Abstract AB1235 – Table 1. Patient demographics and clinical variables.

		Group A under current biological therapy (for at least 6 months n=31)	Group B conventional therapy n=29	p- valu e
Patients	Male, female: n (%)	16 (52%); 15 (48%)	21 (72%); 8 (28%)	0.1
	Age: median (min-max)	40 (29-66)	43 (22-66)	0.6
	Education			0.5
Education	Primary education (5-11 ages)	8	4	
	Secondary education (11-18 ages)	13	15	
	Tertiary education (> 18 ages)	10	10	
Clinical characteristics	Number of anti-TNF: median (min-max)	1 (1-4)	NA	
	Anti-TNF duration (months): mean (min-max)	30 (6-63)	NA	
	ASDAS CPR (mean, SD)	1.59 ± 0.97	1.95 ± 1.04	0.1
	BASDAI (mean, SD)	2.95 ± 2.13	2.41 ± 2.11	0.3
	BASFI (mean, SD)	3.04 ± 2.92	1.82 ± 2.43	0.3
	VAS patient (0-100) (mean, SD)	31.04 ± 24.53	27.13 ± 28.88	0.4
	VAS physician (0-100) (mean, SD)	13.35 ± 15.99	15.98 ± 16.81	0.5
	ESR (mm/h) (mean, SD)	13.35 ± 9.05	14.21 ± 11.11	0.9
	CRP (mg/d) (mean, SD)	0.56 ± 0.56	0.74 ± 0.82	0.4
	Absenteeism (Percent work time missed due to problem) (%)	7.6%	5.8%	0.6
Work Productivity and Activity Impairment Questionnaire in Spa (WPAI)	Presenteeism (Percent impairment while working due to problem) (%)	30.9%	34%	0.7
	Percent overall work impairment due to problem (%)	34.2%	35.9%	0.9
	Percent activity impairment due to problem (%)	43.5%	37.9%	0.4

Conclusions: Presenteeism, impairment of work productivity and activity were correlated with disease activity and physical functioning, with the increase of VAS physician resulting in increase in presenteeism. Economic reasons were the major factors to presenteeism and the majority of patients considered that the disease can limit their projects or career progression.

Disclosure of Interest: None declared

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AB1236 THERAPEUTIC ADHERENCE AND SATISFACTION IN A RHEUMATOLOGY CONSULTATION

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Background: The lack of treatment adherence to is considered the main reason for therapeutic failure. It entails a high health care cost, both direct and indirect, affecting the patient's morbidity and mortality. In order to measure this adherence, there are different methods, which can be both objective and subjective. The ideal is the combination of both types in order to ensure that the data are as close as possible to reality.

Methods: We carried out an anonymous voluntary survey in October 2017 concerning the degree of satisfaction and therapeutic adherence of patients under follow-up in outpatient Rheumatology Consultations, selecting demographic data from them and using a MARS questionnaire for chronic diseases, which is validated in Spanish. This questionnaire consists of 30 questions that include items about beliefs, experiences and behaviour in terms of health. A score higher than 25 indicates good compliance, while a score lower means a suboptimal compliance.

Results: 201 surveys were collected, excluding those patients whose consultation was the first one and those who rejected their participation. The data analysis was performed descriptively with Microsoft Excel. 61% of the surveys collected were carried out by women, with an age range between 55 and 70 years (35%). 45% of the patients surveyed had a basic level of education and 28% had an average level of education, representing both of them three quarters of our sample. When we analyse the treatments that our patients receive, the most prevalent are the DMARDs, which represent 35% of the treatments, followed by the corticotherapy and biological drugs (25% and 16% respectively). Approximately 50% of the survey respondents stated that they had no problems with their medication, and in a small percentage (14%), they claimed they had problems, mostly digestive in relation to the administration of subcutaneous Methotrexate. A 14.92% of questionnaires that were not correctly completed were discarded. Out of the 171 surveys, only one respondent was considered to have a good compliance, being the compliance of the remaining respondents suboptimal. This can be influenced by the limitations of understanding due to the language used, taking into account the characteristics of our population, mainly aged and with a primary level of education, as well as the place where the survey was completed. We obtained 74% of satisfaction with the information shared in the consultation, 73% considered that enough time was devoted to said consultation and 98% said they followed the treatment regimens. However, 11% and 21% said they changed the regimen according to their lifestyle and according to how the treatment made them feel and only 55% had clear treatment options available.

