THE EFFECT OF IMPLEMENTING AN ONLINE PATIENT HEALTH RECORD AIMING TO PROMOTE PATIENT PARTICIPATION IN RHEUMATOID ARTHRITIS PATIENTS ON THE USE OF DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS AND OUTCOME IN DAILY CLINICAL PRACTICE

W.D. Müskens1, S.A.A. Rongen-van Dartel1,2, E. Adang1, P.L. van Riel1,2, 3
Healthcare, Radboud UMC, Nijmegen; 2Rheumatology, Bernhoven, Uden; 3Health Evidence, Radboud UMC, Nijmegen, Netherlands

Background: Current guidelines say that there should be a prominent place for patient participation and shared decision making in rheumatic care. To achieve this Bernhoven introduced an online patient health record (OPHR) to facilitate self management and shared decision making in rheumatic care. A distinction was made between the effects of the OPHR on patients recently diagnosed with RA (study A) and the RA population as a whole (study B).

Methods: In April 2014 an OPHR for patients with RA was introduced at the rheumatology department of Bernhoven. Using data from the rheumatology department registry, two analyses were performed to evaluate this implementation.

Study A compared the treatment and course of DAS28 of patients diagnosed in the period three years prior to the implementation (“prior group”) with those diagnosed in the period three years after the implementation (“after group”).

Study B was an observational study that examined yearly trends for DMARD use and DAS28 for the whole RA population between April 2014 and April 2017.

Results: Study A
A total of 287 patients were diagnosed with RA of which 127 were in the prior group and 171 in the after group. CsDMARD’s were given 160 days [95% CI 22–43] after diagnosis in the “prior group” versus (vs.) 32 days [95% CI 123–198] after diagnosis in the “after group”. More patients received csDMARD combination therapy, 49% vs. 64% (p-value=0.001). There was no difference in number of patients that started a bDMARD in the prior group vs. the “after group” achieved remission and LDA within the first year of DMARD therapy (p-value=0.001). There was no difference in number of patients that started a bDMARD after diagnosis in the ‘prior group’ versus (vs.) 32 days [95% CI 22–43] in the after group. Next to that there was an increase in cumulative time csDMARD’s were used during follow-up, 54% vs. 74% (p-value=0.001).

Study B
The trend analysis of DMARD use in the RA population is plotted in figure 1. Between 2011 and 2017 a change in trend can be observed for the use of csDMARD’s, the use of csDMARD combination and the use of bDMARD csDMARD combination therapy. The usage of bDMARD therapy did not change.

Abstract AB1274 – Figure 1. Trends in DMARD prescription, per yearly period

Conclusions: After the introduction of the OPHR patients recently diagnosed with RA got earlier and more intense treatment, with a more prominent role for biologicals. Next to that a bigger proportion of patients recently diagnosed with RA achieved remission and LDA within the first year of DMARD therapy. When looking for trends in the total RA population, an increase of the use of csDMARD’s, the use of csDMARD combination and the use of bDMARD csDMARD combination therapy was observed after April 2014.

Disclosure of Interest: None declared


RESEARCH CONTRIBUTION TO THE JOURNAL OF ANNALES DE LA RECHERCHE PHARMACIENNE FROM 2012 TO 2016: A BIBLIOGRAPHIC ANALYSIS

V. Teklit-Aydogdu1, O. Aydogdu2, Z. Sarr3, 1Physotherapy and Rehabilitation, Haydarpaşa Numune Education and Research Hospital, Department of Physotherapy and Rehabilitation; 2Physiotherapy and Rehabilitation, Marmara University, Faculty of Health Sciences, Department of Physotherapy and Rehabilitation, Istanbul, Turkey

Background: Rheumatology, a subspecialty of medicine, is devoted to diagnosis and therapy of rheumatic diseases, including clinical problems in joints, soft tissues, and autoimmune diseases. “Annales de la Recherche Pharmacienne” is one of the most read and prestigious journals in the field of rheumatology. Bibliometric studies concerning the quantity and quality of articles published in this journal are scarce. The scientific production in the field of rheumatology from 1996 to 2010 was compared by Cheng.1 On the other hand, as to our knowledge, there is no study investigating research contribution to Annals of the Rheumatic Diseases since 2012.

