AB1449-HPR PATIENT FACTORS CONTRIBUTING TO AND SHARED DECISION MAKING IN STARTING/SWITCHING BIOLOGICS SPONDYLOARTHRITIS

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Background: Biologics are effective for treating symptoms in patients (pts) with active spondyloarthritis (SpA) and a number of drugs are available with different working mechanisms, and mode and interval of administration for this indication. Starting/switching a specific biologic occurs for various reasons. It is increasingly advocated to involve pts in treatment decisions. Pts can have various needs and expectations when involved in shared decision making.

Objectives: To explore which pts factors contributed to starting or switching biologics in SpA, how pts experienced shared decision making in this process, and the needs of pts starting biologics.

Methods: Pts with SpA were recruited from the rheumatology department, Maastricht University Medical Centre. In semi-structured focus group interviews pts were asked to elaborate on when and why biologics were started and switched and if they were involved in the treatment decision. A decision aid for rheumatoid arthritis (RA) biologics was shown and pts were asked if they consider a similar decision aid for SpA as valuable. Interviews were audiotaped, transcribed and analysed in NVIVO11 software.

Results: In total, 14 pts with SpA participated in 4 focus group interviews. Three pts were diagnosed with axial SpA, 5 pts with peripheral SpA and 6 pts were diagnosed with axial- and peripheral SpA, with or without concomitant extra-articular manifestations. Mean age was 62 years (range 41–77 years), 10 were female (62.5%). Average time since diagnosis was 28 years. Pts started on average 7.3 years (range 1–14 years) ago with their first biologic. Six pts used 1 biologic, 5 pts had switched once or twice, and 3 pts switched more than 3 times. Factors contributing to starting a first biologic were disease activity, fatigue, intolerance to prior medication, and ineffectiveness of prior medication. Two pts were included in a biological trial. Factors contributing to switching were adverse effects and ineffectiveness of prior biologic.

Most pts were not involved in decision making when biologics were started or could not remember this. Some pts mentioned that only one or limited options were available at the time of start, and that the decision to start was made by the rheumatologist. However, also when more agents became available, decision for a specific biological was often made by the rheumatologist without discussing treatment options.

Pts underlined the importance of how care providers offer a treatment decision. When the decision was offered as a suggestion, "Shall we do.", it was experienced more pleasurable than when the decision was offered as a command, "Let's do..".

All pts expressed their wish to develop a decision aid in which clear information about each biologic is provided on mode of administration, interval, and effect on different SpA features. One pt explicitly stated that he did not want to be actively involved in decision making, but preferred that the care provider decides.

Conclusions: When involving SpA pts in shared decision making on start/switching of a biological, information on effectiveness on disease activity, fatigue, adverse events as well as expected duration of effectiveness should be provided, in addition to modes of administration and interval of each agent. A decision aid can support pts in this.

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AB1450-HPR COMPARISON OF BIOPSYCHOSOCIAL STATUS OF RHEUMATOID ARTHRITIS AND FIBROMYALGIA PATIENTS

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Background: Rheumatic diseases have biopsychosocial effects on individuals.¹ This affection includes the combination of anxiety, depression, and participation in daily living activities. It can be thought that individuals can be affected from different diseases in different ways.

Objectives: The aim of this study is to compare the biopsychosocial status of patients with Rheumatoid Arthritis (RA) and Fibromyalgia (FMS).

Methods: Individuals diagnosed with Rheumatoid Arthritis (RA) and Fibromyalgia (FMS) who applied to the Rheumatology Department of the Medical Faculty of Hacettepe University were included in the study. After the

demographic characteristics of the individuals were recorded; daily living activities were assessed with the Health Assessment Questionnaire (HAQ), quality of life with Short Form 36 (SF-36) scale, anxiety and depression levels with Hospital Anxiety and Depression Scale (HADS) and disease related biopsychosocial status with the Cognitive Exercise Therapy Approach Scale (BETY) which is a newly developed scale in rheumatic patients (the authors request that the abbreviation stay as "BETY" as the original in Turkish).²

Results: 120 RA and 99 FMS patients were included in the study. The scores of individuals on scales are shown in Table 1. When analysed in terms of differences according to RA and FMS, the anxiety and depression scores of the HADS scale and the SF-36 quality of life scale of the individuals were found to differ between the Physical Functioning, Social Functioning, General Mental Health, Role Limitations Due to Emotional Problems, Vitality Energy or Fatigue and General Health Perception sub-parametric scores.

Abstract AB1450HPR – Table 1. Comparison of two groups.