Conclusions: The lack of therapeutic adherence is one of the fundamental factors of therapeutic failure. There is no a single method for its assessment. Our patients show a suboptimal therapeutic compliance, although we have to take into

account the limitations of the survey carried out. We must bear in mind the sociological aspects that can hinder adherence and re-assess it periodically for possible changes, as well as individualise each patient.

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AB1237 PATIENTS' PERSPECTIVES AND EXPERIENCE OF PSORIASIS AND PSORIATIC ARTHRITIS: A SYSTEMATIC REVIEW AND THEMATIC SYNTHESIS OF QUALITATIVE STUDIES

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Background: Patients with psoriasis and psoriatic arthritis have a lower health related quality of life than the normal population and experience high rates of treatment dissatisfaction¹. The complexity of unmet needs in diagnosis and treatment² necessitate a deep understanding of the experience of people with both conditions to guide development of outcomes important to patients and improve patient centred care.

Objectives: To describe the perspectives and experiences of patients with psoriasis and psoriatic arthritis.

Methods: Databases (MEDLINE, Embase, PsycINFO, CINAHL) were searched to October 2016. Thematic synthesis was used to analyse the findings.

Results: From 46 studies (n=37 psoriasis and n=9 psoriatic arthritis) involving 1290 adult patients with psoriasis (n=1105) and psoriatic arthritis (n=185) we identified six themes (with subthemes): suffering uncontrollable and ongoing upheaval (dictating life choices and course, disrupting role functioning, limited by debilitating symptoms, unstoppable and far reaching fatigue); weighed down by mental load (struggling with unrecognised distress, anxiety provoked by the volatility and constancy of symptoms, depleting motivation and pleasure); harbouring shame and judgement (marked as unhygienic and contagious, rejected and isolated, resenting own appearance, pain and embarrassment in intimacy); demoralised by inadequacies and burden of therapy (disappointed by unmet expectations of treatment benefit, daily drudgery, deterred by unpalatable or inconvenient treatments, disempowered by lack of personalised care, fearing long term side effects); gaining control (making sense of the condition, shutting the disease out, accepting a new health status, attuning to the body); and making confident treatment decisions (trading off perceptible benefits against safety and convenience, relying on family input, reassured by clinician acknowledgement of fears, seeking empowering relationships with clinicians).

Conclusions: Patients with psoriasis and psoriatic arthritis contend with profound disruption in their functioning, roles and life course; fear deterioration of their health; and have unmet expectations about their treatment and care. Patients with psoriasis feel marked by their disease, stigmatised and rejected by others while patients with psoriatic arthritis experience social withdrawal and depleted motivation due to fatigue, joint impairment and pain. Establishing therapeutic relationships, addressing treatment expectations, and supporting psychosocial needs may help to improve satisfaction and outcomes in patients with psoriasis and psoriatic arthritis.

REFERENCES:

- [1] Katherine M. Mercy, Kenneth B. Gordon, Amy S. Paller. Patient Satisfaction and Quality of Life in Psoriasis and Psoriatic Arthritis. *JAMA*. 2014;312(24):2676–2677
- [2] Helliwell, et al. Qualifying Unmet Needs and Improving Standards of Care in Psoriatic Arthritis. *Arthritis Care & Research* Vol. 66, No. 12, December 2014, pp 1759–1766

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AB1238 THE SELF-MANAGEMENT MODEL IN THE AGENDA OF SUCCESSIVE CONSULTATIONS IN RHEUMATOLOGY

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Background: The rheumatology service of Ciudad Real Hospital, located in an autonomous community of that same name that is nearly in the centre of Spain, implemented a self-management model of successive appointments more than

10 years ago. Since then, the physicians of the department schedule follow-up visits for their patients depending on the disease, its course and ancillary tests.

