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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 Reumathology (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 arepatients 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 oxigen 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%), caucasic 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 AUTOIMMNUNE 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,

and 1 with incomplete criteria for antiphospholipid syndrome), and 28 with an autoimmune rheumatic disease. A total of 41 pregnancies occurred (2 women with 2 pregnancies) and were chosen for the final analysis (Table).

Results: The mean gestational age at the first rheumatology visit was 16,8 ± 8,9. The mean age at the end of pregnancy was 29,5 ± 5,7 years. Only nine pregnancies were planned (34,6%). Among the patients with a defined autoimmune disease the diagnoses were: systemic lupus erythematosus (SLE) (12), rheumatoid arthritis (RA) (5), antiphospholipid syndrome (APS) (2), autoimmune hemolytic anemia (AHA) (2), juvenile idiopathic arthritis (JIA) (2), overlap syndrome (OS) (3: 2 SLE/SSc; 1 SLE/Sjögren´s) mixed connective tissue disease (MCTD) (1) and undifferentiated connective tissue disease (UCTD) (1). There were 8 pregnancies exposed to teratogenic drugs (MTX 5, LEF 1, MMF 1, CYC 1): 2 ended in fetal loss and 1 had a congenital pneumonia. There were 27 full-term births, 37-40 weeks (wk); 8 preterm births, 23-36 wk (4 twins); 1 stillbirth, 26 wk; and 3 abortions (2 in the same mother). Seven patients had an active disease before pregnancy, 13 during pregnancy (7 SLE, 3 RA, 2 AIHA, 1 MCTD) and 13 during the puerperium (7 SLE, 4 AR, 1 AIJ, 1 EMTC). No maternal deaths, neonatal lupus or congenital heart block were documented in this series. Four patients did not require any medication. One woman received treatment for pulmonary tuberculosis, and other was on anti-retroviral treatment for HIV infection. At the last follow-up, 2 patients were still pregnant.

Conclusion: The outcome of rheumatic disease during pregnancy remains variable. It seems that SLE patients tend to be more active and flare more commonly than other patients. The documented complications were similar to those reported in the literature.

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Table. Main clinical findings and outcomes

Variables	SLE (n=15)*	Non-SLE (n=13)**
Gestational age at first rheumatology follow up, mean (standard deviation, SD)	11,6 (5,9)	18 (9)
Treatment during prenangcy, n (%)		
Antimalarial	11 (73,3%)	6 (46,2%)
Steroids	10 (66,6%)	7 (53,8%)
Azathioprine	5 (33,3%)	1 (7,7%)
Laboratory fidings, n (%)		
Anti-Ro antibodies	6/9 (66,7%)	0/9 (0%)
Lupus anticoagulant	1 (8,3%)	1 (14,3)
Anticardiolipin antibodies, IgM	1 (8,3%)	0
Anticardiolipin antibodies, IgG	1 (8,3%)	1 (14,3)
Relapses during pregnancy, n (%)	7 (46,7%)	8 (61,5%)
Maternal outcome, n (%)		
Preeclampsia	3 (20%)	1 (9,1)
HELLP syndrome	1 (6,7%)	0
Fetal outcome, n (%)		
Preterm newborn	6 (40%)	2 (18,2%)
Abortion	2 (13,3%)	0
Stillbirth	1 (6,7%)	0

SLE: systemic lupus erythematosus. * Two gemelar pregnancies ** Two patients with primary antiphospholipid syndrome.

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AB1196 A REVIEW OF ELECTRONIC RHEUMATOLOGY REFERRALS AT THE QUEEN ELIZABETH UNIVERSITY HOSPITAL (GLASGOW, UK) AND HOW THIS HAS LED TO SERVICE IMPROVEMENTS

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Background: Our department provides a service for inpatient Rheumatology reviews Monday to Friday, 9am to 4pm, with a guaranteed review timeframe of 48-72 hours. We work predominantly on the QEUH site, which comprises 1677 acute inpatient beds. We launched an electronic referral system for inpatient Rheumatology reviews in February 2018.

Interspeciality referrals are an essential part of most inpatient stays. In a time of increasing service demand within the NHS it is important that we have an effective system to manage our time and resources[1,2]. Electronic referrals allow us to audit our workload, our efficiency at reviewing patients and allow for accountability of both the referrer and reviewer, therefore improving patient safety[3]. Using a set proforma allows us to improve communication, the quality of the referral and triage effectively[4].

Objectives: We performed a baseline review of the new system.

Methods: We reviewed all electronic referrals between 8.2.18 and 13.8.18. We collected data on demographics, timing, reasons for referral and outcomes.

Results: There were 346 referrals (58.4% female, mean age 64 years). Most (78%) were made from medical wards; the mean number of referrals per month was 49.4. Referrals were most frequently made on Fridays (23%). Most were in-hours (81%).

The most common reason for referral was: a request for review (212; 61.3%); phone advice (70; 20.2%); procedural requests (50; 14.5%). 207 referrals (59.8%) were made for new patients, 91 (26.3%) for patients known to Rheumatology prior to admission, and 48 (13.9%) for patients already seen during the current admission.

50% of procedures were performed on knees and 50% on other joints.

82% of patients were seen within 72 hours.

Acute hot swollen joint was the commonest reason for referral of new patients (38%), followed by vasculitis (6%). Questions regarding pre-existing disease management (59%) or DMARD questions (24%) predominated amongst referrals for patients known to Rheumatology prior to this admission.

Conclusion: The use of the electronic referrals system has made it simple to review the workload of our Rheumatology on-call service.

We have used the data on 'reason for referral' to guide the topics for our educational meetings to improve patient management.

We actively contribute to the procedural teaching on knee joint aspiration both in junior doctor's formal training sessions, and opportunistically on wards following referral. This is a core procedure required for training completion for medical trainees in the UK and should help reduce referrals and manage patients in a more time efficient and cost-effective manner.

We have also improved documentation by recording the time, date and name of the reviewer in our electronic entry

We intend to collect data in the same period this year, to assess changes in referral pattern in the 12 months since the system was initiated and the impact of our interventions.

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AB1197 EFFECTS AND SAFETY OF THE YELLOW FEVER VACCINE 17DD IN PATIENTS WITH IMMUNOMEDIATED RHEUMATIC DISEASES

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Background: The yellow fever is an acute infectious disease caused by the amarilic virus. It is present in tropical areas of South America and