INVESTIGATION OF FUNCTIONAL CAPACITY AND AFFECTING FACTORS IN SYSTEMIC SCLEROSIS PATIENTS

Hazar Yalu1, Sevgi Özalver1, Aylın Özegan Apaydın2, Gerekçioz Can3, Dokuz Eylül Üniversitesi Fizik Terapi ve Rehabilitasyon Yüksekokulu, İzmir, Turkey; 2Dokuz Eylül Üniversitesi Hastanesi, Göğüs Hastalıkları Anabilim dalı, İzmir, Turkey; 3Dokuz Eylül Üniversitesi Hastanesi, İmmünoloji-Ratomatoloji Anabilim dalı, İzmir, Turkey

Background: Systemic Sclerosis (SSc) is a rare, systemic connective tissue disease characterized by widespread microvascular damage and by increased production and deposition of extracellular matrix components both in the skin and internal organs (1). Objectives: The aim of this study was to investigate the functional capacity and affecting factors in SSc patients. Methods: Twenty-two SSc patients were included in the study. Functional capacities of patients were measured by 6 Minute Walking Test (6MWT), Lung volumes (FVC, FEV1, FEV1/FVC, PEF, VC), were performed with Pulmonary function tests-PFT. Respiratory muscle strength was evaluated with a muscular inspiratory pressure (MIP)-muscular expiratory pressure (MEP) modulated spirometer known as respiratory muscle strength meter. Peripheral muscle strengths (deltoid, biceps, quadriceps and iliopsoas muscles) were also evaluated with manual muscle strength meter. Results: The mean age of the patients was 52.00±11.23 years and duration of diagnosis was 7.63±3.86 years. The patients' mean 6MWT distance was 430.40±50.25 meters, FEV1% were 78.52±22.23 L, VC% were 80.95±22.02 L, FEV1/FVC% were 102.56±9.58 L, VC% values were 7.29±52.27 L, MEP% were 54.27±54.85 L, and MEP% values were 56.59±35.56. The mean deltoid muscle strength of the patients was 5.88±1.26 kg, biceps were 6.48±1.68 kg, quadriceps were 6.06±1.55 kg, iliopsoas were 5.93±1.74 kg. It was found that there was a significant correlation between 6MWT distance and VC (p = 0.009, r = 0.529), FEV1 (p = 0.001, r = 0.659), FVC (p = 0.005, r = 0.568), MIP (p = 0.014, r = 0.506) and MEP (p = 0.038, r = 0.449). There was significant correlation between the 6MWT distance and Deltoideus (p = 0.024, r = 0.470), Biceps (p < 0.001, r = 0.646), Quadriceps (p < 0.001, r = 0.679) and iliopsoas (p < 0.004, r = 0.576) muscles strengths. Conclusion: The decrease in the functional capacity of the patients is accompanied by a decrease in pulmonary function, loss of respiratory and peripheral muscle strength in parallel. 6-min walk test showed negative effects in the pulmonary and musculoskeletal system or in the patients’ clinic on SSc patients. To evaluate and improve functional capacity while performing medical and rehabilitation follow-up, respiratory functions, respiratory and peripheral muscle strengths should be evaluated and improved.

REFERENCE

Disclosure of Interests: None declared

HPR Service developments, innovation and economics in healthcare

SAT0724-HPR

PROMISING OUTCOMES IN PATIENTS WITH RA UNDER A T2T PROGRAM AND A MULTIDISCIPLINARY DISEASE MANAGEMENT MODEL – 5 YEARS RESULTS FROM A RETROSPECTIVE COHORT

Anggie Aza1, Michael Cabrera2, Pedro Santos-Moreno3, Laura Villareal4, Diana Buitrago-Garcia5, 1Biomab – Center for rheumatoid arthritis, Bussiness administration, Bogotá, Colombia; 2Biomab, EHR administration, Bogotá, Colombia; 3Biomab, Rheumatology, Bogotá, Colombia; 4Biomab – Center for rheumatoid arthritis, Psychology, Bogotá, Colombia; 5Biomab – Center for rheumatoid arthritis, Nursing research, Bogotá, Colombia

