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 Shantou 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 type 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.

References:

Disclosure of Interests: None declared


SAT0555

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

Ana Valido1,2, Joana Silva-Dinis1,2, Maria João Gonalves2, Vasco Romão1,2, Maria João Saaedra1,2, Joao Eutico Fonseca1,2, Hospital Santa Maria, Serviço de Reumatologia e Doenças Oseas Metabólicas, Hospital de Santa Maria, CHULN, Lisboa, Portugal, Lisboa, Portugal, 1CoDe INVESTIGATION em Reumatologia, Instituto de Medicina Molecular, Faculdade de Medicina, Universidade de Lisboa, Centro Académico de Medicina de Lisboa; Lisboa, Portugal, 2Hospital Egas Moniz, Serviço Reumatologia, Centro Hospitalar de Lisboa Ocidental, Lisbon, Portugal

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 up 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 from last 6 months. Among these, 141 Pts had 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 (78.9%) 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 interferin-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 discontinued Pts in 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.

Disclosure of Interests: None declared


SAT0556

EVALUATING RESEARCH PARTICIPANT EXPERIENCE IN A RHEUMATOID ARTHRITIS OBSERVATIONAL STUDY

Siena Monaghan1, James Anderson2, Claire Plannier2, Caroline Sanders2, Suzanne Verstappen2, Jamie Sergeant2.

1The University of Manchester, School of Medicine, Manchester, United Kingdom; 2The University of Manchester, Manchester, United Kingdom

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 study questionnaire including patient reported outcomes. Participants also complete a weekly diary about their MTX use. (3) A subset of RAMS participants were given a feedback questionnaire at their final visit. The questionnaire was designed by researchers and study coordinators with feedback from patients. Questions addressed the value of participation, study conduct and priorities for future research.

Multiple-choice question responses were summarised and key themes were identified in the free-text responses.
OUTPATIENT READMISSION IN RHEUMATOLOGY: A MACHINE LEARNING PREDICTIVE MODEL OF PATIENT'S RETURN TO THE CLINIC

Luis Rodriguez Rodriguez, Alfredo Madrid Garcia, Judit Font-Urgellés, Dafier Freites, Cristina Lajas, Espenazer Pato, J Angel Jover, Benjamin Fernandez, Lydia Abasolo. Hospital Clinico Universitario San Carlos, Rheumatology, Madrid, Spain

Background: Readmissions can be defined as the return of a patient to a healthcare setting after a discharged. Attention has been mainly focused on readmissions following inpatient hospitalizations. In the outpatient setting, readmissions have been far less studied. Premature outpatient discharges can have negative impacts at multiple levels, as they may prolong disability, and increase the chance of disease chronication, the demands to the immediate patient’s support system, and healthcare resources utilization. As the first step in predicting outpatient readmission, the assessment of the individual patient’s risk could be useful to help identify those subjects at greatest risk, so, in a further step we could focus the delivery of an intervention in those patients to reduce their risk.

Objectives: To develop and validate a machine learning predictive model based on Random Forest, to estimate the risk of readmission in a rheumatology outpatient clinic after discharge.

Methods: Patients stored in a departmental electronic health record from April 1st, 2007 to November 30th, 2016, and followed-up until November 30th, 2017, were included in this study. Only readmissions taking place between 3 and 12 months after discharge were analyzed. Discharge episodes were split into training, validation and test datasets. Additional and demographic variables, including diagnoses, treatments, quality of life, and comorbidities, were used as predictors. Models were developed using Random Forest in the training dataset, though the combination of several tuning parameters. Models that maximized the area under the receiver operating characteristic curve (ROC-AUC) in the validation set were assessed in the test set. The model with the best AUC-ROC in the test dataset was considered as the best final model.

Results: 17,473 patients (18,117 discharges episodes) were analyzed and 1,960 (10.8%) discharges episodes were classified as outpatient readmissions. 48,654 models were finally developed. The best final model showed an AUC-ROC of 0.674 a sensitivity of 0.330 and a specificity of 0.887. The most relevant variables in the model were the number of diagnoses given at discharge, follow-up duration, age, number of previous discharges, previous corticosteroids use and disability.

