Abstract AB1270 – Table 1. – Regression analysis on indirect cost

	Univariate Analyses			Multivariate Analyses*					
	β	95% CI	p	β	95% CI	p			
Age	-32.5	-242.4 to 5351.7	0.211	-6.4	-66.2 to 53.3	0.830	-11.4	-68.0 to 45.2	0.688
Gender, female	-119.6	-1491.0 to 1251.9	0.862	66.4	-1601.9 to 1734.8	0.937	63.6	-1597.7 to 1725.0	0.939
Disease duration (months)	44.5	-7.5 to 96.7	0.093	17.7	-42.4 to 77.4	0.561	14.2	-48.8 to 77.2	0.632
Baseline VAS pain score	300.8	88.3 to 513.2	0.006	280.5	72.5 to 488.5	0.009	271.4	62.2 to 480.6	0.012
Baseline HAQ	893.8	-15.7 to 1083.3	0.054	-223.5	-1760.2 to 1313.2	0.772	-397.6	-1641.4 to 846.2	0.525
Baseline FACIT	-63.9	-114.9 to -12.8	0.015	-19.6	-0.4 to 0.6	0.635	-40.7	-127.2 to 45.762	0.350
Baseline SF36 PCS	-30.0	-660.0 to -0.017	0.050	17.7	-27.3 to 62.8	0.434	12.4	-38.1 to 62.9	0.625
Baseline SF 36 MCS	-42.6	-72.8 to -12.4	0.006	-26.9	-63.4 to 9.63	0.146	-27.9	-64.3 to 8.6	0.131
Month 6 DAS CRP Score	695.4	137.4 to 1253	0.015	634.8	96.1 to 1175.4	0.022	-	-	-
Cannot achieve early remission/ LDA	1465.3	318.1 to 2612	0.013	-	-	-	1287.5	164.3 to 2410.7	0.025

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AB1270 ACHIEVING EARLY DISEASE CONTROL AND REDUCING INDIRECT COST – THE CRYSTAL REGISTRY IN HONG KONG RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid arthritis is associated with irreversible joint erosion, jeopardising patients' work ability and incurs substantial indirect cost to the society. While early treatment yield clinical efficacy, its economic outcome remains uncertain in Hong Kong.

Objectives: To ascertain the effect of early disease control in early RA subjects on indirect cost.

Methods: This was a multi-centre, prospective cohort study involved 13 hospitals in Hong Kong. Subjects underwent intensive treatment scheme aiming at remission. Early disease control was defined as achieving remission or low disease activity (LDA) at month 6 indicated by DAS-28 score.

Results: Seventy early RA patients [53 (75.7%) Female, mean age: 53±11 years, mean disease duration 30±11 months] were included in this analysis. Forty-two (60%) subjects achieved early disease control. Subjects with or without early disease control were comparable at baseline. Twenty-two (31.4%) subjects had non-zero indirect cost [median (IQR) indirect cost: USD162 (76–317)]. Among them, early disease control non-achievers (n=11) had significantly higher indirect cost than achievers [median (IQR) indirect cost: USD317 (133–934) vs USD95, ^{48–163} p=0.008] (figure 1). Using multivariate linear regression, after adjusting for age, gender, baseline pain score, fatigue level, physical and mental condition, every 1-unit increase in DAS score at month 6 was associated with USD82 increase in indirect cost [95% CI: 12–151, p=0.022]. When disease activity was categorised, not achieving remission/LDA was associated with USD165 increase in indirect cost [95% CI: 21–310, p=0.025] (table 1).

Model 1 – DAS score as continuous variable

Model 2 – DAS score categorised as early disease control or not

Abstract AB1270 – Figure 1

Conclusions: Early intensive treatment with early disease control yield lower indirect cost. Health care system shall consider reallocating adequate resource for managing early arthritis patients to reduce indirect cost related to disease.

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AB1271 SEVERE OUTCOMES OF AFRICAN PATIENTS FROM PALOP EVACUATED FOR MEDICAL ASSESSMENT IN PORTUGAL – RHEUMATOLOGY AS A CASE STUDY

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Background: Portugal has made an official commitment for improving health in Portuguese speaking African countries (PALOP) by allowing an annual quota of patients evacuated from these countries for medical reasons. The agreements pretend to compensate difficulties in health care access and medical resources of these populations. However, the bureaucratic process that mediates the displacement of patients to Portugal is invariably complex and delayed, so these aims are commonly not achieved.

Objectives: to report our experience dealing with PALOP rheumatic patients and evaluate their outcomes.

Methods: a retrospective analysis of patients evacuated from PALOP and referred due to rheumatic diseases or potentially related conditions, followed-up in our Department for the last 7 years. Clinical data was collected until September 2017.

Results: a total of 58 patients (77.6% female), with an average age of 33.5 years (±SD 15.2; range 2–78 years) were included, representing Guinea-Bissau 44.8%, Cape Verde 27.6%, São Tomé and Príncipe 17.2% and Angola 10.3%. Of all these patients, only 44.8% were primarily referred to our Department. The majority (55.2%) had no previous diagnosis, 19% were considered to have a wrong diagnosis and 25.9% were well diagnosed. After assessment in our Department, we ended up with the diagnoses listed, mainly SLE (17.2%) and Rheumatoid Arthritis (17.2%).

Abstract AB1271 – Table 1

Disease	N
SLE	10
Rheumatoid Arthritis	10
Vasculitis	6
Dermatomyositis	3
Other CTD	4
Osteoarticular infections	3
Psoriatic Arthritis	2
Ankylosing Spondylitis	2
Reactive Arthritis	2
JIA	1
SAPHO Syndrome	1
Non-inflammatory rheumatic diseases	6
Non-confirmed rheumatic diseases	8