Physician-Patient Interactions in African American Patients with Systemic Lupus Erythematosus

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Background: African American (AA) patients with systemic lupus erythematosus (SLE) are at high risk for poor outcomes. Patient characteristics and disease severity influence physician-patient interactions, which in turn can impact outcomes.

Objectives: Examine the relationships between physician-patient interactions and demographics, disease activity, and depression in AA SLE patients.

Methods: The Georgians Organized Against Lupus (GOAL) is a population-based cohort of patients with a documented diagnosis of SLE. We conducted a cross-sectional analysis of patient-reported data among 698 AA participants (out of 863 GOAL participants). We assessed patients’ reports of physician-patient interactions (communication, patient-centered decision making, and physician interpersonal style) through the Interpersonal Processes of Care survey (IPC-29), disease activity through the Systemic Lupus Activity Questionnaire, and depression through the Patient Health Questionnaire-9. We used non-parametric tests to assess IPC-29 by demographics, linear trend test to assess demographic-adjusted scores of IPC-29 by disease activity and depression, and multivariate logistic regression to assess the association of disease activity and depression with suboptimal IPC scores.

Results: Lowest IPC-29 scores were for patient-centered decision making, specifically for the “asked patient” (how often patients were asked whether such an effect was disproportionate to the change in pregabalin prescription rates.

Notations: We extracted ADRs reported in the TGA Database of Adverse Event Notifications (DAEN) between 1 January 2009 and 18th October 2017, in which pregabalin was thought to have been causative. We also extracted calls to the Victorian Poisons Information Centre (VPIC) between 1 January 2009 and 31st December 2017 in which pregabalin was reported as a causative agent. The annual ADR rates were normalised by dividing by the estimated number of pregabalin prescriptions filled (in millions), to obtain a normalised Toxicity Index (number of ADRs per million scripts). Because the data was annualised, the 1st January 2013 was used as the approximate starting date of PBS streamlined listing.

Results: The estimated number of pregabalin prescriptions filled in Australia increased over the study period from 155,336 in 2009 to 3,739,421 in 2017. A total of 866 ADRs were reported to VPIC over the study period, and 1,056 reported to DAEN (1076 after extrapolation). The mean Toxicity Index (TI) for the VPIC database was 539 ADRs/million scripts before PBS streamlined listing, and 298 ADRs/million scripts after; there was no evidence that the TI had increased (p=0.9, one-tail t-test). Similarly, the TI for the DAEN database was 441 ADRs/million scripts prior to PBS streamlined listing, versus 85 ADRs/million after; there was no evidence that TI increased (p=0.98, one-tail t-test).
COST-EFFECTIVENESS OF SWAPPING STRATEGY FOR UPTAKE ON FLU AND PNEUMONIA VACCINATION AT

Methodologies and 2) early PsA (age=40, HAQ=0.71, figure 1B) received immediate established PsA (age=47, HAQ=1.22, figure 1A) received five swapping strategies (cycling strategy) [1,2].

Objective: To evaluate the cost-effectiveness of 1) swapping strategy for established PsA and 2) immediate versus standard swapping strategy for early PsA from the Hong Kong (HK) societal perspective.

Methods: Based on comparative effectiveness from network meta-analysis of randomized controlled trials and treatment-specific withdrawal and serious adverse event rate, a swapping York model with lifetime horizon was developed. Based on comparative effectiveness from network meta-analysis of randomized controlled trials and treatment-specific withdrawal and serious adverse event rate, a swapping York model with lifetime horizon was developed. Based on comparative effectiveness from network meta-analysis of randomized controlled trials and treatment-specific withdrawal and serious adverse event rate, a swapping York model with lifetime horizon was developed.

Conclusions: After adjusting for the total volume of scripts dispensed, the rate of ADRs involving pregabalin in both the VPIC and DAEN databases did not increase after a streamlined approval mechanism was adopted, leading to significantly increased use. These data do not support the emergence of undue adverse drug reactions from increased off-label use of pregabalin.


Disclosure of Interest: None declared

COST-EFFECTIVENESS OF SWAPPING STRATEGY FOR ESTABLISHED PSORIATIC ARTHRITIS AND IMMEDIATE VERSUS STANDARD SWAPPING STRATEGY FOR EARLY PSORIATIC ARTHRITIS

Background: For patients with psoriatic arthritis (PsA) failing the first TNF-inhibitor, switching to biologic DMARDs [bDMARDs] with different mechanism of actions (swapping strategy) may be superior than switching to another anti-TNF (cycling strategy) [1,2].

Objective: To evaluate the cost-effectiveness of 1) swapping strategy for established PsA and 2) immediate versus standard swapping strategy for early PsA from the Hong Kong (HK) societal perspective.

Methods: Based on comparative effectiveness from network meta-analysis of randomized controlled trials and treatment-specific withdrawal and serious adverse event rate, a swapping York model with lifetime horizon was developed to evaluate swapping strategy relative to best supportive care (BSC) for PsA failing the first anti-TNF. Initial response to bDMARDs was determined using the Psoriatic Arthritis Response Criteria. The impact of biologics on the arthritis component is modelled via a change in the HAQ and the impact of the skin component measured using the Psoriasis Area and Severity Index. The impact of biologics on the arthritis component is modelled via a change in the HAQ and the impact of the skin component measured using the Psoriasis Area and Severity Index. The impact of biologics on the arthritis component is modelled via a change in the HAQ and the impact of the skin component measured using the Psoriasis Area and Severity Index. The offset by the gain in benefits from long-term HAQ reduction.

Conclusions: Swapping strategy showed favorable cost-effectiveness for established PsA as well as early PsA. The increased costs of biologic agents are offset by the gain in benefits from long-term HAQ reduction.


Disclosure of Interest: None declared

UPTAKE ON FLU AND PNEUMONIA VACCINATION AT THE RHEUMATOLOGY CLINIC AT A UK DISTRICT GENERAL HOSPITAL- ARE WE BETTER THAN 10 YEARS AGO?

Background: Patients with rheumatic diseases are at increased risk of contracting infection due to the disease itself or because of the use of immunomodulatory medication. EULAR has developed recommendations and supports vaccination against influenza and pneumococcal infections in immunocompromised patients [1]. Despite convincing data regarding the efficacy of vaccination with the use of disease-modifying anti-rheumatic drugs (DMARDs), previously published data from our trust in 2007 showed that uptake of vaccination was suboptimal especially in those aged <65 years [2].

Objective: To establish the influenza or pneumococcal (pneumovax) vaccination uptake and explore reasons for reduced uptake in patients attending a rheumatology clinic.

Methods: Prospective audit of 100 patients attending the Rheumatology clinic in a UK district hospital using an anonymised survey during November to December 2017 and comparison with the data of 10 years ago.