Objectives: This study aims to investigate countries’ research contribution in the field of rheumatology by classifying scientific papers according to their countries between 2012 and 2016 in Annals of the Rheumatic Diseases, official journal of EULAR.

Methods: All scientific papers which were published from 2012 to 2016 in Annals of the Rheumatic Diseases were screened. Some scientific papers such as editorial, viewpoint notes, or letters were excluded. In addition, supplementary issues were excluded as well. The rest of the papers were separated in two different part: “clinical and epidemiological research” and “basic and translational research”. The papers were investigated one-by-one to determine their countries. All papers were classified according to their corresponding author.

Results: A total of 1616 scientific papers were investigated. Totally 1092 papers were included. While clinical and epidemiological research included 753 articles, basic and translational research contained 393 articles. There are 211, 188, 260, 235, 198 published articles in 2012, 2013, 2014, 2015, 2016, respectively. In 2012, 2014 and 2015 the top countries to publish articles in Annals of the Rheumatic Diseases are England, Netherlands and USA. In 2013 and 2016, France is in the list of top countries instead of Netherlands. While, 46, 37 and 37 articles were published from England, Netherlands and USA, respectively in 2012, 53, 35 and 18 articles were published from England, USA and France, respectively in 2016.

Conclusions: According to our results, Western Europe and USA clearly dominate the production of scientific papers in Annals of the Rheumatic Diseases, official journal of EULAR. Our results are in accordance with the literature. We conclude that research resources, financial and other some issues may contribute the publishing process.

REFERENCE:

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ECONOMIC IMPACT OF NON-MEDICAL SWITCHING FROM ORIGINATOR BILOGICS TO BIOSIMILARS – A SYSTEMATIC LITERATURE REVIEW

Y. Liu1, V. Garg2, Y. Yang3, E.Q. Wu4, M. Skup2, 1Division of Pharmacy Practice and Administration, The University of Missouri, Kansas City; 2AbbVie, Chicago; 3Analysis Group, Inc., Boston, USA

Background: Biosimilars, often priced at a discounted rate of originator biologics, may prompt switching patients from originator biologics to biosimilars for non-medical reasons. However, other relevant costs (e.g., non-medical switching (NMS) program setup, costs of concomitant therapies, additional healthcare resource utilisation [HRU]) associated with NMS are not well understood.
VACCINATION STATUS AND KNOWLEDGE AND ATTITUDE ON VACCINE AMONG PATIENTS WITH RHEUMATIC DISEASE IN CHINA

Y. Jiang,1 X. Lü,2 X. Zhang,1 Q. Lv,1 Y. Zhang,1 J. Qi,1 Z. Liao,1 J. Gu1

1Rheumatology, The Third Affiliated Hospital of Sun Yat-Sen University, Guangzhou. 2Rheumatology, The People’s Hospital of Liuzhou City, Liuzhou, China

Background: Rheumatic diseases are associated with an increased susceptibility to infections.1 Specific inactivated vaccinations are recommended for patients with autoimmune diseases.23 However, vaccination coverage among patients with rheumatic disease is extremely low in China.

Objectives: Our study was to discover infection and vaccination status in patients with rheumatic diseases in recent five years, and then to determine knowledge and attitude on vaccine among patients with rheumatic diseases.

Methods: A questionnaire-based survey was conducted in a total of 242 patients. The Statistical Package for Social Sciences (SPSS) software version 21 was used for all data management and analysis.

Results: Of 242 patients, mean age was 39.84±4.42. Mean disease duration was 30.00±4.42. 55% had connective tissue disease. 7 patients had herpes zoster infection. 4 had influenza. 5 had pneumonia, 1 had dengue fever. And 1 had herpes genitalis infection in recent 5 years. Only 15 patients (6.2%) had vaccination in recent 5 years. 2 female patients had genital warts infection in recent 5 years. 4 had influenza. 5 had pneumonia, 1 had dengue fever. And 1 had herpes genitalis infection in recent 5 years.

159 (65.7%) of the patients had heard of influenza vaccine. Only 62 (25.6%) had heard of pneumococcal vaccine. 103 (43.6%) of the participants knew where to take vaccine. Only 9 patients had reported of former doctors’ advice to take vaccine (influenza, 2), 144 (59.5%) believed influenza could turn to serious infection.