Percentage (%) who responded "mostly" + "always"						
IEXPAC item	All patients	Rheumatoid Disease	IBD	HIV	DM	P
They respect my lifestyle	81.5%	76.5%	75.1%	89.6%	81.9%	<0.001
They are coordinated to offer good health care to me	69.3%	60.6%	69.1%	76.8%	73.3%	<0.001
They help me to get information from the Internet	15.0%	12.8%	19.0%	19.8%	8.3%	<0.001
Now I can take care of me better	81.0%	74.3%	79.3%	89.7%	78.3%	<0.001
They ask me and help me to follow my treatment plan	79.8%	73.5%	77.8%	87.6%	78.2%	<0.001
We set goals for a healthy life and better control my	70.1%	63.4%	62.6%	74.7%	76.1%	<0.001
I can use Internet and my mobile phone to consult my medical records	7.2%	7.3%	5.5%	8.6%	7.1%	0.529
They make sure that I take medication correctly	76.0%	72.4%	73.7%	83.5%	72.9%	<0.001
They worry about my welfare	84.3%	79.1%	80.4%	91.5%	83.8%	<0.001
I have been informed on the health and social	41.3%	33.8%	32.3%	52.6%	42.3%	<0.001
They encourage me to talk to other patients	14.9%	10.3%	15.7%	20.4%	12.0%	<0.001
Respond to the following statement only if you have been admitted to the hospital in the last 3 years,						
They care about me when I come home after being in the hospital	30.6%	25.7%	28.9%	33.0%	32.8%	0.205
Global IEXPAC score, mean (SD)	6.0 (1.9)	5.5 (2.0)	5.9 (2.0)	6.6 (1.7)	5.9 (1.9)	<0.001

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

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FRI0713-HPR THE PATIENTS' PERSPECTIVES TOWARDS THE PROVISION OF INFORMATION DURING TRANSITION TO A BIOSIMILAR

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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 sent 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 sent 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.

A. Patient's perspective

B. Initially informed by:

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.

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FRI0714-HPR THE PATIENT'S JOURNEY FROM ONSET OF BACK PAIN TO DIAGNOSIS OF AXIAL SPONDYLOARTHRITIS: RESULTS FROM A QUALITATIVE STUDY

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Background: People with axial spondyloarthritis (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 ($\pm$ 12.6). The mean duration of back pain prior to diagnosis of axial SpA was 8.9 years ($\pm$ 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 healthcare 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

diagnosis. Furthermore, access to the right specialist, at the right time, in the right place may improve patients' experience of screening and referral practices for chronic back pain. Models of care and targeted patient and medical education strategies aimed at reducing the gap between onset of back pain and diagnosis of axial SpA may have the potential to improve existing screening and referral practices of axial SpA.

REFERENCE:

1. Feldkeller E, Bruckel J, Khan MA. Scientific contributions of ankylosing spondylitis patient advocacy groups. *Curr Opin Rheumatol* 2000;12:239–247.

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FRI0715-HPR PATIENTS', RELATIVES AND HEALTH PROFESSIONALS VIEWS ON GOALSETTING IN RHEUMATOLOGY REHABILITATION.

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

Objectives: To explore views on the goalsetting 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 goalsetting 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 goalsetting 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 admission. Both HPs and patients found that the goals needed to be realistic in order to be beneficial. The HPs considered that goals should be measurable. They saw it as a requirement that they should demonstrate that goals were reached, although this was sometimes difficult to demonstrate. Some of the patients expressed a need to be able to relate to and understand the goal in order to see themselves work towards it during admission. The HPs also pointed out that the patients had to take ownership of the goals. The last theme was *the roles in the goalsetting process*. Both the HPs and the patients expected the HPs to have a guiding role in the goalsetting process. The HPs found that patients needed to participate actively in the goalsetting process to reach a patient-centered goal. Both the HPs, patients and relatives believed that participation of a relative in the goalsetting process was positive since they could complement on what the patients said.

Conclusions: The goal-setting process is complex, and several aspects need to be taken into consideration to achieve successful patient-centered goals. Clear communication and an overall agreement on the content and importance of the goals are important. Each stakeholder has their role to play in the goalsetting process; the patients need to take an active role, relatives complement the patients views and the HPs guide the goalsetting process.

REFERENCE:

1. Kvale S, Brinkmann S. Interviews: learning the craft of qualitative research (3rd ed.) 2014. Sage Publications.

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FRI0716-HPR ASSESSING THE BURDEN OF TREATED AND UNTREATED OSTEOARTHRITIS PAIN IN EUROPE

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Background: Osteoarthritis (OA) is a chronic, progressive musculoskeletal condition, estimated to affect >40 million people across Europe. OA is a major challenge for health care systems worldwide and is a leading contributor to years lived with disability (YLD) globally.¹ Current pharmacological treatment options may provide limited pain relief or may not be appropriate for long-term use in all patients because of adverse events.² 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 (5EU): France, Germany, Italy, Spain, and United Kingdom. NHWS respondents with a self-reported OA diagnosis who completed the pain 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-untreated [M/S-Untreated]; Mild Rx-treated; and Mild Rx-untreated (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-5D), 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: M/S-Treated=27.4%, M/S-Untreated=32.2%, Mild-Treated=22.3%, and Mild-Untreated=18.2%. Those with M/S pain severity, both Rx treated and untreated, showed significantly worse HRQoL, health status and work impairment compared with the reference group (table 1). Further, both Rx treated groups had significantly more health care provider visits compared with OA patients without a Rx.

Table 1 Adjusted mean levels per outcome according to disease severity and prescription treatment status^a

Outcome	M/S-Treated (A) (n=663)	M/S-Untreated (B) (n=777)	Mild-Treated (C) (n=538)	Mild-Untreated (Ref) (n=439)	Mild-Untreated (Reference)		
					vs. Group A	vs. Group B	vs. Group C
Mental Component Score (MCS)	41.2	44.3	44.9	45.9	<0.001	0.009	0.135
Physical Component Score (PCS)	38.7	44.8	43.4	50.0	<0.001	<0.001	<0.001
Health Status (EQ-5D)	0.48	0.66	0.65	0.77	<0.001	<0.001	<0.001
Absenteeism ^b	39.9	15.0	22.0	5.1	0.116	0.143	0.102
Presenteeism ^b	49.4	36.2	34.9	15.9	0.001	<0.001	<0.001
Overall Work Impairment ^b	54.4	38.1	37.9	17.3	0.001	<0.001	<0.001
Activity Impairment	45.5	30.6	33.2	20.0	<0.001	<0.001	<0.001
General Practitioner Visits	3.8	2.7	3.6	2.4	0.007	0.085	0.008
Total Traditional Healthcare Provider Visits	9.3	6.8	8.6	6.0	0.004	0.066	0.005

^aAll models controlled for age, sex, marital status, education, income, employment status, smoking status, alcohol use, exercise, body mass index, Charlson Comorbidity index, and country using generalized linear regression models.

^bAmong employed respondents only: M/S-Treated n=163; M/S-Untreated n=234; Mild-Treated n=155; Mild-Untreated n=143.

^cAmong employed respondents only: M/S-Treated n=138; M/S-Untreated n=222; Mild-Treated n=146; Mild-Untreated n=141.

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:

1. Osteoarthritis Research Society International (OARSI). Osteoarthritis: A Serious Disease. New Jersey: December 2016.
2. Noble M, et al. *Cochrane Database of Systematic Reviews* 2010;1:Art. No. CD006605.

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