SAT0585 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 ICD-10 lower-lim OA diagnosis prior to October 2015, followed by a confirmatory ICD-10 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 accounted 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 RH-diagnosed group had significantly higher comorbidity burdens, as summarized by Deyo-Charlson Comorbidity Index (CCI) (RH, 1.53; GP, 1.40; OS, 1.01; RH vs GP, P<0.001; RH vs OS, P=0.91). The proportion of comorbid rheumatoid arthritis (RA) diagnoses was about 10-fold higher in RH-diagnosed patients, potentially indicating RA 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; OS vs RH and OS vs GP, 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;

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 sub division 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 the work with axSpA has significantly 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 absenteeism, 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,