A point prevalence study aiming at active case finding and characterization of the proper plan of management.

Objectives:
- To detect cases of uveitis and arthritis among children in their early stages.
- To improve the management of these conditions by offering appropriate care.
- To conduct a survey of the socio-economic status of the participating children.

Methods:
- A total of 6372 children were screened in 10 schools in Egypt.
- All children between the ages of 4 and 9 were screened.

Results:
- Of the 6372 children screened, 3418 (53.6%) were females and 2954 (46.4%) were males.
- Of these, 26 children were females (76.5%) and 8 children were males (23.5%).
- Two female children were known uveitis patients and were on treatment.
- A hundred and eleven children were referred to tertiary clinics for further management.

Conclusion:
- Screening of school children for uveitis and joint manifestations in developing countries with a modest socioeconomic status, is a method of active case finding that helps on an early and feasible implementation of the proper plan of management.

REFERENCES

Disclosure of Interests: None declared


AB1209

THE RHEUMA-BUS-TOUR: TWO WEEK OPEN-ACCESS SCREENING FOR EARLY RHEUMATIC DISEASES

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Background: Early diagnosis is crucial for patients with rheumatic diseases. Studies show that early stage patients already show reduced mental and physical health [2, 3]. However, early diagnosis is often delayed due to the severe lack of rheumatologists in Germany.

Objectives: The cross-sectional study compares data on physical and mental health of known and suspected early rheumatic patients, collected from participants of the bus tour.

Methods: The Rheuma-Bus-Tour is an annual, two week open-access screening event in three states (Rhineland-Palatine, Saarland, Lower Saxony) that raises awareness for rheumatic diseases and identifies people with potential early cases of RA, SpA and PsA. All participants, regardless of their diagnosis status, completed a screening questionnaire about early symptoms, sociodemographic as well as physical and mental health parameters: Habitual Physical Activity Questionnaire (HPA) [1], Hannover Functional Ability Questionnaire (FFbh-R), Patient Health Questionnaire (PHQ-9), Well-Being Index (WHO-5).

Additionally, a CRP on-site test and a medical consultation were offered.

Results: In total, 853 participants completed the questionnaire, 214 with a known rheumatic diagnosis and 626 without one. Of 533 conducted CRP tests, 107 were positive. After the consultation, 58 patients were referred for an immediate rheumatologist appointment through the Rheuma-VOR network, 16 of which were diagnosed with RA, SpA, or PsA. Tables 1 and 2 present the group differences between the already diagnosed and the not diagnosed groups, split by CRP results.

Disclosure of Interests: None declared

Abstract AB1209 Table 2. Group differences of physical and mental health parameters

<table>
<thead>
<tr>
<th>Rheumatic disease+CRP pos</th>
<th>Rheumatic disease+CRP neg</th>
<th>No Diagnosis+CRP pos</th>
<th>No Diagnosis+CRP neg</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>0.374</td>
<td>0.367</td>
<td>0.327</td>
</tr>
<tr>
<td>HRA</td>
<td>3.335</td>
<td>0.630</td>
<td>0.647</td>
</tr>
<tr>
<td>Work Index</td>
<td>0.312</td>
<td>0.194</td>
<td>0.141</td>
</tr>
<tr>
<td>HRA</td>
<td>0.386</td>
<td>0.442</td>
<td>0.389</td>
</tr>
<tr>
<td>HPA Index</td>
<td>0.311</td>
<td>0.367</td>
<td>0.330</td>
</tr>
<tr>
<td>FFbH-R</td>
<td>0.300</td>
<td>0.323</td>
<td>0.323</td>
</tr>
<tr>
<td>PHQ-9</td>
<td>0.307</td>
<td>0.327</td>
<td>0.327</td>
</tr>
<tr>
<td>HPA Index</td>
<td>0.307</td>
<td>0.344</td>
<td>0.344</td>
</tr>
</tbody>
</table>

*Significant at p < 0.05.

Average age for all three groups falls in the 50-59 year range. Differences were found between PHQ-9, WHO-5 and FFbH-R, whereas none were found for HPA.

Conclusion: As expected, a difference in mental health parameters was found for the “known diagnosis” and “no diagnosis+CRP negative” groups. The results also show differences for daily functional tasks between all three groups. However, the lowest scores were found for the group “no diagnosis+CRP pos”, i.e. people with strong indications for an early rheumatic disease. This further supports evidence of reduced functionality for early stage patients and the need for early diagnosis and therapy. The lack of significant differences for HPA patterns could be caused by generally very low physical activity for all three groups.

REFERENCES


Table. General Features of Patients

<table>
<thead>
<tr>
<th>Median Age [IQR]</th>
<th>Female/Male Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>45[34-56]</td>
<td>1.9</td>
</tr>
<tr>
<td>None declared</td>
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</tr>
</tbody>
</table>

Disclosure of Interests: Matthias Dreher: None declared, Julia Sauer: None declared, Nicolas Scharm: None declared, Thomas Plagemann: None declared, Gunter Assmann: None declared, Reinhold E. Schmitt: None declared, Gunter Assmann: None declared, Kirsten Hoeper: None declared, Nicolas Scharm: None declared, Thomas Plagemann: None declared, Andreas Schwarting Grant/research support from: GSK, Pfizer, AbbVie, Novartis, Roche, Speakers bureau: GSK, Novartis


FIGURE. SOCIAL MEDIA USE FREQUENCY AMONG PATIENTS WITH INTERNET CONNECTABLE DEVICES

Disclosure of Interests: None declared