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

AB1236

THERAPEUTIC ADHERENCE AND SATISFACTION IN A RHEUMATOLOGY CONSULTATION


Background: The lack of treatment adherence is considered the main reason for therapeutic failure. It entails a high health care cost, both direct and indirect, on the limitations of understanding due to the language used, taking into account the socio-logical aspects that can hinder adherence and re-assess it periodically for possible changes, as well as individualise each patient.

Disclosure of Interest: None declared

AB1237

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

D.J. Sumpton1,2, A. Kelly1,2, D.J. Tunnicliffe3,2, J.C. Craig3,2, G. Hassett3, D. Echesmann4, A. Tong2,3,1, D.J. Sumpton1,2, A. Kelly1,2, D.J. Tunnicliffe3,2, J.C. Craig3,2, G. Hassett3, D. Echesmann4, A. Tong2,3. 1Department of Rheumatology, Concord Repatriation General Hospital, Sydney; 2Sydney School of Public Health, The University of Sydney; 3Centre for Kidney Research, The Children’s Hospital Westmead, Sydney; 4Department of Rheumatology, Canberra Hospital, Canberra; 5Department of Rheumatology, Liverpool Hospital, Sydney; 6Department of Rheumatology, Liverpool Hospital, Sydney, Australia.

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 dissatisfaction. The complexity of unmet needs in diagnosis and treatment necessitates 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 recognised 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 intimate); demoralised by inadequacies and burden of therapy (disappointed by unmet expectations of treatment benefit, daily drudgery, deterred by unpleasant 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 acceptable 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:

Disclosure of Interest: None declared

AB1238

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

D. Castro Corredor. Rheumatology service, Hospital General Universitario De Ciudad Real, Ciudad Real, Spain.

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

Disclosure of Interest: None declared
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:

Acknowledgements: The authors want to express their gratitude to all the services involved in this study, since without their collaboration all this would not have been possible at the time of the collection, categorization and analysis of data, as well as the interpretation of these and the application in a near future for a better organisation of the health system.

Disclosure of Interest: None declared