AB1249

AN ANALYSIS OF INPATIENT REFERRALS TO RHEUMATOLOGY IN AN IRISH TERTIARY REFERRAL HOSPITAL

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Background: Reviewing patients under other services is an important part of the service we deliver in our hospital's rheumatology department.

Objectives: In order to improve quality of the inpatient consult service and relevance of teaching delivered to rheumatology trainees, we wanted to examine the nature of referrals to our service.

Methods: All available consults (n=81) were reviewed. The age, gender, urgency and referral source were recorded. The most likely reason for referral as decided by our specialist registrar (research fellow) were determined.

Results: 49% of patients were 70 years of age or older. 30% of patients were 70–79 years old. 68% were female. There was a wide range of referrals, 21% were vasculitides (including polymyalgia and giant cell arteritis), 20% inflammatory arthritides, 19% crystal arthropathies, 16% connective tissue disease, 14% osteoarthritis, 3% septic arthritis, 3% fibromyalgia, 3% pyrexia of unknown origin, 1% sarcoid, 1% antiphospholipid syndrome and 1% osteoporosis.

59% of consults came from general medical teams, 14% from acute medicine, 14% from surgery, 3% from psychiatry and 11% from other inpatient services (including haematology, oncology etc).

36% of consults were considered urgent (to be seen within 24 hours) by the referring team, 64% were routine (to be seen within 48 hours).

Conclusions: Almost half of referrals were over 70 years of age. Most referrals came from medical teams. The majority of consults were women and referred due to a vasculitis, inflammatory arthritis or connective tissue disease. 3% were septic arthritis. Our trainee teaching will now focus primarily on these topics.

3% of referrals were for fibromyalgia, which could perhaps be managed on an outpatient basis. This may improve utilisation of limited inpatient hospital resources.

Disclosure of Interest: None declared

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AB1250

VACCINATION AWARENESS AND UPTAKE IN INFLAMMATORY ARTHRITIS PATIENTS

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Background: Inflammatory arthritides (IA) increase infection risk. The Centre for Disease Control and Prevention recommends influenza vaccination for all adults and pneumococcal vaccine for >65 years old and under 64 years receiving certain immunosuppressive therapies, including TNF inhibitors.

Objectives: We examined patients' knowledge, uptake and attitudes to influenza and pneumococcal vaccination and opportunities to increase vaccination rates in our IA clinic.

Methods: Patients attending the IA Clinic completed an anonymous 23 question worksheet recording demographic details, medical history, medications, knowledge about vaccinations, vaccination status, reasons for non-vaccination and availability and willingness to use smartphone for healthcare records.

Results: 329 patients completed the survey. Respondents were predominantly female (78%). 69% were >50 years old. 82% had completed secondary education. 59% of patients had rheumatoid arthritis, 11% had psoriatic arthritis and 30% other conditions. 29% of patients were taking a biological DMARD, 27% using methotrexate and 19% oral steroids.

52% knew some rheumatological conditions increase infection risk. 54% knew some rheumatological medications can increase infection risk.

66% knew influenza vaccination was recommended, most commonly via their general physician (GP) (70%). 50% of patients were up to date with their 'flu' vaccination, mainly (75%) via their GP. Reasons for non-vaccination included lack of awareness (45%) and fear of side effects (25%).

29% knew pneumococcal vaccination may be indicated, 78% of whom were informed by their GP. 33% of patients were up to date with their pneumococcal vaccine. 80% cited lack of awareness for non-vaccination.

70% of patients had smart phone access. 74% of these were willing to use this for their healthcare record and reminders re vaccination.

Conclusions: These data show low awareness amongst IA patients of the risk of immunosuppression associated with their disease and treatments and the need for regular vaccinations. Mobile technology may help increase vaccination rates.

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AB1251

QUALITY OF INPATIENT REFERRALS TO RHEUMATOLOGY IN AN IRISH TERTIARY REFERRAL HOSPITAL

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Background: A previous audit of inpatient referrals to our service found 21% were vasculitides, 20% inflammatory arthritides, 19% crystal arthropathies, and 16% connective tissue disease. It was felt that many of these referrals lacked appropriate investigations (such as inflammatory markers) prior to rheumatology review.

Objectives: Prior to transitioning from handwritten to electronic consults, we wanted to examine the data given in inpatient referrals to our service.

Methods: All available consults (n=81) were reviewed. We assessed whether the age/date of birth, gender, location, duration of symptoms, medications, clinical examination findings, reason for consult, urgency and suspected diagnosis had been written on the consult request form. We examined what investigations were detailed (any blood result, C Reactive Protein (CRP) value and any imaging result) and what referrer details were given (name, contact details, consultant responsible).

Results: In 99% of cases, patients age or date of birth was given by the referring team. 84% detailed gender. 78% contained ward. 68% contained bed number. 56% listed urgency.

96% indicated reason for consult. 30% listed duration of symptoms. 21% detailed whether patient known to rheumatology service. 57% gave suspected diagnosis. 33% gave medications. 42% detailed clinical examination findings. 41% reported any blood test. 27% gave a CRP. 44% detailed imaging findings.

49% contained referrer name. 80% had referrer contact details. 70% gave referring consultant.

Conclusions: Overall, it was felt many of the inpatient referrals to our service lacked potentially important details. Less than half of consult requests included duration of symptoms, medications, examination findings, blood test results or referrer name.

We will soon be transitioning to an electronic referral system and all of these data points must be entered prior to submission of the consult. Hopefully, this will improve the quality of care we deliver to our patients.

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AB1252

PREVALENCE OF ANALGESIC USAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS AND RELATIONSHIP WITH DISEASE ACTIVITY

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Background: Rheumatoid arthritis (RA) is a systemic, autoimmune disease in which chronic pain is a persistent symptom,¹ additionally pain management remains as a serious public health issue. Pain is often disabling and can reduce the quality of life of a patient.²

Objectives: To describe prevalence of analgesic usage in patients with rheumatoid arthritis and relationship with disease activity.

Methods: We collected data from the medical charts in a specialised RA centre conducted during 2017, we performed a descriptive analysis, we collected socio-demographic information, DAS28, and the prevalence of prescription of analgesic medications divided in three groups non opioid analgesics, opioid analgesics and NSAIDs. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We estimated the prevalence of comorbidities and evaluate independent associations calculating prevalence ratios.

Results: We included data from 6700 patients, 80% were women and 20% were men. Mean age was 59 years±13, 47% of all patients were between 60 and 80 years; The prevalence of use pain medications was 63.41%. Most of patients received non opioid analgesics 52% (paracetamol or dipyron) followed by opioids 23% (codein or tramadol), 10% of patients had pain medication combination of non opioids plus opioids. See table 1. The prevalence of pain medications usage was associated with sex but not with disease activity see table 2.