	RA (n=120)	FMS (n=99)	p
Age	51,91 ±11,39	43,03±8,42	0,00
BMI	28,47±6,55	27,46±5,67	0227
HAQ	13,48 ±11,86	11,7±9,47	0229
HADS-A	7,07±5,4	9,59±4,82	0000
HADS-D	5,62±4,39	9,23±4,46	0000
BETY	60,64 ±29,74	67,14±22,7	0075
SF36-FF	45,12 ±26,09	38,44 ±22,45	0046
SF36-FR	28,54 ±43,63	20,95 ±34,57	0162
SF36-A	39,87 ±25,76	42,06 ±20,25	0492
SF36-SI	36,67 ±45,82	50,63±25,9	0008
SF36-RS	73,15 ±19,82	53,87 ±20,25	0000
SF36-ER	55,1±24,91	30,03 ±41,83	0000
SF36-EC	70,41±30,4	27,27 ±19,99	0000
SF36-GS	50,08 ±24,76	38,38 ±16,61	0000

PF: Physical Functioning, RL: Role Limitations, RLE: Role Limitations Due to Emotional, VEF: Vitality, Energy or Fatigue, GMH: General Mental Health, SF: Social Functioning, P: Pain, GHP: General Health Perception

Conclusions: Physical function, mental health, emotional role strength, energy vitality and general health perception, anxiety and depression levels in RA patients were found to be better than FMS patients. The activities of daily living were thought to be unaffected by the changing parameters of pain and biopsychosocial status.

REFERENCES:

- [1] van Middendorp H, Evers AWM. The role of psychological factors in inflammatory rheumatic diseases: From burden to tailored treatment. *Best Practice & Research Clinical Rheumatology*. 2016;30(5):932–45.
- [2] Ünal E, Arın G, Karaca Nb, Kırız S, Akdoğan A, Kalyoncu U, et al. Romatizmal hastalar için bir yaşam kalitesi ölçeğinin geliştirilmesi: madde havuzunun oluşturulması. *Journal of Exercise Therapy and Rehabilitation*. 2017;4(2):67–75.

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AB1451-HPR BURDEN AMONG CAREGIVERS IN RHEUMATOID ARTHRITIS – A PILOT STUDY

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Background: Rheumatoid arthritis (RA) is a chronic, inflammatory disease of the joints affecting more than 1% of global population, it is a long term condition that causes pain and disability.¹ Evidence had shown that

most of the patients are moderately disabled, and about 10% of the patients suffered from severe disablement which brings the necessity of a caregiver to become the patient's companion due to its chronic disease.² The caregiving role can have an impact in the psychological and physical spheres of the caregiver's life.³

Objectives: The aim of this study was to explore demographical characteristics and caregiver burden through the Zarit Scale.

Methods: We conducted a cross sectional study in a meeting where caregivers in a rheumatoid arthritis specialised setting. We collected sociodemographic information, and applied the Zarit caregiver burden interview (ZBI) adapted to Spanish. The ZBI includes 22 questions which has 5 responses from 0 (never) to 4 (nearly always), where scores lower than 47 indicated little to no burden, 47 to 55 low burden and >55 intense burden. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We categorised age of caregivers and compared to it to ZBI score, we used χ^2 to perform bivariate analysis.

Results: 115 caregivers were included in the study, 63% were female and 37% were male. Mean age was 49 years $\pm$ 18 and 35% were single. Regarding educational level 44% had college degree, most of caregivers 30% had a full time job, and also 45% had other family members as their responsibility. See table 1. Zarit mean score was 44 $\pm$ 14, additionally 71% had a score lower than 47. See table 1. Regarding age groups 35% of patients were older than 60 years and 15% of them were considered with intense burden disease, there was no statistical association between age and disease burden, see table 2.

Abstract AB1451HPR – Table 1. Zarit score

Zarit Score		
<47	82	71
47–55	14	12
>55	19	17

Abstract AB1451HPR – Table 2. Zarit scale classification according to age groups

Variable	15–39 years n=36	40–60 years n=38	Older than 60 years n=41	P value
No burden	20	28	30	0.108
Low burden	8	5	5	0.375
Intense burden	8	5	6	0.436

Conclusions: Although a high proportion of caregivers reported to have not burden, it is important to develop strategies and activities in order to attend the necessities of the caregivers in order to reduce the overload of responsibilities among them. Also further research is needed in order to identify the risk factors or protector factors that can prevent disease burden in caregivers.

