and 3% another specialty. 30% had an early arthritis care center at their workplace, 71% had an infusion unit, 17% had ultrasound, 23% had a densitometer, 17% had a resonator and 9% had X-rays, however, most work in collaboration. 30% have training in ultrasound and 9% are in training period, 75% have training in reading densitometry and 2% in training period, 54% have training in resonance reading and 11% in training period. The average satisfaction with practice as a rheumatologist was 5/7, career options/professional growth 4/7, geographic location 5/7, income 4/7, job security 4/7, colleagues and co-workers 5/7. 33% had an annual compensation of <19,000 US dollars. Only 58% have malpractice insurance and 87% have medical insurance. 40% present at least one clinical comorbidity.

Conclusion: The majority of rheumatologists in the region who responded were female and felt satisfied with their clinical practice. This survey shows a low level of income for the region, however, more data should be obtained. This is the first study of its kind in Latin America, being an initiative for similar projects.

Disclosure of Interests: None declared


DEVELOPMENT AND TESTING OF A SMARTPHONE APPLICATION TO SELF-MONITOR DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS

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Background: Several mobile applications (apps) exist to monitor symptoms of rheumatoid arthritis (RA), but high-quality apps are lacking.1 We developed an app with patients, following the Medical Research Council; 2, neutral (3) and positive (4-5). Afterwards, nine participants (three users, three dropout users, and three non-users) agreed to participate in a semi-structured interview to get feedback on the App.

Results: In the first study, the ReumaMeter scored an overall median score of 8.0 (interquartile range IQR) 7.0-9.0), a mean system usability score of 76 (SD 14.8) and participants intended to keep using the ReumaMeter in the future (median 7.0, IQR 5.0-9.0). Engagement decreased to 61% in week 4. During the second study, the number of positive responses for each category was at least twice as high as the number of negative responses (Figure 1). Feedback that emerged during the interviews matched these responses. In addition, several participants stated that app usage declined due to low disease activity.

Conclusion: The participants’ overall feedback was positive in terms of users’ satisfaction and usability. Engagement dropped, which may be due to lack of internal triggers to measure disease activity when patients are in remission. To assess the overall impact of the app on RA patient care, a randomized controlled trial is planned.

REFERENCES

Figure 1. Qualitative results of app-evaluation - 79% of participants responding positively.

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PATIENTS WITH LUPUS

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POORER OUTCOMES AND HIGHER HEALTHCARE UTILIZATION AFTER TOTAL HIP ARTHROPLASTY IN PATIENTS WITH LUPUS

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Background: Hip osteonecrosis and hip osteoarthritis are common causes of severe hip disease in lupus (1), both treated successfully with a total hip arthroplasty (THA). A recent systematic review of arthroplasty outcomes reported that the risk of overall complications post-THA was higher than in patients with lupus compared to those without lupus (2). However, no analyses were provided for specific outcomes such as infection, revision or associated health care utilization.

Objectives: To assess the risk of specific post-THA outcomes, i.e., infection, transfusion, revision and mortality and associated health care utilization, associated with lupus.

Methods: We used the 1998-2014 U.S. National Inpatient Sample data. Multivariable-adjusted separate Cox proportional hazard regression models assessed the association of lupus with post-operative complications (infection, transfusion, THA revision and mortality) and health care utilization outcomes (total hospital charges, discharge to inpatient facility, length of hospital stay) post-THA, adjusting for demographics, underlying diagnosis, comorbidity, insurance payer, and hospital characteristics, using hazard ratios (HR) and 95% confidence intervals (CI).

Results: Among 4,116,485 primary THA hospitalizations, 22,557 (0.5%) were in lupus patients. Patients with lupus were younger, more likely to be female, African-American or Hispanic and, have higher comorbidity, Medicaid insurance payer, lower income, or living in the South. In multivariable-adjusted analyses, lupus was associated with a significantly higher risk of infection, transfusion, hospital charges above the median.
COMPARISON OF KNEE OSTEOARTHRITIS
THE INFLUENCE OF THE NEW PHARMACOLOGICAL
Jeyanesh Tambiah1.

Health MarketScan

Methods:
U.S. administrative claims data from 2011-2018 (IBM Watson®
surgeons (OS).

To compare characteristics and treatment patterns of patients

Background:
Patients diagnosed with knee OA were 1.10 (95% CI, 0.68, 1.78) and 0.95 (95% CI, 0.61, 1.47) and 1.06 (95% CI, 0.99, 1.13).

Conclusion: Lupus was associated with a higher risk of infection and transusion and higher hospital charges post-primary THA. Insight into modifiable factors associated with these outcomes may improve outcomes in lupus patients undergoing THA.

REFERENCES


Acknowledgement: None

Disclosure of Interests: None

SA10585 COMPARISON OF KNEE OSTEOARTHRITIS TREATMENT PATTERNS BY RHEUMATOLOGISTS VS. OTHER PROVIDERS IN A U.S. ADMINISTRATIVE CLAIMS DATABASE

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Background: Knee osteoarthritis (OA) is a painful, disabling condition with increasing prevalence.

Objectives: To compare characteristics and treatment patterns of patients newly diagnosed with knee OA by rheumatologists (RH) to those diagnosed by general practitioners (GP) and those diagnosed by orthopedic surgeons (OS).

