AB1213

PATIENTS' PERSPECTIVES OF OUTCOMES AFTER TOTAL KNEE AND TOTAL HIP ARTHROPLASTY: A NOMINAL GROUP STUDY

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Background: Utilization rates of total joint replacements (TJR) are high and rising to treat advanced symptomatic arthritis, but there is little qualitative research to define the most important outcomes from the patient perspective.

Objectives: To assess the most important outcomes of TJR from the patients' perspective using nominal group technique (NGT).

Methods: Recruited patients were ≥18 and had received total hip (THR) or total knee replacements (TKR). Participants completed a questionnaire including demographics and pain and function measures, and answered "What result/results matter the most to a patient undergoing/having a knee or hip replacement?". Outcomes were independently selected, listed in a round robin, and ranked by the group using NGT.

Results: 36 patients participated in 6 nominal groups in January 2019. 42% were men (Table 1). For THR, 94% reported no/mild pain. For TKR, 81% reported no/mild pain pivoting or on stairs, 1 patient reported severe pain. Satisfaction was high, 97% reported very/somewhat satisfied with pain relief. Of 216 total votes, A) pain received 98 votes, B) function 52; C) quality of life 40; D) adverse events 16 votes and E) revision 2 votes, the remainder 8 votes were distributed to post-op concerns including access to rehabilitation or education (Table 2).

Conclusion: Pain, function, quality of life, and adverse events are the outcomes ranked highest by patients, supporting their inclusion in TJR clinical trials.

Abstract AB1213 Table 1. Baseline Characteristics

Age (mean, years)	75.7±8.2	65.9±8.1	66.3±5.4	71.1±9.3
Men, n(%)	6 (31.6)	8 (57.1)	1 (33.3)	15 (41.7)
Black, n(%)	3 (15.8)	3 (21.4)	-	6 (16.7)
Asian, n(%)	-	-	1 (33.3)	1 (2.8)
Multi-race, n(%)	1 (5.3)	1 (7.1)	-	2 (5.6)
Education				
High school, n(%)	-	1 (7.1)	-	1 (2.8)
Some college, n(%)	1 (5.3)	3 (21.4)	-	4 (11.1)
College or above, n(%)	18 (94.7)	10 (71.4)	3 (100)	31 (86.1)
Employment				
Employed for wages, n(%)	3 (15.8)	9 (64.3)	3 (100)	15 (41.7)
Self-employed, n(%)	4 (21.1)	3 (21.4)	-	7 (19.4)
Out of work but not looking for work, n(%)	1 (5.3)	-	-	1 (2.8)
Retired, n(%)	11 (57.9)	2 (14.3)	-	13 (36.1)
Reason for surgery				
Osteoarthritis, n(%)	13 (68.4)	12 (85.7)	3 (100)	28 (77.8)
Rheumatoid arthritis, n(%)	2 (10.5)	1 (7.1)	-	3 (8.3)
Other arthritis, n(%)	3 (15.8)	1 (7.1)	-	4 (11.1)
Avascular necrosis of the bone, n(%)	1 (5.3)	-	-	1 (2.8)

Abstract AB1213 Table 2. Theme: What result/results matter the most to a patient undergoing a hip or knee replacement?

NG1-6, 36 people, 14 Male, 22 Female; 8 African-American, 26 White, 2 Asian; 216 votes*

A. Pain: No more pain/to be pain free	98
• "Goes beyond physical pain, isolates you, not living the way you're used to living"	
• "You're a slave to the joint"	
B. Function: Regaining range of motion/mobility/able to carry out ADL (activities of daily living)	52
• "Has some emotional impact – when I was able to put my socks on without pain for the first time I had tears in my eyes"	
C. Quality of life: Ability to have a normal life	40
• "Before captive to the pain and immobility, now have an ability to be participating in life"	
D. Adverse events: Not feeling the fear of infection or set back/long term good outcomes	16
• "It's a horrible thing (infection), it's a sin that happens"	
E. Revision: Longevity, no repeated replacement of joint in my lifetime	2
• "The useful life of the replacement"	
F. Optimization of post-operative care: having a short recovery period	6
• "Prepared for a lengthy recovery – was not an issue, expected a year"	
G. Education: What to expect with healing	2
• "Know what to expect after surgery"	
*combined votes; NG= nominal group	

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PRELIMINAR STUDY OF THERAPY ADHERENCE CONTROLLED BY PRESCRIPTION OF MEDICATION AND SELF-PERCEPTION ADHERENCE OF INFLAMMATORY CHRONIC DISEASE PATIENTS

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Background: The absence of therapy adherence is a public health problem and leads to negative consequences in inflammatory chronic diseases. The measurement of therapy adherence has demonstrated effectiveness on the improvement of compliance, but it is difficult to estimate because it is based on indirect measurements. With high probability there will be discrepancies between different measurements.

Objectives: To estimate the discrepancies between therapy adherence controlled by prescription of medication, Morisky-Green test and self-perception adherence patients under biological subcutaneous treatment or under JAKinhibitors oral treatment.

Methods: Observational study including inflammatory chronic disease patients under biological subcutaneous treatment or under JAKinhibitors oral treatment, selected consecutively. We performed a preliminary stage where patients were contacted by telephone and after that the questionnaire was sent to the email address they provided. The questionnaire included Morisky-Green test and a self-perception adherence scale (0-10). Data about dispensation of medication was collected from the pharmacy service. We defined as "adherent patient" a dispensation rate over 80%.

Results: 54 patients were contacted, and 37 of them full-filled the questionnaire. 28 full-filled the online questionnaire but the other 9 preferred the paper format. The patients from the online format questionnaire had a mean age of 50.86 years (range 22-74), and patients of paper format questionnaire had a mean age of 61.38 years (38-71).

We observed a high proportion of patients with university studies among those who preferred the online format.

21 of the patients surveyed had rheumatoid arthritis, 7 psoriatic arthritis, 7 ankylosing spondylitis and 1 juvenile idiopathic arthritis. 21 were under subcutaneous biological therapies and 16 under oral JAKinhibitor therapies. From the 37 patients, 64.8% took 2 or more pills daily.

among the 37 surveyed patients a discrepancy between therapy adherence controlled by dispensation of medication and adherence by Morisky-Green was observed (94.6% vs 72.97%, P<0.005). Moreover, 72.97% of patients considered easy or very easy to follow the prescribed therapy, and in the self-perception adherence scale the 54.05% of them scored 10, the 21.62% scored 9, the 21.62% scored 8 and the 2.7% scored 6. among the analyzed factors which may affect the therapy adherence, the oral route of administration showed more adherence rate controlled by dispensation of medication (P=0.019) and with Morisky-Green adherence rate (P=0.016). No other association with other factors as age, gender or time of disease evolution was observed.

Conclusion: Younger patients and those with university studies preferred to full-fill the online questionnaire. A discrepancy between therapy adherence controlled by dispensation of medication and adherence by Morisky-Green was observed. Moreover oral route of treatment showed more therapy adherence than subcutaneous route of treatment.

Even if the patients are not self-considered as 100% adherents (Morisky-Green), a tendency to collect the medication on a regular basis was observed. This seems to indicate that instead of the controlled dispensation of medication by Pharmacy, patients with lower therapy adherence will collect all the medication.

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