Conclusion: We have developed a predictive model for outpatient readmission in a rheumatology setting. Clinical, demographic characteristics as well as medication and disability were the most important predictors.

Disclosure of Interests: None declared


OUTPATIENT READMISSION IN RHEUMATOLOGY: A MACHINE LEARNING PREDICTIVE MODEL OF PATIENT'S RETURN TO THE CLINIC

Strongly Agree | Agree | Neither agree nor disagree | Strongly Disagree | Disagree | N/A | Missing |
--- | --- | --- | --- | --- | --- | --- |
It is worthwhile to take part in this study | 132 (66) | 57 (28) | 12 (6) | 0 (0) | 0 (0) | 0 (0) |
I have the opportunity to ask questions about the study | 87 (43) | 94 (47) | 15 (7) | 1 (0) | 3 (1) | 1 (0) |
It is easy to communicate with the study staff | 119 (59) | 60 (30) | 16 (8) | 1 (0) | 2 (1) | 3 (0) |
The number of appointments for this study is about right | 88 (44) | 91 (45) | 17 (8) | 1 (0) | 2 (1) | 0 (0) |
The total length of the study is about right | 78 (39) | 94 (47) | 24 (12) | 2 (1) | 2 (1) | 1 (0) |
The amount of paperwork I have to complete is about right | 74 (37) | 101 (50) | 21 (10) | 3 (1) | 2 (1) | 0 (0) |
How likely would you be to recommend the study to friends and family eligible to take part? | 96 (48) | 84 (42) | 12 (6) | 4 (2) | 2 (1) | 2 (1) |

SAT0558 IDENTIFYING HEALTH LITERACY PROFILES OF RA AND SPA PATIENTS USING THE HEALTH LITERACY QUESTIONNAIRE

Mark Bakker1, Polina Putrik1, Jary Rademakers2, Mart van de Laar3, Harald Vonkeman3, Marc Kol4, Hanneke Voorneveld5, Sofia Ramos6, Maarten de Witt7, Richard Osborne7, Roy Batterham7, Rachelle Buchbinder7, Annelies Boonen1,1MUMC+, Maastricht, Netherlands; 1UMC+, Utrecht, Netherlands; 1Maastricht University, Maastricht, Netherlands; 8Monash University, Melbourne, Australia; 9Deakin University, Melbourne, Australia

Background: Delivery of rheumatological care is suggested to be compromised by patient health literacy. Prevalence of problematic health literacy in the Netherlands is estimated to be as high as 36%. ‘Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health’ (Nutbeam, 1998).

A deeper understanding of diverse health literacy profiles of patients attending rheumatology clinics could facilitate development of interventions tailored to patients needs, in order to improve health outcomes and reduce inequities.

Objectives: To identify health literacy strengths and weaknesses among patients with Spondyloarthropathy (SpA) and Rheumatoid Arthritis (RA) attending a rheumatology clinic, and identify typical ‘health literacy profiles’ based on these strengths and weaknesses.

Methods: Consecutive RA and SpA patients attending the outpatient clinic at Maastricht UMC+., the Netherlands, were invited to participate. Health literacy was assessed using the Health Literacy Questionnaire (HLQ), which includes nine dimensions (Figure 1). Socio-demographics and health-related characteristics were also collected. Hierarchical cluster analysis following Ward’s method identified clusters based on HLQ scale scores. This method groups subjects into a predefined number of clusters, based on smallest differences to the mean of all scales, creating minimal variance within each cluster, and maximum variance between clusters. Three researchers jointly examined twenty cluster solutions for meaningfulness by interpreting HLQ scales and patient characteristics. Meaningful clusters are translated into health literacy profiles using HLQ patterns and demographic data. A patient representative confirmed the identified profiles.

Results: In total, 133 patients with RA and 106 with SpA completed the questionnaire. Of these, 61% (n=146) were female, mean age was 61.6 (±13.3). 27% (n=65) lived alone, 11% (n=26) did not speak Dutch at