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Public health, health services research, and health economics

AB1193 OBSERVATIONAL PROSPECTIVE COHORT STUDY TO EVALUATE EFFICACY AND SAFETY OF TAPENTADOL IN PATIENTS WITH RESPIRATORY DISEASE

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Background: Chronic pain analgesia is a concern in clinical practice in rheumatic patients, especially when the intensity is severe. In this case opioids are indicated but also contraindicated in cases of important respiratory depression and, therefore, must be administered with caution to patients with respiratory disease (1). Many of our patients are not in the condition of severe respiratory depression although they present plurypathologies, which could be triggered at the use of certain doses (2). For this reason, it is important the existence of a study that shows that tapentadol is safe in pluripathological patients when used at regular doses in clinical daily practice in Reumatology (3).

Objectives: Single site, non-postmarketing observational study. The main objective is to evaluate the safety of tapentadol prolonged release (TPR) 50 mg/12h, measured as tolerance ("good", "bad" or "not too bad") and by the comparative analysis of gradients between both groups of the study (control group and pathological group), the basal oxygen saturation, and after the dose of TPR (basal pulse oximetry minus the mean of the oxygen saturation after 30 days of study).

Methods: Inclusions criteria are patients with severe chronic pain (Visual Analogical Scale, VAS>4) diagnosed from mild to severe chronic obstructive pulmonary disease (COPD) (spirometry after bronchodilatation with forced expiratory volume (FEV)/forced vital capacity (FVC)< 70% and FEV1=50%), and/or obesity, and/or controlled asthma and/or other conditions likely to produce respiratory depression with opioids (pathological group). Exclusion criteria consists in basal oxygen saturation measured by the pulse oximeter inferior to 92%. A descriptive analysis of variables and a comparison of the means were performed.

Results: 29 patients; 12 in control group and 17 pathological group (obesity: 9, controlled asthma: 3; mild to moderate COPD: 7; other pathologies: 7). Overall, the type of pain was nociceptive 59%, neuropathic 21% and mixed 20%; mainly women (67%), caucasian race (92%), median age 60 years old, and with 93% good tolerability and 97% good treatment adherence. Concerning results per groups, at control group, VAS mean, arterial pressure (AP), oxygen saturation (SO2) and heart rate (HR) before and after treatment. 8,3 vs 5,8; 127/74 vs 124/73 (mmHg); 95,6 vs 95,7 (%); 76 vs 73 (bpm). In the pathological group: 7,5 vs 5,6; 131/82 vs 127/78 (mmHg); 96 vs 95,5 (%); 75 vs 76 bpm. Regarding the results as per gradients between groups, no statistically significant differences were found, except for VAS, (p=0,00008). There were no cases of decrease of the oxygen saturation below 92% along the study.

Conclusion: The results support the safety of tapentadol from the respiratory point of view, measured by oxygen saturation, since no statistically significant differences were found between both groups, and, due to the excellent tolerability, as no clinical data showed signs of hypercapnia. No statistically significant differences were found in the oxygen saturation between both groups with the intake of TPR, with excellent tolerability and treatment adherence. There were no cases of decrease of the oxygen saturation below 92% along the study.

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AB1194 KNOWLEDGE AND PERCEPTIONS OF PORTUGUESE FAMILY PHYSICIANS TOWARDS ANKYLOSING SPONDYLITIS: RESULTS FROM THE ASSESSMENT OF RESULTS IN ANKYLOSING SPONDYLITIS (AREA) STUDY

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Background: Ankylosing spondylitis (AS) patients have a significant delay between symptom onset and disease diagnosis, reaching on average 7 to 10 years in developed countries. Understanding the reasons behind this delay is essential to reduce the individual and socio-economic burden of the disease.

Objectives: To assess knowledge and perceptions of Portuguese family physicians (FP) towards AS and determine whether these contribute to the diagnostic delay at the primary care level.

Methods: The Assessment of REsults in Ankylosing spondylitis (arEA) study was developed by the NOVA-Information Management School (Lisbon) in collaboration with the Portuguese Society of Rheumatology, the Portuguese Association of Family Physicians (APMGF), the National Association of Primary Care Units (USF-AN), the National Association of AS Patients and the Portuguese League Against Rheumatic Diseases. The arEA aimed at assessing reasons for delayed diagnosis of AS, as well as disease impact in patients' lives, global health and work. A comprehensive online survey was developed and sent to FP associated with APMGF and USF-AN, collecting data on demographics, global knowledge and diagnostic and treatment attitudes towards AS.

Results: 91 FP responded the survey, 51.6% female, more frequently from the 25-44 year-old age group, half of which with <5 years of clinical experience. Most FP (70%) did not consider AS to be a relevant disease in everyday clinical practice but recognized (90%) there was a delay in diagnosis (5 years on average). Nevertheless, knowledge over AS was adequate. On average, prevalence was considered to be 56 cases per 1000 persons (close to the actual prevalence of 47 cases per 1000 persons reported in the epidemiological study EpiReumaPt). When assessing a patient with suspicious AS, the most valued symptoms/signs were inflammatory back/buttock pain, extra-articular manifestations (uveitis, enthesitis, dactylitis, psoriasis) and sacroiliitis on imaging (4.1, 3.9 and 3.9 on a 1-6 scale, respectively); 92.5% of FP refer the patient to a hospital consultation, rheumatology in 88.5% of cases; 37.5% of FP initiate treatment, with NSAIDs in 81% of cases. A mean delay of 9 months between patient referral and first hospital consultation was also reported (>1 year in 22%). In 73.4% of cases, no specific referral protocol exists for AS or other rheumatic inflammatory conditions; 33.8% of FP felt that the development of such protocol would improve access, while 36.8% considered that a rheumatologist acting as consultant in primary care units would facilitate identification and referral of inflammatory conditions.

Conclusion: Portuguese FP reported significant delay in hospital consultation after referral of suspicious AS cases. They apparently had good knowledge of AS, though responses may have been influenced by a younger, more updated and willing-to-participate physician population (selection and response bias).

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AB1195 PREGNANCIES IN AUTOIMMUNE DISEASES: EXPERIENCE OF TWO CENTERS IN CALI, COLOMBIA: 2011- 2018

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Background: The outcome in pregnancy varies according to the rheumatic disease.

Objectives: To describe the pregnancies outcomes of women with rheumatic diseases at two reference centers in Cali, Colombia.

Methods: Descriptive study. Records of pregnant patients attended from August 2011 to December 2018 were reviewed. Thirty-nine patients were found, 11 without a defined rheumatic entity (10 with positive ANA only,