Background: Rheumatoid arthritis (RA) is a common chronic inflammatory disease. It is characterized by progressive, irreversible joint damage, impaired joint function and pain, the disease causes disability and reduced quality of life. Treat-to-target (T2T) is a management strategy for RA. It proposes that the therapeutic goal in RA should be a state of remission, or an alternative goal could be a low disease activity, additionally it looks to achieve long-term health quality of life for the patients. Additionally, multiaapproach programs for RA aim to take into account all components that interfere with the course of RA. Objectives: To describe the effectiveness of a T2T strategy associated with a disease management model with a multidisciplinary approach of patients with RA, according to disease activity measured with Activity Score 28 (DAS28) in a 5-year period in patients who receive conventional or biological DMARDs in a Colombian specialized in RA center. Methods: A descriptive cohort study was conducted. Medical records of patients from specialized in RA center were reviewed during 2015-2017; those patients were followed-up under T2T standards and a multidisciplinary approach. Clinical follow-up was designed by the authors according to DAS28 as follows: every 3-5 weeks (DAS28 > 5.1), every 7-9 weeks (DAS28 ≥ 3.1 and ≤ 5.1), and every 11-13 weeks (DAS28 < 3.1). Tender joint count (TJC), swollen joint count (SJC) and DAS28 were measured on each visit. Therapy had to be adjusted with DAS28 > 3.2 unless patient’s conditions don’t permit it; we considered this follow-up type as implementation of a T2T strategy in patients with RA. Patients entered into a multidisciplinary program of care with periodic consultations not only to rheumatology but with a physiatrist, psychologist, physiotherapist, occupational therapy nutrition, and, a patient focused program. With a multidisciplinary model of care the patient is seen as a whole, and the expectation is to achieve the best results in the management of RA. We divided patients in four groups: remission (REM), low disease activity (LDA), moderate disease activity (MDA) and high disease activity (HDA) patients and the aim of the study was to look at what percentage of patients who were in moderate or severe disease activity reached a low disease activity or remission. Descriptive epidemiology was done, we calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We compared disease activity at base line and at the end of follow-up. Results: We included 4000 patients, 83% were female and 17% male; median age was 60 years old (Q5-75). Regarding pharmacological therapy 77% were receiving conventional DMARDs while 37% were receiving biological DMARDs. At beginning 55% were in MDA, 26% in LDA and 19% and during 5 years 82% of our patients achieved remission. See table 1. We performed a Wilcoxon test in order to compare the mean DAS28 at baseline and at the end showing statistical significance (P<0.05)

<table>
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<th>STUDY</th>
<th>REM</th>
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Conclusion: A T2T strategy associated with a multiaapproach disease management model improves considerably disease activity in patients with RA. This evidence from a real-life setting that shows the advantages of treating RA patients with a multidisciplinary team under a T2T model with a low-cost treatment. It is important to explore other predictors that can improve disease activity.

REFERENCES
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A DISEASE MANAGEMENT MODEL TYPE CENTER OF ESCELLENCE IN SPONDYLOARTHRITIS – FIRST PILOT ANALYSIS RESULTS

Anggie Aza1, Fernando Rodriguez2, Pedro Santos-Moreno2, Diana Buitrago-Garcia1, 1Biomab – Center for rheumatoid arthritis, Bussiness administration, Bogotá, Colombia; 2Biomab – Center for rheumatoid arthritis, Patient program coordinator, Bogotá, Colombia; 3Biomab – Center for rheumatoid arthritis, Rheumatology, Bogotá, Colombia; 4Biomab – Center for rheumatoid arthritis, Nursing research, Bogotá, Colombia

Background: Ankylosing spondylitis (AS) mainly affects the spine and the sacroiliac joints, it is a chronic inflammatory disease that might be associated with a variety of extra spinal lesions involving the eyes, bowel,