INVESTIGATION OF FUNCTIONAL CAPACITY AND AFFECTING FACTORS IN SYSTEMIC SCLEROSIS PATIENTS

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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, FEVI, FVC%, PEF, VC) were performed with Pulmonary function tests-PFT. Respiratory muscle strength was evaluated with a muscle inspiratory pressure(MIP)-muscle expiratory pressure(MEP) modulated spirometer known as respiratory muscle strength meter. Peripheral muscle strengths (deltoid, biceps, quadriceps and illosos 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±4.86 years. The patients' mean 6DWT distance was 430.40±50.25 meters, FEVI1 were 78.52±22.23 L, FVC% were 80.95±23.02 L, FEV1/FVC% were 102.56±9.58 L, VC% values were 72.95±22.75 L, MIP% were 54.27±34.85 L, and MEP% values were 56.59±3.55 L. 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), FEVI1 (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 =0.011, 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 relationship between 6MWT distance and VC (p =0.009, r = 0.529), FEV1 (p <0.001), (P<0.05)

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

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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, multiaffluence programs for RA aim to take into account all components that interfere with the course of RA.

Collectives: To describe the effectiveness of a T2T strategy associated to 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 RIQ (50-67). 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 92% 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>
<thead>
<tr>
<th>ACTIVITY LEVEL</th>
<th>BASELINE</th>
<th>5 YEARS FOLLOW-UP</th>
</tr>
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<tbody>
<tr>
<td>REM</td>
<td>3297</td>
<td>82.40</td>
</tr>
<tr>
<td>LDA</td>
<td>1049</td>
<td>26.23</td>
</tr>
<tr>
<td>MDA</td>
<td>2201</td>
<td>55.02</td>
</tr>
<tr>
<td>SDA</td>
<td>750</td>
<td>18.75</td>
</tr>
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</table>

Conclusion: A T2T strategy associated with a multiaffluence 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
Disclosure of Interests: Anggie Aza: None declared. Michael Cabrera: None declared. Pedro Santos-Moreno Grant/research support from: Dr Santos has received research grants from Janssen, Abbvie and UCB, Speakers bureau: Dr Santos has received speaker fees from Sanofi, Lilly, Bristol, Pfizer, Abbvie, Janssen and UCB, Laura Villareal: None declared, Diana Buitrago-Garcia: None declared

SAT0725-HPR

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

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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,
and skin. In Colombia little is known in regards of this condition. Spondyloarthritis (SpA) is one the most prevalent musculoskeletal disease in the Americas, with an estimated prevalence of 0.5%. This group of patients present a number of unmet needs for accessibility to the consultation, diagnosis and adequate treatments. That for this reason it is necessary to develop a program of Centers of Excellence (CoE) in this pathology, which allows answer to these needs and at the same time to add values for our health systems.

Objectives: To describe the characteristics of patients with AS who attend to a specialized in SpA disease management model center.

Methods: We implemented a pilot SpA program under the scheme of CoE, as they are already delineated in projects like REAL-PANLAR for rheumatoid arthritis. We performed a cross sectional study and reviewed the medical charts of patients with AS. All patients had a confirmed diagnosis of AS. We collected demographic data (age, sex, smoking, alcohol consumption); BASDAI, BASFI, DAS, disease specific data treatment with csDMARDs or bDMARDs and comorbidities, evaluation period covered January to December 2018.

Results: During 2018 257 patients with AS entered to our program. 64% were men and 36% were female; mean age was 48 years ±14. 28% of our patients with SA had comorbidities the most common was high blood pressure 19% followed by diabetes mellitus 4%. Regarding behavioral habits 23% were current smokers and 11% reported to consume alcohol. When we evaluated clinical outcomes BASDAI mean score was 2.95 ± 2.06, BASFI mean score was 3.49 ± 2.36 and, ASDAS mean score was 1.70 ± 1.01. 60% of patients received biological DMARDs and 25% received conventional DMARDs. The remaining 15% received corticoids or pain medications.

Conclusion: Due to the need to develop CESPs, in order to define treatment targets type T2T-SpA, we implemented an innovative program in a low-income country with the aim to improve clinical outcomes and avoid so much disability and health economic costs. This descriptive data is the starting point to collect evidence and demonstrate the impact of the program.

