AB1201

MANAGEMENT OF COMORBIDITY IN INFLAMMATORY ARTHRITIS: GECOAI PROJECT

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Background: The impact of comorbidity on the diagnosis, prognosis, and treatment of rheumatic diseases could be very high. However, several studies have depicted a sub-optimal assessment of comorbidity in these diseases.

Objectives: To generate common, simple and practical support materials (checklists, questionnaires and other complementary materials) for rheumatologists, health professionals and patients, in order to: 1) Assess comorbidity; 2) Identify and implement preventive procedures; 3) Define referral criteria to other health professionals, in patients with rheumatoid arthritis (RA), axial spondylitis (axSpA), and psoriatic arthritis (PsA).

Methods: This project was promoted by CONARTRITIS (Association of patients with arthritis), OPENREUMA (Multidisciplinary association of professionals dealing with patients with rheumatic diseases) and SORCOM (Rheumatology Society of the Madrid Region). A multidisciplinary team specialized in comorbidity in inflammatory arthritis was established (6 rheumatologists, 2 primary care physicians, 2 nurses, 1 internist, 1 psychologist). A qualitative study was performed following these phases: 1) Review of the GECOAR¹, GECOAX² and GECOAP³ projects, that were focus on the evaluation of comorbidity in RA, axSpA and PsA, as well as an exhaustive bibliographic search in Medline; 2) Generation of preliminary checklists (different versions and formats) to be used by health professionals and patients for the identification, management and prevention of comorbidity; 3) Patient focus group in which the preliminary patients checklist was evaluated and discussed; 4) Nominal group meeting in which the selected health professionals analyzed all the checklists and modified them taking into account the opinion of the patients; 5) External evaluation of the modified checklists by patients, health professionals and rheumatologists, all of them outside the project; 6) Generation of the final checklists based on everything collected in the previous phases.

Results: Three checklists for clinical practice were designed, two for health professionals (one to identify comorbidity, another on prevention/health promotion), one for patients. The comorbidity checklist includes, for example, the evaluation of cardiovascular risk factors, depression and anxiety, allergies or infections. The prevention checklist includes life style issues (smoking, diet, exercise), social life, sexuality, sleep, or oral hygiene. The checklists also specify the evaluation method (questions, specific questionnaire, etc.).

Conclusion: The use of specific checklists for the identification, management and prevention of comorbidity inpatients with RA, axSpA and PsA might contribute positively in their prognosis.

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AB1202

SWITCHING OF ETANERCEPT IN A MONOGRAPHIC CONSULTATION OF BIOSIMILAR CLINICAL PRACTICE AND ECONOMIC COST

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Background: The recent appearance of biosimilars by the European Medicines Agency in January 2015 allows a quality treatment in rheumatic diseases with a lower cost. We present our initial experience in a specific biosimilar consultation with the introduction of biosimilar Etanercept (BE).

Objectives: To describe the switching experience from original etanercept (OE) to BE and to evaluate the economic impact of this strategy.

Methods: Retrospective study carried out in a tertiary level hospital. We included patients treated with OE which were evaluated in the Specific Biosimilar Consultation where a rheumatology and a nurse proposed them switching to BE. Demographic, clinical and pharmacotherapeutic variables of all patients were collected. The outcome evaluated was the drug switch as well the reasons why the change was not made. To analyze the economic impact, the estimated savings in the use of BE vs OE was calculated, [costs according to the net prices of our center (PVL - discount)+VAT].

Results: The registry included of 133 patients treated with OE from the Rheumatology Department of our center, only 56 patients were evaluated in a period of 3 months in the specific biosimilar consultation: 73% were women over 53 years (17-75 years). Regarding the diagnosis: 45% rheumatoid arthritis, 46% psoriatic arthropathy and 9% ankylosing spondylitis. All patients chosen to switch from OE to BE should have stable base disease (defined as low activity according to the specific scale for each pathology), approval of the change by a evaluating physician and patient, signing the informed consent.

Finally, the switch from OE to BE was performed in 31/56 patients (55%). In the 25 patients who did not change: 3 patients (12%) had moderate or high disease activity, in 8 patients (32%) the change was not accepted by the patient or by the evaluating physician and 14 patients (56%) were in remission of the disease.

The patients chosen were in a dosage regimen of 50 mg/week, so the annual costs per patient are 9143.16€ with OE and 6095.44€ with BE. The switching to BE represent annual savings of 3047.72€ per patient and 94479.32€ total.

Conclusion: The experience with the implementation of a specific biosimilar consultation in our center has been positive. In the first 3 months of its operation, the switching from OE to BE have been made in 55% of patients allowing savings allowing savings of 3047.72€ per patient/year.

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