

Abstract AB1470HPR – Table 1. Percentage of patients who responded “strongly agree” or “agree” to the BMQ statements

	All (n= 123)	Axial SpA (n= 81)	PsA (n= 42)
Necessity scale			
My health, at present, depends on golimumab*	72.7%	71.8%	75.0%
My life would be impossible without golimumab*	51.5%	49.3%	57.1%
Without golimumab*, I would be very ill	63.6%	60.6%	71.4%
My health, in the future, will depend on golimumab*	42.4%	46.5%	32.1%
Golimumab* protects me from becoming worse	89.7%	88.7%	85.7%
Concerns scale			
Having to inject golimumab* worries me	29.3%	29.6%	28.6%
I sometimes worry about the long-term effects of golimumab*	49.5%	49.3%	50.0%
Golimumab* is a mystery to me	35.7%	35.2%	37.0%
Golimumab* disrupts my life	7.1%	9.9%	0.0%
I sometimes worry about becoming too dependent on golimumab*	30.3%	32.4%	25.0%

All p-values>0.1. *For a better understanding, the commercial name was used in the patients' questionnaire

Conclusions: Patients with SpA currently using golimumab as second anti TNF-alpha describe strong beliefs in the necessity of golimumab and good experience and satisfaction with self-administration. The BMQ also identified concerns that should be addressed in the clinic. The study is limited to the subset of patients still on golimumab at the study visit.

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AB1471-HPR INVESTIGATION OF THE EFFECT OF MANUAL THERAPY AND CERVICAL STABILISATION EXERCISES ON DISABILITY, KINESIOPHOBIA, DEPRESSION AND ANXIETY IN CHRONIC NECK PAIN PATIENTS: A PILOT STUDY

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Background: Neck pain is a common pain after low back pain and becomes chronic in most of the individuals (43%). Due to the severe pain experienced in chronic neck pain (CNP) individuals, the level of disability, depression and anxiety increases and kinesiophobia develops. Cervical stabilisation exercises in individuals with CNP are one of the most effective treatment methods applied recently and the main purpose is to provide training of deep cervical muscles. Manual therapy approaches such as suboccipital release and post-isometric relaxation techniques provide relaxation of the fascia and superficial muscles. These techniques are rarely applied compared to cervical stabilisation exercises and the number of studies done in the literature is very limited. The effects of these three approaches in the treatment of pain severity, disability, kinesiophobia, depression and anxiety are not known in the patients with CNP.

Objectives: The aim of this study is to investigate the effect of physiotherapy program consisting of suboccipital relaxation technique, post-isometric relaxation technique and cervical stabilisation exercises on pain severity, disability, kinesiophobia, depression and anxiety in individuals with CNP.

Methods: Ten patients who have CNP aged 18–65 years (mean age 37.11±4.26) were included in this study. Pain intensity at rest, activity and night with visual analogue scale (VAS), levels depression with Beck Depression Scale (BDS), anxiety with Beck Anxiety Scale (BAS), kinesiophobia with Tampa Kinesiophobia Scale (TKS) and disability with Neck Disability Index (NDI) were assessed. All participants in the study were included in a 10-session physiotherapy program that included suboccipital relaxation, post-isometric relaxation to the upper part of the trapezius muscle, and cervical stabilisation exercises.

Results: It was found that pain intensity at rest, activity and night were significantly decreased after treatment ($p=0.008$). Disability ($p=0.008$) and kinesiophobia ($p=0.01$) level were also significantly dropped. Depression ($p=0.015$) and anxiety levels ($p=0.024$) were statistically significantly improved after treatment.

Conclusions: As a result of our study, pain, depression and anxiety levels decreased, kinesiophobia and disability were improved after physiotherapy applied to individuals with CNP. The suboccipital relaxation and post-isometric relaxation techniques applied before cervical stabilisation exercises increased the adaptation to the exercise by providing relaxation of the painful and tense region in the patients. We think that the activation of the deep cervical muscles is facilitated when the tension of the superficial muscles and the fascia are relaxed. Soft tissue loosening does not

result in pain during and-exercise, which may have reduced the tendency for kinesiophobia, anxiety and depression in patients.

