raised ESR (1 Sjögren, 5 NSCI and 1 GPA with renal involvement), 3/16 had raised IgG (IgG4 disease, GPA with renal involvement and NSCI). 13 (50%) patients received systemic steroids. 11 (42.3%) patients received DMARDs (MMF, Methotrexate, Azathioprine and Hydroxychloroquine). 4 (15.4%) patients received a biologic: 3/4 rituximab (2 GPA and one IgG4-related disease) and one patient with NSCI received anti-TNF. 6 (23.1%) patients underwent orbitotomy. Patients still on follow-up had good response to treatment and did not experience any local complication.

One patient with NSCI developed auto-immune thyroiditis and complication.

Conclusion:

Most of the patients in our retrospective cohort study had polymyositis. One patient with NSCI developed auto-immune thyroiditis and complication. Good response to treatment and did not experience any local complication. 6 (23.1%) patients underwent orbitotomy. Patients still on follow-up had good response to treatment and did not experience any local complication. 6 (23.1%) patients underwent orbitotomy. Patients still on follow-up had good response to treatment and did not experience any local complication.

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SAT0553 HIGH FEASIBILITY AND ACCEPTANCE OF A MUSCULOSKELETAL ULTRASOUND PROGRAM TO IMPROVE DMARDs ADHERENCE IN RHEUMATOID ARTHRITIS

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Background: Disease modifying anti-rheumatic drugs (DMARDs) non-adherence is a widespread issue in rheumatoid arthritis (RA) which needs to be urgently addressed as it can lead to suboptimal therapy with poor disease outcomes. The subsequent need for more aggressive therapy, treatment of disease related complications and increased consultations can translate into increased healthcare utilization and costs.

Objectives: To describe the feasibility and patient’s acceptance of a Musculoskeletal Ultrasound Program (MUSP) developed to improve DMARDs adherence in RA patients. Furthermore, to assess the impact of the MUSP in RA patients.

Methods: The MUSP is a standardized approach (i.e. each patient given the same standardized intervention) which synergises (1) the patient’s direct visualization of their joint pathologies (inflammation and/or erosions) using real-time ultrasonography and (2) a Rheumatologist’s simultaneous reinforcement of the need for medication adherence, thereby improving patient’s understanding of their joint disease and motivating them to adhere to their DMARDs therapy. Joints utilized to demonstrate joint pathologies real-time using ultrasonography.

Results: 62 RA patients (baseline characteristics: majority Chinese, 40/62 (64.5%); 55/62 (88.7%) female; mean (SD) age, 49.2 (12.0), mean (SD) disease duration, 6.1 (5.4) years) completed the MUSP. The mean (SD) time taken to complete the MUSP was 9.2 (4.6) minutes. All patients had at least one joint pathology demonstrable to them on real-time ultrasonography. Specifically, 62 (100%), 14/62 (22.6%) and 25/62 (40.3%) had demonstrable synovial hypertrophy, power Doppler synovial vascularity and bone erosions, respectively. Figure 1 shows the frequency distribution of the joint sites utilized to demonstrate joint pathologies real-time using ultrasonography.

The majority of patients reported that the MUSP had moderately or very much improved their understanding of their underlying joint condition (i.e. 44/62 (71.0%) patients) and the importance of regularly taking their RA medication (i.e. 49/62 (79.0%) patients) (figure 2). Most patients (i.e. 56/62 (90.3%) patients) will also recommend the MUSP to another RA patient.

Conclusion: Our results demonstrated high feasibility and acceptance of a MUSP developed to improve DMARDS adherence in RA patients. Further studies are required to establish the clinical impact and cost-effectiveness of the MUSP in this population.

REFERENCES


Disclosure of Interests: None declared


SAT0554 CLINICAL FEATURES ANALYSIS OF 50 MESENTERIC PANNICULITIS CASES DIAGNOSED BY COMPUTERIZED TOMOGRAPHIC SCANNING

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Background: Mesenteric panniculitis (MP) is a chronic idiopathic inflammatory disease that occurs in mesenteric adipose tissue, which lacks of specific diagnostic methods.

RESULTS: 62 RA patients (baseline characteristics: majority Chinese, 40/62 (64.5%); 55/62 (88.7%) female; mean (SD) age, 49.2 (12.0), mean (SD) DAS28, 3.27 (1.39); mean (SD) disease duration, 6.1 (5.4) years) completed the MUSP. The mean (SD) time taken to complete the MUSP was 9.2 (4.6) minutes. All patients had at least one joint pathology demonstrable to them on real-time ultrasonography. Specifically, 62 (100%), 14/62 (22.6%) and 25/62 (40.3%) had demonstrable synovial hypertrophy, power Doppler synovial vascularity and bone erosions, respectively. Figure 1 shows the frequency distribution of the joint sites utilized to demonstrate joint pathologies real-time using ultrasonography.

The majority of patients reported that the MUSP had moderately or very much improved their understanding of their underlying joint condition (i.e. 44/62 (71.0%) patients) and the importance of regularly taking their RA medication (i.e. 49/62 (79.0%) patients) (figure 2). Most patients (i.e. 56/62 (90.3%) patients) will also recommend the MUSP to another RA patient.

Conclusion: Our results demonstrated high feasibility and acceptance of a MUSP developed to improve DMARDS adherence in RA patients. Further studies are required to establish the clinical impact and cost-effectiveness of the MUSP in this population.

REFERENCES


Disclosure of Interests: None declared

**Objectives:** To retrospectively summarize 50 cases of patients with mesenteric panniculitis (MP) diagnosed by CT to improve the clinicians’ understanding of the disease.