Disclosure of Interests: Anggie Aza: None declared, Fernando Rodriguez: None declared, Pedro Santos-Moreno Grant/research support from: Dr Santos has received research grants from Janssen, Abbvie and UCB, Speakers bureau: Dr Santos has received speaker fees from Sanofi, Lilly, Bristol, Pfizer, Abbvie, Janssen and UCB, Diana Bulturago-Garcia: None declared DOI: 10.1136/annrheumdis-2019-eular.7569

SAT0726-HPR

EHEALTH CONSULTATIONS IN RHEUMATOLOGY MANAGED BY NURSING. SPANISH NATIONAL DESCRIPTIVE STUDY

Silvia Garcia Diaz, All the members from the Nursing Working Group from the Rheumatology Spanish Society (GTE-SER), Hospital Sant Joan Despí Moisès Broggi-Hospital General de Hospitalet, Consorci Sanitari Integral (CSI), Rheumatology, Barcelona,Spain Background

The increase in social media applications and electronic technology has made it possible to carry out consultations with patients using an electronic interface. These tools are used in the healthcare environment for the purpose of prevention, diagnosis, treatment, monitoring, and in health management, to save costs to the health system by improving its effectiveness [1-4]. For patients with rheumatic diseases these non-face-to-face eHealth consultations, carried out by specialized nurses have been shown to resolve a large part of the problems that these patients may present with [5-8]. However we do not know how many of these types of consultations are taking place in Spain.

Objectives: The aim of this study was to describe the content of these types of consultations, mostly managed by nursing, in the Spanish national territory.

Methods: A descriptive study of a group of nurses working actively in rheumatology was carried out in November 2018. The data collection was done with a Google-form questionnaire developed for that purpose by the members of the Nursing Working Group from the Rheumatology Spanish Society (GTE-SER). The main variables studied were the socio-demographic details of the group and the content of the activity carried out mainly by them in the eHealth consultations. This instrument had 31 questions, with wide variability of response. Statistical analysis: descriptive statistics was used.

Results: A total of 47 (out of 50) completed surveys were analysed. 94% of the nurses were women, from 15 Spanish Autonomous Communities, with an average age between 51-60y; 52% had education at postgraduate level (17%) or master's degree (35%). 47% of professionals had been working in rheumatology for more than 10 years and 77% had received specific training in rheumatology. 37% reported having between 1-5 years experience of using e-Health consultation in rheumatology. The average of monthly consultations was between 50-100 sessions. Further details of the eHealth consultations in Rheumatology: see Table 1.

Table 1: VARIABLES

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Nursing professionals%</th>
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<tbody>
<tr>
<td>eHealth consultations ARE managed by nursing professionals</td>
<td>89%</td>
</tr>
<tr>
<td>The type of eHealth consultation is both scheduled and on demand</td>
<td>66%</td>
</tr>
<tr>
<td>The type of access to the consultation is telephone</td>
<td>72%</td>
</tr>
<tr>
<td>The management of the answer to the consultation is IMMEDIATE</td>
<td>68%</td>
</tr>
<tr>
<td>The space where the consultation is handed is in a quiet office</td>
<td>41%</td>
</tr>
<tr>
<td>eHealth consultations are always registered</td>
<td>76%</td>
</tr>
<tr>
<td>eHealth consultations are registered in the patient’s clinical history</td>
<td>91%</td>
</tr>
<tr>
<td>eHealth consultations are computed as a clinical activity in the nursing agenda</td>
<td>79%</td>
</tr>
<tr>
<td>There are NO standards or protocols on the use of eHealth consultations in rheumatology in your centre</td>
<td>81%</td>
</tr>
<tr>
<td>There has not been any audit on the use of eHealth consultations in rheumatology in your centre</td>
<td>98%</td>
</tr>
</tbody>
</table>

Conclusion: EHealth consultations are already established in many Rheumatology services in Europe. However, this has not been described in Spain. The survey showed that there is a great variability in the way nurses carry out this type of consultations, including the number and type of consultation (on demand and/or scheduled), registration and analysis of the data of this consultation as well as its quality standards. This study demonstrates a lack of regulated training and standardized protocols in managing this type of consultation at the national level. Therefore standards and protocols should be developed in the near future, so that patients receive a more consistent service from this type of consultation.

REFERENCE


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