ARE THE SPANISH HOSPITALARIAN EMERGENCY UNITS PREPARED FOR THE DIAGNOSTIC AND THERAPEUTIC CARE OF URGENT RHEUMATOLOGICAL PATHOLOGY?

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Background: The rheumatological emergencies are considered a pathology of low complexity by the classification and triage systems of the Emergency Departments (ED). However, their frequency ranks first in reasons for consultation. Although the majority of these reasons for consultation do not imply immediate urgency, some autoimmune diseases and their manifestations in the locomotor system are underdiagnosed, causing a delay in the referral to the specialist and the initiation of appropriate treatment.

Objectives: To determine the baseline knowledge level of the medical staff of the EDs in the diagnosis and treatment of rheumatological emergencies.

Methods: A survey was designed and distributed in 18 Spanish EDs. The choice of centres was made exclusively by availability and logistical access. In all cases, only medical personnel were surveyed. The survey was distributed through an electronic link to an online form created on the Google Forms platform. The first section of the questionnaire collected demographic data from the surveyed and the SU in which he performs his clinical activity. The second part compiled several aspects of general knowledge, training in diagnostic techniques and therapeutic behaviors.

Results: Of a potential 290 recipients, the survey was answered by 267 physicians. 68% of the surveyed were specialists in Family and Community Medicine, 25% in Internal Medicine and 7% were from other specialties. 25% declared having more than ten years of experience, 61% between 5 and ten years, and 14% less than five years. 91.7% of the polled stated that the management of the non-traumatic pathology of the locomotor system was part of their usual work, while 8.3% indicated that this activity was within the responsibility of the Emergency Traumatologist. The proportion of surveyed who declared themselves capable of performing the following procedures were: knee arthrocentesis, 91.7%; Shoulder infiltration, 75%; Shoulder bursae puncture and fluid aspiration, 16.7%; Joint ankle infiltration, 2.3%; Infiltration in the carpal tunnel, 3.5%; Drainage of a patellar bursa, 14.3%; drainage of an olecranon bursa, 12.1%; Infiltrate the elbow, 21.2%; Drain a popliteal cyst, 2.3%. In the last three months, 38.5% of the polled said they had never obtained a joint or bursal fluid for diagnostic purposes, while 30.8% said they had done so only once. In the last three months, 61.5% of the assessed suspected one, giant cell arteritis. More than 60% of the surveyed felt confident of suspending an outbreak of gout, rheumatoid arthritis, spondyloarthritides, rheumatic polyarthritis, giant cell arteritis, vertebral crushing and chondrocalcinosis based on the clinical signs. Less than 20% of the surveyed reported being able to suspect a connective tissue disorder or a vasculitis.

Conclusions: It is our understanding that the teaching priorities are in the field of training in diagnostic techniques, infections other than those of large joints, clinical suspicion of autoimmune systemic diseases and diagnostic management of soft tissue pathology. Those topics must be included in further teaching initiatives to improve the quality of emergency units healthcare in the field of rheumatological urgencies.

Disclosure of Interest: None declared

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PHYSICIAN AWARENESS OF RHEUMATIC IMMUNE-RELATED ADVERSE EVENTS IN CANCER PATIENTS TREATED WITH IMMUNE CHECKPOINT INHIBITORS

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Background: Immune checkpoint inhibitors (ICI) are novel and promising therapies for the treatment of a range of cancer types, acting through stimulation of the patient’s immune system to engage on tumour cells. This enhanced immune system may potentially cross-react against any organ system, and reporting of rheumatic immune-related adverse events (irAE) has been growing.

Objectives: To evaluate awareness of treatment with ICI and rheumatic irAE among Portuguese rheumatologists and oncologists.

Methods: A web-based questionnaire was sent in November 2017 to members of the Portuguese Society of Rheumatology and Portuguese Society of Oncology. Aside from demographic variables, assessed domains included awareness and clinical experience with ICI and irAE, as well as educational needs on the topic and interest in participating in multidisciplinary approaches.

Results: Response rates were 61/221 (27.6%) for rheumatologists and 13/653 (2.0%) for oncologists. Demographics were similar in both groups, including mean age (39.9 and 41.1 years) and female gender (59% and 53.8%), respectively; the majority were consultant physicians (67.2% and 69.2%) working at public hospitals (95% and 92.3%, respectively). Most rheumatologists and oncologists had heard of but were unfamiliar (63.9%) while most oncologists were at least moderately familiar (92.3%) with such therapies. Almost all physicians were aware but more oncologists reported having patients with rheumatic irAE (46.2 vs 4.9%); the most frequent were arthralgia and arthritis. These physicians were all moderately or very confident in managing these irAE. Most physicians considered that Rheumatology-Oncology multidisciplinary approaches would be of benefit and were interested in participating. Education on pathophysiology, epidemiology, clinical assessment and treatment was deemed necessary. Table 1 summarises the main results.