REFERENCES:

- [1] Prothero L, Georgopoulou S, de Souza S. Patient involvement in the development of a handbook for moderate rheumatoid arthritis. 2016.
- [2] Jacobi CE, van den Berg B, Boshuizen HC, Rupp I, Dinant HJ, van den Bos GA. Dimension-specific burden of caregiving among partners of rheumatoid arthritis patients. *Rheumatology (Oxford, England)*. 2003;42(10):1226–33.
- [3] Win KK, Chong MS, Ali N, Chan M, Lim WS. Burden among Family Caregivers of Dementia in the Oldest-Old: An Exploratory Study. *Frontiers in medicine*. 2017;4:205.

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AB1452-HPR WHICH ONE HAS A GREATER EFFECT ON FUNCTION AND THE PSYCHOSOCIAL STATUS IN JIA?: DISEASE TYPE OR THE PRESENCE OF PAIN

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Background: Juvenile idiopathic arthritis (JIA) is a chronic inflammatory childhood disease with symptoms such as joint inflammation, pain and

loss of quality of life.¹ Types of disease and the presence of pain can impact the child psychosocially, as well as affecting functional activity.²

Objectives: The aim of this study is to examine the results of functional and psychosocial status according to the disease type and the presence of pain symptoms in children with JIA.

Methods: The study included 71 children diagnosed with JIA who applied to the Hacettepe University İhsan Doğramacı Children's Hospital Rheumatology Department. Following the collection of demographic information, functional status was assessed with the Child Health Assessment Questionnaire (CHAQ) and psychosocial and functional status was assessed with the scale developed in Hacettepe University Faculty of Health Sciences Department of Physiotherapy and Rehabilitation for functional and psychosocial status of children with rheumatism by Edibe Ünal.³ Children were divided into groups according to disease type as oligoarthritis or polyarthritis and the presence or absence of pain.

Results: Table 1 shows the mean age and numbers of children. There was no difference between the groups according to disease type ($p>0.05$). On the other hand, comparing scores for the CHAQ total, CHAQ general VAS assessment, functional and psychosocial status according to the presence or absence of pain revealed significant differences ($p<0.05$).

Abstract AB1452HPR – Table 1. Assessment values and comparison statistics

	Disease Type			Pain		
	Oligoarthritis (n=51)	Polyarthritis (n=20)	p	Present (n=21)	Absent (n=50)	p
Age (years)	10,88 $\pm$ 3,81	13,50 $\pm$ 3,92	0016	11,71 $\pm$ 3,77	11,58 $\pm$ 4,12	0885
CHAQ Total	0,28 $\pm$ 0,29	0,46 $\pm$ 0,41	0127	0,51 $\pm$ 0,4	0,26 $\pm$ 0,27	0012
CHAQ (General VAS)	2,49 $\pm$ 2,43	3,93 $\pm$ 3	0068	4,46 $\pm$ 2,86	2,24 $\pm$ 2,3	0002
Function (range 0–30)	4,72 $\pm$ 4,85	5,05 $\pm$ 6,32	0766	7,85 $\pm$ 6,6	3,54 $\pm$ 4,02	0004
Psychosocial (range 0–30)	23 $\pm$ 5,67	14,5 $\pm$ 5,82	0363	16 $\pm$ 5,74	12,34 $\pm$ 5,4	0012

Function; Psychosocial; Functional and Psychosocial subscales of Ünal's scale.³

Conclusions: We conclude that pain has a greater effect on functional, psychosocial and overall disease assessment in children with JIA when compared to the disease type. Thus, it must be taken into consideration that child's ability to cope with pain should be improved.

REFERENCES:

- [1] Angelo Ravelli, Alberto Martini. Juvenile idiopathic arthritis. *The Lancet* 2007, 369(9563); 767–778.
- [2] Laura E Schanberga, John C Lefebvre, et al. Pain coping and the pain experience in children with juvenile chronic arthritis. *Pain* 1997, 73(2); 181–189.
- [3] Kısacık Pınar, Ünal Edibe, et al. Juvenil İdiyopatik Artritli Hastalarda Çok Yönlü Bir Değerlendirme Sistemi Oluşturulması Delphi Çalışması. 2016, *Annals Of Paediatric Rheumatology*

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AB1453-HPR ARE DMARD THERAPIES EFFECTIVE ON QUALITY OF LIFE, ANXIETY AND DEPRESSION LEVELS IN PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease with persistent joint inflammation manifesting as joint pain, stiffness, and swelling. Treatment of rheumatoid arthritis (RA) should be aimed at achieving the lowest possible disease activity. Conventional DMARDs (eg, methotrexate [MTX], hydroxychloroquine, and sulfasalazine) are still widely used in newly diagnosed RA patients. On the other hand, the rate of biologic therapy use in clinical practice is rising as more agents become available in spite of efficacy of these treatments is broadly comparable. Depression is a common under-recognised co-morbidity in patients with RA accompanying with substantial disability, reduced quality of life.