Methods: U.S. administrative claims data from 2011-2018 (IBM Watson Health MarketScan® Research Database) was used to perform an observational cohort study. Inclusion criteria included ≥18 years and ≥1 claim with ICD9 lower-leg OA diagnosis prior to October 2015, followed by a confirmatory ICD10 knee OA diagnosis or ≥1 claim with an ICD10 knee OA diagnosis. Index date was the earliest claim/diagnosis date preceded by ≥2 years of prior continuous enrollment without these diagnoses. Demographic characteristics and diagnosing physician specialty were assessed on index date, whereas comorbid conditions and treatment patterns were observed during the variable post-index follow-up period. A two-sample t-test or a two-sample proportion test, where appropriate, was used to perform comparisons in GP vs RH and OS vs RH (P<0.05 considered statistically significant).

Results: 488,510 knee OA patients met inclusion criteria of which 76% (371,219) had physician type of interest noted on initial diagnosis claim. RH-diagnosed knee OA accounted for 3.2% (15,517), while GP and OS for 20.2% (96,911) and 47.6% (232,567), respectively. The average age of patients diagnosed by RH and OS was less than those GP-diagnosed (RH, 58.9; GP, 63.4; OS, 58.9; RH vs GP, P<0.001; RH vs OS, P=0.91).

There were more female patients in the RH- than GP- or OS-diagnosed group(s) (RH, 75.6%; GP, 58.4%; OS, 58.9%; RH vs GP, P<0.001; RH vs OS, P=0.001). The proportion of comorbid rheumatoid arthritis (RA) diagnoses was about 10-fold higher in RH-diagnosed patients, potentially indicating that RA was considered as an ancillary diagnosis noted on clinic visits for these patients (RH, 29.7%; GP, 3.8%; OS, 2.7%; RH vs GP, P<0.001; RH vs OS, P<0.001). RH-diagnosed patients received fewer total knee replacements (TKRs) (RH, 5.7%; GP, 9.3%; OS, 14.3%; RH vs GP, P<0.001; RH vs OS, P<0.001) and time to TKR initiation was significantly longer than GP, or OS-diagnosed patients (RH, 596.1 days; GP, 448.2 days; OS, 399.9 days; RH vs GP, P<0.001; RH vs OS, P<0.001). More RH-diagnosed patients received corticosteroids (CS) and hyaluronic acid (HA) with shorter initiation times than GP-diagnosed patients but OS diagnosed patients utilized HA and CS the most with the shortest initiation times; CS use: (RH, 73.0%, 109.6 days; GP, 62.3%, 122.5 days; OS, 74.3%, 84.7 days; RH vs GP, P<0.001; RH vs OS, P<0.001), HA use: (RH,15.8%, 227.5 days; GP, 14.3%, 236.8 days; OS, 23.2%, 198.7 days; RH vs GP, P<0.001; RH vs OS, P<0.001). Furthermore, RH-diagnosed patients received more NSAIDs (RH, 58.1%; GP, 51.4%; OS, 53.9%; RH vs GP, P<0.001; RH vs OS, P<0.001) and opioids with >30-day supply (RH, 27.3%; GP, 23.5%; OS, 19.8%; RH vs GP, P<0.001; RH vs OS, P<0.001) than GP- or OS-diagnosed patients.

Conclusion: This descriptive claims analysis suggested that rheumatologists saw a considerable number of knee OA patients, with different characteristics to other providers, particularly females and those with comorbidities such as RA. Further research into treatment patterns and characteristics of knee OA patients treated by rheumatologists is warranted.


SAT0586 THE INFLUENCE OF THE NEW PHARMACOLOGICAL AND NON-PHARMACOLOGICAL TREATMENTS IN AXIAL SPONDYLOARTHRITIS ON WORK PARTICIPATION: A SYSTEMATIC REVIEW

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Background: The concept of spondyloarthritis (SpA) comprises several chronic inflammatory joint diseases. SpA patients can be distinguished as patients with predominantly peripheral SpA (pSpA) or with predominantly axial SpA (axSpA) according to their clinical presentation. AxSpA primarily affects the axial skeleton and the sacroiliac joints. Within axSpA patients, a subdivision based on the radiographic changes of the sacroiliac joints can be made: radiographic axSpA, which corresponds to ankylosing spondylitis (AS), and non-radiographic axSpA (nr-axSpA). SpA occurs typically in young and professionally active patients. Since 2000, important improvements have been made in the management of SpA, both on a pharmacological (introduction of biological disease-modifying antirheumatic drugs (bDMARD)) and a non-pharmacological (holistic approach) level. As a result of early diagnosis followed by adequate treatment, the majority of patients achieve a state of clinical remission allowing them to function without significant problems. However, many of these persons still experience problems such as exclusion clauses, additional premiums and even contract refusals when contracting private insurances because mostly risk assessments are solely based on historical data.

Objectives: The aim of this systematic literature review was to investigate whether the work participation in patients with axSpA has improved since the introduction of the bDMARD and the non-pharmacological treatment modalities. This would provide arguments for a more accurate and updated risk assessment of the expected personal and economic incapacity of axSpA patients by private insurance companies.

Methods: A systematic literature review from January 1997 until November 2017 was performed using Pubmed, Embase and Web of Science. Different search terms were used in each database: absenteeism, presenteeism, employment, sick leave, work disability and work participation. All studies assessing one of the search terms were analysed.

Results: In total, 33 studies out of 603 retrieved citations were included. Overall, the results were highly heterogeneous because of the different study designs and different use of definitions regarding work outcomes. Patients with AS were significantly confronted with restrictions on work participation compared to the general population before the availability of bDMARD. In addition, our literature review showed that, since the introduction of the bDMARD and other non-pharmacological treatments, there is no evident improvement in work disability in AS patients. In contrast, a significant improvement could be observed on presenteeism, presenteeism and work productivity. Only 6 studies included patients with nr-axSpA. In most of these studies a positive tendency towards work productivity was detected. In addition, contextual factors such as the type of job, support from employers and colleagues, adjustments in workplace,