Conclusions: The IEXPAC questionnaire identified areas of improvement in chronic patients health care in Spain, especially those related with access to reliable information and services, interaction with other patients and continuity of health care after hospital discharge. Patients with HIV infection scored higher, maybe consequence of a more personalized care. In several items, patients with rheumatic diseases scored lower.

Acknowledgements: Funded by Merck Sharp & Dohme, Spain, with endorsement of 4 patient associations: CONARTRITIS (patients with rheumatid diseases), ACCU (patients with IBD), SEISIDA (HIV multidisciplinary group), FEDE (patients with DM).

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1588

THE PATIENTS’ PERSPECTIVES TOWARDS THE PROVISION OF INFORMATION DURING TRANSITION TO A BIOSIMILAR


Background: In July 2015, at the Amsterdam Rheumatology and Immunology Centre, location Reade, 93% of the patients with rheumatoid arthritis, treated with reference product infliximab switched to the biosimilar infliximab. This transition was needed to enable cost savings. Patients gained information via several ways, where the rheumatology nurses had a central role in informing the patients. Patients’ perspectives are warranted to investigate the effect of the transition to the biosimilar.

Objectives: To investigate patients’ perspectives towards the provided information regarding the switch to the biosimilar.

Methods: Consecutive patients treated with reference product infliximab were switched to the biosimilar in the period July 2015 to June 2016 at the Amsterdam Rheumatology and immunology Center, Reade. Patients were informed by a letter about the transition to the biosimilar and were subsequently contacted by a nurse or the pharmacist for additional questions and whether they agreed upon the switch. All patients who were switched from the reference product to the biosimilar were approached at the day care to fill in a questionnaire. In this qualitative questionnaire, patients were asked to evaluate the information provision process and how they gained information about the transition to the biosimilar initially. This was done by the nurses of the day care.

Results: All patients who switched to the biosimilar (n=46) filled in the questionnaire, of which 15 patients scored the information provision as excellent (33%), 25 patients as good (54%), 4 patients as reasonable (9%) and 2 patients found the information sufficient (4%). Furthermore, the majority of patients was initially informed by nurses and rheumatologist prior to the letter that was send to all patients. In total, 12 patients were initially informed by rheumatology nurse (26%), 12 patients by the rheumatologist (26%). Four patients were informed via the letter that was send at first (9%) and 3 patients gained the information about the transition otherwise (7%). Fifteen patients gave more than one answer to the question by whom they were informed initially.

Conclusions: Patients were satisfied about the information provision process, there were no patients who experienced the information provision insufficient. Next to the rheumatologist, rheumatology nurses played an important role in informing the patients about the transition.

Disclosure of Interest: None declared.


THE PATIENT’S JOURNEY FROM ONSET OF BACK PAIN TO DIAGNOSIS OF AXIAL SPONDYLOARTHRITIS: RESULTS FROM A QUALITATIVE STUDY

L. Passapati1,2,3, L. Soever1,2, K. Bedn1, C. Hawke1,2, A. Bidros3, J. Bloom1,2, Y. R. Rampersaud1,2,2, N. Haroon1,2,3, R. Inman1,2,3, R. Toronto Western Hospital; 2University of Toronto; 3Kriemtal Research Institute; 4University Health Network, Toronto, Canada.

Background: People with axial spondyloarthropathy (SpA) wait an average of 9 years between onset of back pain and time to diagnosis by a rheumatologist (Feldkeller 2000). During this time, patients often experience significant pain and dysfunction, while waiting for appropriate diagnosis and intervention. Understanding patients’ perspectives of this diagnostic process is essential in order to optimize early detection and promote appropriate management for axial SpA.

Objectives: The purpose of this study was to understand patients’ perspectives of referral and screening practices for axial SpA from onset of back pain to diagnosis by a rheumatologist.

Methods: Semi-structured key informant interviews were conducted with patients diagnosed with axial SpA, based on ASAS criteria, attending a tertiary academic spondylitis clinic. Interviews addressed patients’ experiences with screening and referral practices for adults with chronic back pain and suspected axial SpA from symptom onset to diagnosis. All interviews were recorded, transcribed verbatim and evaluated using a compare and contrast analysis by coding groups of words that addressed the research objectives. Two members of the research team undertook this exercise independently and then met to reconcile emergent overarching categories and their respective themes. NVIVO V9 was used to assist with organization of codes.