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AB1472-HPR INFLAMMATORY OR RHEUMATOID ARTHRITIS PATIENTS' PERSPECTIVES ON THE EFFECT OF ARTHRITIS GLOVES ON THEIR HAND PAIN AND FUNCTION (A-GLOVES TRIAL): A QUALITATIVE STUDY

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Background: Arthritis (compression) gloves are frequently provided to people with inflammatory (IA) or rheumatoid arthritis (RA) in the NHS, to help reduce swelling and alleviate hand pain by providing compression and improving circulation. However evidence for their effectiveness is limited.¹

Objectives: Nested within a randomised controlled trial (RCT) testing the effectiveness of intervention (compression) gloves with control gloves (fitted at least one size too big) in people with RA and IA, this qualitative study aimed to explore patients' perspectives on the effect of the arthritis gloves on their hand pain and function.

Methods: Once randomised, participants were provided joint protection and hand exercise booklets and fitted with either the intervention or the control glove(s) by a trained occupational therapist.² Both gloves had similar thermal qualities but control gloves did not apply compression. Semi-structured interviews were conducted with 10 participants, purposively selected from each group (n=20) following 12 weeks of glove wear. Interviews were audio-recorded, transcribed and analysed by three researchers using thematic analysis with a critical realist perspective.

Results: Participants' perspectives on the effects of the arthritis gloves had three emergent sub-themes. These were¹ Usage: both groups predominantly used the gloves for activities such as wearing them outdoors to keep hands warm, night-time wear to help with sleep, and doing light domestic activities (e.g. dusting). Gloves were not used for cooking or washing-up or for personal activities of daily living (e.g. toileting, grooming) “*What didn't help as such, obviously was with washing etc. and toileting because I had to keep taking them off and putting them back on again*”.² Symptomatology: while some reported that gloves helped to keep their “*hand pain in check*” others said that gloves had no effect on their hand pain or that they'd found “*it's made them worse*”. Participants from both groups frequently mentioned the warmth element of the gloves, as a positive attribute to help with their symptoms.³ Aesthetics: participants had opposing views on the appearance of the arthritis gloves. Some felt that the intervention gloves “*look a bit ugly with the seams outside*” or stated that they “*would not want to wear that colour*” but did not think they were obtrusive. Most noticeably, patients seemed to view the arthritis gloves as ordinary everyday gloves, rather than a medical device “*if it was cold I wore them outside*”.

Conclusions: Trial participants reported experiencing similar effects from wearing either the intervention or control gloves, with varied perspectives on whether or not gloves affected hand pain and/or function. Overall, patients did not reflect on the compressive but rather the thermal qualities of the gloves, as warmth was the main effect perceived.

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HPR Service developments, innovation and economics in healthcare

AB1473-HPR QUALITY OF REFERRAL LETTERS RECEIVED IN RHEUMATOLOGY

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Background: The referral letter is an essential tool in the relationship between Primary Care and other specialties with Rheumatology. In our area, in 2010, a computer system called SELENE was introduced at hospital level and, in Primary Care, O.M.I. was set up more than 20 years ago

Objectives: To assess the quality of referral letters received in the Rheumatology Unit during the first four months of 2017

Methods: Retrospective and descriptive study, in which referral letters received in the Rheumatology Unit between January and April 2017 were analysed. The following variables were collected: medical specialty that sent the document, computerization of the document, reference to medical history, chronic treatments, current disease, physical examination, complementary tests, presumption diagnosis, treatment for the current process, and number of reasons for consultation per document. The quality of the document was assessed using the recommendations of Irazábal and Gutiérrez modified by Morera et al, which classified them as: good, acceptable and bad (table 1).

Abstract AB1473HPR – Table 1. Quality of referral letters.

Good: It includes medical history, familiar medical history, chronic treatment, current disease, complementary tests, presumption diagnosis, differential diagnosis and reason for consultation

Acceptable: It includes reason for consultation and enough information about current disease, although not all those included in the previous one

Bad: Unreadable, without enough information to assess the current disease or absence of information

In the descriptive statistical analysis of quantitative variables, the mean and standard deviation were used. Frequencies were used to analyse qualitative variables

Results: 1234 referral letters were included and 90.3% were computerised. The specialties that referred patients more frequently were: Primary Care (84.7%), Traumatology (3.4%), Neurology (1.9%) and Emergency (1.6%). 14.5% of the documents included more than one reason for consultation. The variables related to the fulfilment of quality criteria in the referral letters are shown in Table 2. Regarding the quality level, 4.1% of the documents were good, 95.2% acceptable and 0.6% bad.

