Health Professionals in Rheumatology Abstracts

AB1419-HPR

CLINIC OF PREGNANCY AND RHEUMATIC DISEASES: EPIDEMIOLOGIC CHARACTERISATION

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Background: Pregnancy in women with Rheumatic Diseases (RD) is of high risk and requires a close communication between the rheumatologist, obstetrician, and all other specialists involved. It may have an effect on the natural history of autoimmune disease, a phenomenon that is particularly relevant in Systemic Lupus Erythematosus (SLE) and Rheumatoid Arthritis (RA). Additionally, there are consequences that autoimmune disease may yield throughout the course of conception and gestation.

Objectives: To describe the epidemiological characteristics of patients seen at the Clinic of Pregnancy and Rheumatic Diseases (Clinica de Embarazo y Enfermedades Reumatícas, CEER) located in the Jose E. Gonzalez University Hospital in Mexico.

Methods: We conducted a descriptive transversal study of a cohort of 50 adult patients that attended CEER, which were categorised within three consultation groups (reproductive age, with a present or future desire to become pregnant, pregnant, or in postpartum period). All patients were evaluated by the Maternal-Fetal Medicine and Rheumatology department. CEER was created in August 2017 and provided medical follow-up for newly pregnant patients, those already pregnant, and patients in the immediate postpartum period. Epidemiological data was collected.

Results: Of the 50 patients, 8 (16%) with a present or future desire to become pregnant, 24 (48%) pregnant, just only one presented gestational diabetes; and 18 (36%) were in the immediate postpartum period. The median age was 32 years (SD=6.16). The 18 births were live births obtained by caesarean section, 8 (55.8%) were pre-term (<37WG) and none presented eclampsia or preeclampsia. Of the patients, 22 (44%) had a diagnosis of RA, 10 (20%) had SLE, 10 (20%) had Antiphospholipid Syndrome, and the remaining 8 (16%) had other diagnoses (table 1). Only 18 (36%) had previous abortions.

Abstract AB1419HPR – Table 1. Association between current status and diagnosis

<table>
<thead>
<tr>
<th>Current status</th>
<th>Systemic Lupus</th>
<th>Rheumatoid Arthritis</th>
<th>Antiphospholipid Syndrome</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive</td>
<td>0%</td>
<td>510%</td>
<td>2%</td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>7%</td>
<td>612%</td>
<td>612%</td>
<td>5%</td>
<td>24%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>3%</td>
<td>1122%</td>
<td>2%</td>
<td>8%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Note: n=50

AB1420-HPR

PATIENT DELAY IN RHEUMATOID ARTHRITIS. A SURVEY ON SYMPTOM INTERPRETATION BEFORE FIRST VISIT TO GENERAL PRACTITIONER

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Background: Early initiation of effective treatment of rheumatoid arthritis (RA) leads to improved clinical and radiological status in the patients. Thus, there is a need to decrease the time from patients experience their first joint symptoms to initiation of treatment. The patient’s social context may influence the period from the patients experience their first joint symptoms until they present their symptoms to their general practitioner (GP) (patient delay (PD))

Objectives: Firstly, to explore whether socioeconomic and other factors influence PD in persons referred to a rheumatologist due to suspicion of RA. Secondly, if socioeconomic factors affected whether the patients subsequently received a diagnosis with inflammatory arthritis (IA).

Methods: We developed a survey based on previous Danish1,2 and UK3 studies regarding symptom interpretation and PD together with two patient research partners. We asked consecutive patients, referred to a rheumatologist outpatient clinic or a private rheumatologist in the Region of Southern Denmark, with a suspicion of RA, to complete the survey online or in a paper version before examination by a rheumatologist. We used STATA/IC 15.0 for descriptive statistics, univariate, and multivariate logistic regression analyses.

Results: From December 2016 to July 2017, 144 patients completed the survey. In total 86 (60%) were female, mean age 55 (SD 15.3). In total 76 (53%) had short PD (0–3 months), 51 (35%) intermediate or long PD (>4 months) (12% missing answers); 71 (49%) totally or partially agreed that their symptoms had a gradual onset. Three to seven months after the survey, 45 (22%) had received a diagnosis of some sort of inflammatory arthritis (IA). In the following analyses age was dichotomized (<or=50 years). Age, sex, cohabitant status, educational level and whether patients undertook paid work or not, did not significantly affect