Results: A total of 10 patient interviews were conducted. 90% of participants were male, mean age 42.8 years (±12.6). The mean duration of back pain prior to diagnosis of axial SpA was 8.9 years (±6.0). The majority of patients (90%) had post-secondary education. Three overarching categories were identified regarding patients’ experiences with screening and referral practices for axial SpA from symptom onset to diagnosis and included: 1) “system factors”; 2) “healthcare provider factors” and 3) “patient factors”. Themes related to “system factors” included timely and appropriate access to care, Perceived lack of clinical skills and health-care provider interpersonal skills were allocated to the category of “healthcare provider factors”. Themes identified under the category of “patient-related factors” included: coping with uncertainty; the role of health literacy; the notion of hope, and the belief of stoicism.

Conclusions: The results of this study indicate that care provided by knowledgeable, caring, empathetic and receptive healthcare providers is critical to patients with axial SpA as they navigate the healthcare system from symptom onset to...
Patients’ views on goal-setting in rheumatology rehabilitation.

L.B. Jensen1, T. Mechlenborg Kristiansen2, L. Ovens2, J. Primdahl2,3,4, R. Haderslev municipality. Haderslev, *King Christian X’s Hospital for Rheumatic Diseases, Graziaen*, Hospital of Southern Jutland, Aabenraa; *Institute for Regional Health Research, University of Southern Denmark, Odense, Denmark

**Background:** Patient-centered goals are important for successful rehabilitation because they focus on the direction and process of rehabilitation. Scarcity knowledge exists about goal-setting in rheumatology rehabilitation.

**Objectives:** To explore views on the goal-setting process in rehabilitation during admission among health professionals (HPs), patients with rheumatic diseases and their relatives.

**Methods:** Two focus group interviews, with 11 HPs (physiotherapists, occupational therapists and nursing staff) were conducted as well as eight individual interviews with patients. Relatives participated in two of the patient interviews. The analysis of the transcribed interviews focused on meaning condensation. (Kvale, Brinkmann, 2014)

**Results:** The analysis resulted in three overarching themes. The first theme focused on the many aspects of communication before and during the goal-setting process. The HPs expressed that the patients need to be well-informed. Several of the patients expressed the need for information about what the hospital can provide to ease the goal-setting process for them. The HPs pointed out the need for a uniform approach and to be able to communicate with the patients in a clear and understandable way. Some of the patients’ experienced unclear communication, as some were not sure what the long-term goal was until halfway through the actual admission. The second theme was considerations regarding goals. The HPs considered patient-centered goals to be important, and patients also expressed that the goals should reflect what they prioritized to work with during their stay. HPs believed that the patients need to be well-informed. Several of the HPs expressed that the patients need to take ownership of the goals. The last theme was patients because of adverse events. There are few studies on the burden of chronic pain due to OA in Europe and whether this burden varies for those being treated with prescription (Rx) treatments compared with those who are not Rx treated.

**Objectives:** To assess the burden of OA in Europe and to determine whether burden differs by pain severity and treatment status.

**Methods:** A retrospective, cross-sectional study was conducted using data from the 2016 and 2017 National Health and Wellness Survey (NHWS) from five European Union countries (EU): France, Germany, Italy, Spain, and United Kingdom. NHWS respondents with a self-reported OA diagnosis who completed the patient module were identified. Neuropathic and phantom limb pains were excluded. OA respondents were categorized into 4 groups by severity of pain and treatment: moderate/severe Rx-treated [M/S-Treated]; moderate/severe Rx-un-treated [M/S-Unreated]; Mild Rx-treated; and Mild Rx-un-treated (reference group). Outcomes of interest included health-related quality of life (HRQoL) (SF-12v2: mental and physical component summary scores [MCS, PCS]); health status (EQ-SD); productivity loss (Work Productivity and Activity Impairment [WPAI] questionnaire), and healthcare utilization in past 6 months. Multivariable analyses adjusted for baseline differences between groups (e.g., demographic and health characteristics).

**Results:** 2,417 OA patients reported a mean age of 61.8 (SD=10.8) years and the majority was female (64.5%). Sixty-percent of OA patients had M/S pain (n=1,440). Stratification by pain and treatment groups resulted in the following: Moderate/severe Rx-treated [M/S-Treated]; Moderate/severe Rx-un-treated [M/S-Unreated]; Mild Rx-treated; and Mild Rx-un-treated (reference group). Outcomes of interest included health-related quality of life (HRQoL) (SF-12v2: mental and physical component summary scores [MCS, PCS]); health status (EQ-SD); productivity loss (Work Productivity and Activity Impairment [WPAI] questionnaire), and healthcare utilization in past 6 months. Multivariable analyses adjusted for baseline differences between groups (e.g., demographic and health characteristics).

**Conclusions:** The majority of European patients with OA in this study reported moderate-severe pain irrespective of prescription treatment. Whether treated or untreated, those with moderate to severe OA pain demonstrated a substantial burden on quality of life, health status, and productivity compared with those with mild pain.

**References:**