Objectives: The purpose of this study is to evaluate and compare the self-management model for successive appointments in the rheumatology service of Ciudad Real Hospital versus the model of external appointment management implemented in 8 of the hospital's 15 medical services.

Methods: A comparative and multivariate analysis was performed to identify variables with statistically significant differences, in terms of activity and/or performance indicators and quality perceived by users. The comparison involved the self-management model for successive appointments employed in the rheumatology service of Ciudad Real Hospital and the model for external appointment management used in 8 hospital medical services between January 1 and May 31, 2016.

Results: In a database with more than 1 00 000 records of appointments involving the set of services included in the study, the mean waiting time and the numbers of non-appearances and rescheduling of follow-up visits in the rheumatology department were significantly lower than in the other services. The number of individuals treated in outpatient rheumatology services was 7,768, and a total of 280 patients were surveyed (response rate 63.21%). They showed great overall satisfaction, and the incidence rate of claims was low.

Conclusions: Our results show that the self-management model of scheduling appointments has better results in terms of activity indicators and in quality perceived by users, despite the intense activity. Thus, this study could be fundamental for decision making in the management of health care organisations.

REFERENCES:

- [1] Pérez JJ, García J, Tejedor M. Gestión clínica: conceptos y metodología de implantación. *Rev Calidad Asistencial*. 2002;17:305–11.
- [2] Anguita-Guimet A, Ortiz-Molina J, Sitjar-Martínez de Sas S, Sisó-Almirall A, Menacho-Pascual I, Sebastián-Montal L. Nuevo modelo de autogestión profesional en atención primaria. *Semergen*. 2012;38:79–86. <http://dx.doi.org/10.1016/j.semerg.2011.07.003>.

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AB1239

THE BRAZILIAN RHEUMATOLOGY TRIAGE: AN ASSESSMENT OF THE PRIMARY HEALTHCARE SYSTEM

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Background: There are more than 100 rheumatic diseases involving 10% of the population. Their clinical manifestations and treatment vary but generally progress to disability. Recently, new technologies in rheumatology are available for diagnosis and treatment. However, the timely diagnosis and access to treatment are essential to prevent disability. Many barriers for the access to the rheumatologist have been identified, namely: population lack of knowledge regarding rheumatic diseases, lack of prioritisation in the reference process from primary care to rheumatologists, and scarcity of rheumatologists. Therefore, it is fundamental to address all the barriers and present facilitators in the healthcare system to ensure that rheumatic patients have timely access to rheumatologists.

Objectives: To assess the primary healthcare triage system in Maringá, a countryside city in the state of Parana-Brazil. Mainly, identifying barriers (waiting time from symptoms to primary care visit, to timely access to rheumatologists and beginning the treatment).

Methods: This is a cross-sectional study. The population of Maringá in 2016 was 399.605 people. There were 1200 patients in the waiting list for rheumatologists (2016). Medical records were analysed to describe the format and content of referrals, the duration of symptoms, exams ordered, and diagnosis agreement with rheumatologists.

Results: Medical records of 774 women and 147 men were analysed. The mean (SD) age was 55.1 (16)yrs. old. The median (IQR) time from symptoms to the rheumatologic visit was 16 mo. (9 to 28). About 10% of the referrals did not mention any detail about physical examination or diagnosis. 207 (22%) had diagnosis of gout, osteoporosis, rheumatoid arthritis, spondyloarthritis, and systemic lupus erythematosus. 111 patients (10%) cancelled their visits.

Conclusions: The period from the symptoms to the visit with rheumatologists was large. The format and content of the referrals were incomplete. There were many patients that cancelled the visits with unknown prognosis. Educational

initiatives should be implemented in Maringá-Brazil to enhance the skills of the primary care physicians to establish referral priorities and to start timely treatment.

