The lack of treatment adherence to is considered the main reason why patients may experience a decreased quality of life, as it can limit their projects or career progression. Economic reasons were the major factors to presenteeism and the majority of patients considered that the disconnection from the physician resulting in increased presenteeism. Economic reasons were the major factors to presenteeism and the majority of patients considered that the disconnection from the physician resulting in increased presenteeism.

Conclusions: Presenteeism, impairment of work productivity and activity were correlated with disease activity and physical functioning, with the increase of VAS score indicating a state of poor health; and have unmet expectations about their treatment and care. Patients with psoriasis and psoriatic arthritis contend with profound psychosocial difficulties, addressing treatment expectations, and supporting psychosocial needs may help to improve satisfaction and outcomes in patients with psoriasis and psoriatic arthritis.


References:

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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 1,000,000 records of appointments involving the set of services included in the study, the mean waiting time and the number 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 quality perceived by users, despite the intense activity. Thus, this study could be fundamental for decision making in the management of health care organisations.

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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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Objectives: To evaluate the effectiveness regarding, treatment, safety and reha-
ilitation 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, psychiatrist 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, psychological 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 of the 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.

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