axSpA were 6.8%, 32%, 35% and 41%, respectively. The univariable analysis showed correlations between absenteeism and Visual Analogue Scale physician (phVAS) (p=0.027); presenteeism and Activity Impairment Questionnaire in SpA (WPAI); work productivity and Activity Impairment Questionnaire in SpA (WPAI); participants’ experiences of working and their perceptions of how their condition had affected their work capacity and workplace relationships were recorded. The questionnaires were applied through a telephone call, after consent of the participant and respecting anonymity.

Disclosure of Interest: None declared