REFERENCES:

- [1] GAMEZ-NAVA, J. I. et al. Referral and diagnosis of common rheumatic diseases by primary care physicians. *Br J Rheumatol*, v. 37, n. 11, p. 1215–9, Nov 1998. ISSN 0263–7103. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/9851272>
- [2] VILLENEUVE, E. et al. A systematic literature review of strategies promoting early referral and reducing delays in the diagnosis and management of inflammatory arthritis. *Ann Rheum Dis*, v. 72, n. 1, p. 13–22, Jan 2013. ISSN 1468–2060. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/22532640>
- [3] WIDDIFIELD, J. et al. Wait times to rheumatology care for patients with rheumatic diseases: a data linkage study of primary care electronic medical records and administrative data. *CMAJ Open*, v. 4, n. 2, p. E205–12, 2016 Apr-Jun 2016. ISSN 2291–0026.

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AB1240

EFFECT OF A MULTIDISCIPLINARY APPROACH IN THE PHARMACOLOGICAL THERAPY PROCESS FOR PATIENTS WITH RHEUMATOID ARTHRITIS IN A SPECIALISED RHEUMATOLOGY CENTRE

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Background: Rheumatoid arthritis (RA-9 is an inflammatory autoimmune disease with a prevalence of 0.2% to 1%.¹ Although the advances in pharmacological treatments offered to manage the disease have achieved many goals, the disappearance of symptoms and disabilities are accomplished by a small proportion of patients with RA.² However, patients need a follow up where a multidisciplinary team care programs for patients with RA take into consideration not only the disease activity but psychosocial, adherence and other aspects that conventional care does not take into account, showing a positive effect in all life aspects of a patient with RA.^{2,3}

Objectives: To evaluate the effectiveness regarding, treatment, safety and rehabilitation in patients with a complex disease activity through a multidisciplinary care management.

Methods: Once a rheumatologist identified a patient with RA with indication to begin biological therapy or switching from one biological to another, a checklist and an evaluation was performed, then the patient was presented in a multidisciplinary team meeting where a rheumatologist, pharmaceutical chemist, psychologist, physiatrist and a nurse assessed the particular case of the patient. Additionally, an ultrasound was performed in every patient in order to evaluate disease activity. Based on the patient's disease activity, adherence to treatment, psychosocial and economic factors the pharmacological therapy and management of the patient was prescribed.

Results: During 18 months 551 patients were evaluated by a multidisciplinary team, 90% to define the pharmacological therapy, and 10% for biologic switching. Mean DAS28 of patients was 3.79±1.37, once the patients were evaluated the choices made by the team were: 60% continued in follow-up receiving conventional DMARDs therapy because ultrasound didn't show any disease activity; finally biological therapy was initiated in 21% and switching among biologicals was made in 11%. conventional therapy was adjusted in 5% of patients, and discontinuation of therapy due to non-adherence of patients or other reasons was ordered in 3%.

Conclusions: As other studies have shown, a multidisciplinary assessment of the patient with RA from different viewpoints allows taking into consideration aspects that are not linked only to the pharmacological therapy but to other aspects in a patient's life. Also we avoided high costs therapies for the management of rheumatoid arthritis, therefore we contribute not only to the health outcomes of patients but the health economic aspects in the management of RA.

REFERENCES:

- [1] Alamanos Y, et al. Incidence and prevalence of rheumatoid arthritis, based on the 1987 American College of Rheumatology criteria: a systematic review. *Seminars in arthritis and rheumatism*. 2006;36(3):182–8.
- [2] Vliet Vlieland TP, et al. Efficacy of multidisciplinary team care programs in rheumatoid arthritis. *Seminars in arthritis and rheumatism*. 1997;27(2):110–22.
- [3] Arentz-Hansen H, et al. NIPH Systematic Reviews: Executive Summaries. Effect of Multidisciplinary, Team-Based Rehabilitation, Including Education,