

Giulia Region: the Database of Regional Potential health Care Beneficiaries, the Hospital Discharge Database, the Ambulatory Care Database, the Pharmaceutical Prescription Database, the Emergency Department Database, the Mortality Database, the Anatomical Pathology Database, the Database of Exemptions from Medical Charges, and the Regional Rare Disease Registry. All the databases were integrated at the individual patient level using a univocal stochastic key.

Results: From 2001 to 2017, 208 patients with GCA were registered. The crude identification rate of patients identified with GCA until 2017 in the population ≥ 45 years of age was 3.8/100,000 person-years (95%CI: 2.5-5.5). The maximum incidence rate was observed in the age group 70-74 years. The prevalence of GCA in the population ≥ 45 years of age as of December 31st, 2017 was 27.2/100,000 (95%CI 23.5-31.4). The mean medical observation was 4.5 \pm 3.6 years per patient, totaling 940.8 years of observation.

192 patients had at least one ambulatory specialist visit, resulting in a total of 3182 specialist visits (338 per 100 patient-years). The most frequent medical specialties involved were Rheumatology (N=610, 19.2%), Internal Medicine (N=564, 17.7%), Ophthalmology (N=292, 9.2%), and Orthopedics (N=191, 6%).

108 (52%) patients had at least one hospitalization, resulting in 287 hospitalizations (30 per 100 patient-years). Circulatory Cardiovascular diseases were the most common discharge diagnoses, followed by musculoskeletal conditions.

199 subjects were prescribed medications for a total of 9588 prescriptions (1019 per 100 patient-years). Notably, an immunosuppressive drug, usually methotrexate, was prescribed in more than half of the patients. Cardiovascular medications were prescribed to 154 (74%) patients; bisphosphonates or other anti-osteoporotic drugs to 123 patients (59%). The average annual direct cost of GCA was 2374 Euros per patient-year (61 for outpatient visits, 1661 for hospitalizations, 312 for prescribed medications and 340 for medications directly dispensed by the hospital pharmacies). The overall estimated direct healthcare cost for 940.8 patient-years was 2,234,070 Euros.

Conclusion: Novel epidemiologic data in GCA are reported after a very long-term observation, and by integrating data from multiple databases with clinical data from a Regional network of specialists (Rheumatology being the major contributor to disease clinical follow-up).

Cost of illness is high in GCA. Both the diseases itself and cardiovascular manifestations, and, possibly, the complications of glucocorticoids, may contribute to the healthcare burden of GCA. Despite a high use of immunosuppressors in our Region, new drugs (2) and novel treatment strategies are required.

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SAT0581

POOR HEALTH-RELATED QUALITY OF LIFE (HRQOL) AND FATIGUE ARE ASSOCIATED WITH A HIGHER WORK PRODUCTIVITY IMPAIRMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS

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Background: Because most patients with SLE are in their productive-age years, the ability to maintain a gainful employment is fundamental for both, the patient and society at large. It is thus quite important to

determine the work and non-work factors that are associated with work productivity impairment in these patients.

Objectives: To determine the factors associated with absenteeism (percentage of the time missed from scheduled work-time over the preceding 7 days, due to SLE), presenteeism (percentage of time from scheduled work-time where productivity was impaired while patient was at work, over the preceding 7 days, due to SLE) and overall work impairment (combination of absenteeism and presenteeism) in patients with SLE.

Methods: A total of 133 consecutive (1997 American College of Rheumatology (ACR) criteria) working patients with SLE were assessed between October 2017 and December 2018, using a standardized data collection form. Sociodemographic, disease and work-related variables were collected. Disease activity was ascertained with the Systemic Lupus Erythematosus Disease Activity Index (SLEDAI); disease damage with the Systemic Lupus International Collaborating Clinics/ACR Damage Index (SDI); health-related quality of life was assessed with the LupusQoL and fatigue with the FACIT-Fatigue (Functional Assessment of Chronic Illness Therapy-Fatigue). Work Productivity and Activity Impairment (WPAI) was assessed with the respective questionnaire; absenteeism and presenteeism due to overall health and symptoms during the past 7 days were scored. Linear regression models were performed to determine the factors associated with absenteeism, presenteeism and overall work impairment. Potential factors included were age at diagnosis, gender, socioeconomic status, educational level, SLEDAI, SDI, FACIT- Fatigue and the components of the LupusQoL.

Results: The mean age at diagnosis was 32.2 years (11.8); 121 (91.7%) were female. Nearly all patients were Mestizo. Mean years of education was 14.1 (2.6). The mean disease duration was 11.9 (7.5) years. Mean SLEDAI was 2.9 (4.0), and mean SDI was 1 (1.4). The mean percent of time for absenteeism was 5.0 (12.9), it was 28.5 (26.4) for presenteeism, and it was 31.3 (27.2) for overall work impairment. In the multiple regression analysis, factors associated with absenteeism were disease duration (B=-0.34; SE=0.12; p=0.007); pain (B=-0.14; SE=0.06; p=0.046); intimate relationship (B=-0.07; SE=0.03; p=0.046) and emotional health (B=0.16; SE=0.06; p=0.006), with presenteeism were physical health (B=-0.43; SE=0.14; p=0.002) and FACIT (B=-0.87; SE=0.30; p=0.005) and with overall work impairment were pain (B=-0.40; SE=0.11; p=0.001) and FACIT-Fatigue (B=-0.74; SE=0.28; p=0.010).

Conclusion: A poor HRQoL and higher levels of fatigue were associated with a higher percentage of absenteeism, presenteeism and overall work impairment in SLE patients. Addressing the factors related to HRQoL and Fatigue may have significant impact on work performance among SLE patients.

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SAT0582 THE LATIN AMERICAN RHEUMATOLOGIST SURVEY: LARS STUDY

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Background: Currently, Latin America does not have detailed information of rheumatologists in the region based on: education, working conditions, productivity, distribution of time between work activities and job satisfaction.

Objectives: The purpose of this survey was to provide more information on the rheumatology community in Latin America

Methods: A digital survey was created using the Google Forms platform, it was approved and endorsed by the scientific committee of PANLAR and later sent to the different rheumatology associations of the region. The data was analyzed in the statistical program SPSS v.23:

Results: 456 surveys of rheumatologists from 23 countries were received. The majority were females (54%). The mean age was 47.18 \pm 11.79 [25-78] years, with a majority of mixed race 58%. 63% are married, 23% are single, 8% are divorced, 5% in free union and 2% are widowed. The mean number of children was 2 [0-7]. Birthplaces included Argentina (27%), Brazil (18%). The setting of the professional practice after obtaining the title of specialists was: public hospital (35%), private (25%), private/teaching in a university hospital (12%), public/teaching in a university hospital (14%), and industry (1%). The main place of work was in public/government hospitals by 30% followed by private practice 31%, private hospital 23%, university hospital 15% and nonprofit organizations 1%. The average of weekly working hours was 39.12 \pm 27.53. 89% of the sample practices adult rheumatology, 17% pediatric rheumatology, 2% immunology