**Methods:** The patients with MP diagnosed by abdominal CT were collected from the hospital of Shanxi Medical University from January 2013 to May 2017. The demographic characteristics, clinical features, auxiliary examination, treatment and prognosis were analyzed and summarized.

**Results:** The proportion of men and women was 1:0.92, the age of onset was 25~85 years old, the average age was (59.1±14.0) years old. Most of the patients presented with abdominal pain, fever, hematuria, and lymphadenopathy. 22 cases with tumor, the most common disease is lymphoma, 16 cases with abdominal surgery history. There were no special laboratory tests, no patients had mesenteric pathologic biopsy. 6 cases had abdominal CT review, 1 case of who used hormone treatment showed the lesion was significantly absorbed, the remaining 5 cases no significant changes.

**Conclusion:** MP is common in the elderly, the clinical manifestations are diverse, easy to merge tumor, lymphoma more common, abdominal CT is its most important diagnostic means, when found MP, should pay attention to whether the merger with malignant tumors.

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**Public health, health services research, and health economics**

**SAT0555 LOSS TO FOLLOW-UP IN REGISTRIES OF RHEUMATIC PATIENTS TREATED WITH BIOLOGICS: A POTENTIALLY VALUABLE HIDDEN REAL-WORLD DATA THAT IS BEING OVERLOOKED?**

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**Background:** The information associated with loss to follow-up (LFU) patients (Pts) may affect a real-world data evaluation of the use of biologics (Bio) that is not being adequately captured in registries.

**Objectives:** To identify the reasons for LFU in rheumatic patients treated with biologics in our center.

**Methods:** We identified all Pts treated with Bio in our center who had no registered visits in Reuma.pt for more than 6 months. We retrieved baseline information from Reuma.pt and from the hospital electronic clinical record. We then performed a telephonic interview to characterize the reasons for LFU at our day care unit. For Pts unable to be contacted by telephone a letter of invitation to an appointment at the hospital was sent.

**Results:** From a total of 790 Pts registered in Reuma.pt at our centre with active Bio therapy (BioTx) 227 did not have any information registered in the last 6 months. Of these 227, 56 Pts were BioTx prescribed by other Department (Dermatology, GEA) and maintain follow-up in these departments. 102 Pts had suspended BioTx by medical indication, and this information was registered in the hospital electronic clinical records but not updated in Reuma.pt. For 89 Pts (47%) no information could be retrieved from either the hospital electronic clinical record or Reuma.pt and we classified these Pts as true LFU. Reasons of LFU were: being followed in other Rheumatology centres (n=28; 31.4%), death (n=26; 29.2%), adverse effects (AE) (n=11; 12.4%), other (n=5, 5.6%) and clinical remission (n=4; 4.5%). 15 Pts (16.9%) could not reach us by telephone or attend the appointment.

28 of these LFU Pts were being followed up in another Rheumatology center. The most frequent reasons for this change were: 15 (16.9%) decided to move the follow-up to a newly created and closer Rheumatology Department; 6 (6.7%) moved to another city; 5 patients (5.6%) had administrative problems related to our Department/Hospital and 2 (2.3%) patients referred socio-economic reasons that were interfering with travelling.

26 of the LFU Pts died, at a mean age of 66.3 years. The mean disease duration was 14.3 years and 20 Pts (76.9%) had RA. The mean duration of Bio was 5.9 years and 53.8% were under anti-TNF therapy, 16% under Anti-Cd20 therapy and 12% under interleukin-6R inhibitors. Cause of death was identified in only 3 patients: 1 had a myocardial infarction, 2 had surgery complications. None of these Pts was on BioTx at the moment of death.

11 Pts of the LFU had stopped BioTx and abandoned follow-up by their own decision after suffering AE attributed by the patient to the use of Bio. 6 patients (6.7%) had infections: cutaneous (n=3; 3.4%) or urinary tract related (n=3; 3.4%); with need of hospital admission in 2 of the cases (2.2%). The remaining Pts stopped the drug because of cutaneous reactions (n=5, 5.6%).

4 Pts of the LFU were in remission and decided to stop the drug and the medical follow up. All of them believed that the disease was inactive without the need of medical drugs.

**Conclusion:** Identifying LFU Pts and clarifying the reason for the loss of data in a register contributes to a better knowledge on strategies to discontinuation stable Pts, to a better pharmacovigilance of adverse effects and to more efficiency in data capture by registries. The authors of this study are now making additional efforts to contact the 15 still missing Pts and obtaining access to death certificates in order to further clarify the cause of death of 23 Pts.

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**SAT0556 EVALUATING RESEARCH PARTICIPANT EXPERIENCE IN A RHEUMATOID ARTHRITIS OBSERVATIONAL STUDY**

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**Background:** Patient and public involvement (PPI) in research is increasingly common (1), but the experience of research participants is rarely evaluated, missing opportunities to gain insights for improving future studies. (2) Observational studies are often used to study natural progression and treatment response in chronic diseases like rheumatoid arthritis (RA).

**Objectives:** We aimed to pilot a participant experience questionnaire in an observational study of RA patients, to gain feedback on the study and evaluate the questionnaire as a feedback tool.

**Methods:** The Rheumatoid Arthritis Medication Study (RAMS) is a large UK prospective observational study of patients with RA or undifferentiated polyarthritis starting methotrexate (MTX) for the first time. Participants were recruited prior to initiation of MTX and followed-up at 3, 6 and 12 months. At visits, disease activity is measured and participants complete a weekly diary about their MTX use. (3) Observations from this study are now making additional efforts to contact the 15 still missing Pts and obtaining access to death certificates in order to further clarify the cause of death of 23 Pts.

**Multiple-choice question responses were summarised and key themes were identified in the free-text responses.**