Abstract AB1473HPR – Table 2. Quality criteria in the referral letters

Reference to medical history, n (%):	242 (21.7)
Reference to chronic treatment, n (%):	67 (6)
Reference to symptoms, n (%):	1050 (94.3)
Reference to physical examination, n (%):	170 (15.3)
Reference to complementary tests, n (%):	740 (66.4)
Reference to treatment for the current process, n (%):	373 (33.5)
Reference to presumption diagnosis, n (%):	712 (64.3)

Conclusions: The quality of the referral letters was mostly acceptable. Therefore, there is much room to improve, especially in the sections referencing medical history, chronic treatment, physical examination and treatment for the current process

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AB1474-HPR ARE CLINICAL PATHWAYS USEFUL IN CLINICAL PRACTICE?

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Background: The aim of clinical pathways is to improve the care of patients with chronic diseases, ensuring continuity of care through a better coordination and communication between Primary and Hospital Care. Even though clinical pathways have proved to be effective, their

publication and dissemination does not necessarily lead to the systematic use of them in clinical practice.

Objectives: To assess the fulfilment of clinical pathways in area III of Murcian Health Care System.

Methods: Retrospective and descriptive study in which the fulfilment of clinical pathways in musculoskeletal pathology was analysed in the Rheumatology Unit the first four months of 2017. The variables collected were: reason for consultation, waiting time for an appointment and fulfilment of clinical pathways in the following clinical processes: back pain, shoulder pain, knee pain and fibromyalgia.

In the descriptive statistical analysis of quantitative variables, the mean and standard deviation were used. Frequencies were used to analyse qualitative variables

Results: 1234 referral letters were received in Rheumatology during the first four months of 2017, 85.1% were mechanical pathology, 8.2% inflammatory pathology and 4.1% bone metabolism pathology. 628 were susceptible to follow the clinical pathways implemented in musculoskeletal pathology: 462 (73.56%) were back pain, 87 (13.85%) knee pain, 73 (11.62%) shoulder pain, and 6 (0.95%) fibromyalgia. The clinical pathways were fulfilled in 252 (40.12%) of the cases.

Abstract AB1474HPR – Table 1. Fulfilment of clinical pathways

Back pain, yes (%)	206 (44.6)
Shoulder pain, yes (%)	26 (35.6)
Knee pain, yes (%)	19 (21.1)
Fibromyalgia, yes (%)	1 (14.3)

Conclusions: The fulfilment of clinical pathways in musculoskeletal pathology in our health care area was carried out in less than half of the cases. Therefore, it is necessary to implement procedures to make easier their use in clinical practice

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AB1475-HPR COST EVOLUTION OF BIOLOGICAL AGENTS FOR THE TREATMENT OF SPONDYLOARTHRITIS IN A SPANISH TERTIARY HOSPITAL: INFLUENTIAL FACTORS IN PRICE DEVELOPMENT

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Background: Spending on biological agents has risen dramatically in Spanish hospitals due to the drugs' high cost and the increased prevalence of spondyloarthritis.

Objectives: To calculate and compare the annual cost per patient with spondyloarthritis and for each biological drug according to clinical practice from 2009 to 2016 and to analyse the factors that influence consumer pricing, such as biological therapy optimisation (by monitoring drug and anti-drug antibody serum levels), the use of tumour necrosis factor inhibitor biosimilars, and drug discounts, refunds, and rebates.

Methods: We conducted a retrospective observational study that analysed patient demographic parameters, disease activity, and annual cost per patient and per drug and determined the economic factors that affected on consumer pricing.

Results: A total of 129, 215, and 224 patients were treated in 2009, 2013, and 2016, respectively; 77 (59.69%), 133 (61.86%) and 139 (62.05%), respectively, were men aged 46.04 (±12.57), 47.76 (±12.35) and 48.27 (±13.49) years, respectively. Nonstatistically significant differences were observed.

The annual cost per patient decreased during the study period (from €11.604 in 2009, €8.513 to €7.464 in 2016). There was an increase in the number of marketed biological drugs and in the total savings per drug, with discounts and bonus units in 2016 reaching 12%–18% for etanercept, adalimumab, certolizumab, and golimumab and up to 25% for the recently released secukinumab, while rebates for biosimilar infliximab reached 69% in 2016. Biological therapy optimisation reached 47.5% in 2016, which resulted in cost savings of 23.89%, in addition to the savings from refunds and rebates (11.06%) in 2016.

Conclusions: The resulting treatments after the rebates, invoice discounts, and optimizations were more cost-effective, leading to a significant decrease in the annual cost per patient and an overall reduction in expenditure for these drugs.