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SAT0571 IDENTIFYING DETERMINANTS OF PRESENTEEISM IN WORKERS WITH INFLAMMATORY ARTHRITIS
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Background: Work disability (WD) and presenteeism (decreased at-work productivity) are often caused by arthritis, leading to major impact on individuals’ quality of life and cost to society.

Objectives: Our study objective was to identify the determinants of presenteeism in workers with inflammatory arthritis.

Methods: Baseline data from the randomized controlled trial of an employment intervention, the Making-it-Workprogram, were used. Participants were recruited from British Columbia, Alberta and Ontario. Inclusion criteria: diagnosis of inflammatory arthritis, currently employed, age 18-59, and having concerns about arthritis affecting ability to work. The primary outcome, presenteeism, was assessed using the% impaired while at work subscale of the Work Productivity and Activity Impairment scale for Specific Health Problem (WPAI-SHP). First, the association between potential explanatory variables and WPAI was assessed in bivariate analyses. Variables evaluated included: 1) sociodemographic variables: age, gender, ethnicity, marital status, education, children, under age 19; 2) disease variables: IA diagnosis, disease duration, number of limiting comorbidities, global assessment of disease activity (VAS), joint pain (VAS), Disease activity [Rheumatoid Arthritis Disease Activity Index (RADAI)], physical function (HAQ II), Fatigue [VAS, Global Fatigue Index from the Multidimensional Assessment of Fatigue (MAF)], Sleep quality [Insomnia Severity Index (ISI), Depression (Patient Health Questionnaire – PHQ-9); 3) work variables: physical demand, job autonomy, difficulty commuting to/from work, job spillover, job strain, psychosocial work characteristics [Job Content Questionnaire (JCO) decision latitude, physical and psychological job demands, social support at work], self-employment, family support of decision to work, importance of working. Variables correlated with WPAI-SHP at p ≤ 0.20 were selected for inclusion in the multivariable linear regression analysis, using stepwise selection with alpha of 0.15.

Results: The sample included 565 participants [49% with RA, 17% PsA, 14% SLE, 20% AS] with median (IQR) arthritis duration of 7(3-15) years; mean (SD) age 45.6 (10) years; 43% were 50 years or older; 78% were females; 76% had completed post secondary education; 17% were self-employed. Multivariable linear regression analyses revealed that age < 30 yrs (age 30-49, p<0.067; yrs ≥ 50, p=0.266), having more fatigue (GFI-MAF) (p<0.001), job strain (p<0.011), job spillover (p=0.002), disease activity (RADAI) (p<0.001), poor family support for working (p=0.049), poor physical function (HAQ II) (p<0.077) and commuting difficulty (p<0.001) were associated with greater impairment in work productivity.

Conclusion: This study identified important sociodemographic, disease and work-related factors associated with reduced productivity at work in people with inflammatory arthritis. These results provide useful information to health professionals counselling patients on dealing with employment issues.

SAT0572 ANTINUCLER ANTIbODIES IN PRIMARY CARE SETTING: IS IT WORTH IT?
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Background: Antinuclear antibodies (ANA) are the most frequently used screening tests for connective tissue diseases. However, their diagnostic value depends on the pre-test probability of such conditions.

Objectives: To evaluate the usefulness, clinical correlates and associated direct costs of ANA testing in the primary care setting in an Early Arthritis Clinic (EAC) referral cohort.

Methods: A retrospective study of consecutive patients referred to the EAC between 2011 and 2018 was conducted. Referral is based on the fulfillment of specific criteria: presence of arthritis or clinically suspected arthralgia beginning in the previous 12 months, plus suggestive laboratory abnormalities (rheumatoid factor, C-reactive protein or erythrocyte sedimentation rate). Many general practitioners also performed ANA testing (ANA-GP) and all patients underwent ANA testing, per protocol, in EAC (ANA-EAC). All patients having these 2 separated ANA results were included in the analysis. ANA-EAC titters and pattern were assessed by indirect immunofluorescence (Hep2, positive=titter 1:50) in a dedicated reference laboratory. ANA-GP were assessed by indirect immunofluorescence (Hep2, positive=titter 1:50) or by direct immunofluorescence (Hep2, direct method). Direct costs associated with ANA-GP were calculated, based on the mean charge of 3 different local labs. Positive (PPV) and negative predictive values (NPV) of ANA-GP for the diagnosis of inflammatory rheumatic disease, ANA-related rheumatic disease (ARD) and for the presence of ANA-EAC were calculated.

Results: 207 patients were referred to the EAC Clinic during this period (63.4% female, aged 53.9 ± 18.2 years-old). Fifty eight percent of these patients (n=120) had their ANA previously determined in primary care setting. Of these, only 9.2% of cases (n=11) were positive, this being one of the main reasons for referral. Only 73% percent of positive (n=8) and 24% of negative ANA-GP were confirmed as such in our lab. Of the 8 patients testing positive in both settings, 2 had no rheumatic disease, 2 had an ARD and 4 had another type of inflammatory rheumatic disease.