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AB1306 PILOT STUDY OF ADHERENCE IN PATIENTS WITH RHEUMATOLOGICAL DISEASES AUTOIMMUNE

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Background: Data on adherence in patients with autoimmune rheumatological diseases are limited.

Objectives: To analyze the adherence to treatment in patients with autoimmune rheumatological diseases.

Methods: A cross-sectional study was performed in patients from the Complejo Hospitalario Universitario de Pontevedra with diagnosis of systemic lupus erythematosus (SLE), Sjögren's Syndrome (SS) and Systemic Sclerosis (SE).

The patients filled an anonymous survey that included data about demographic, diagnosis and treatment. Adherence to treatment was assessed using the Spanish Compliance Questionnaire in Rheumatology (sCQR). [1] Likewise, a linear regression analysis was carried out in order to identify factors related to adherence to treatment. A significant value was considered as $p < 0.05$. Stata version 11.1 (Stata/IC 11.1 for Windows, Stata-Corp LP, College Station, TX) was used to perform all analyzes.

Results: A total of 44 patients participated in the study, although 90.9% of the surveys carried out could be used for the analysis. A total of 25 (62.5%) SLE, 9 (22.5%) SS and 6 (15.0%) SE patients participated. There were 82.5% of women and the mean age was 48.9 ± 12.8 (See Table 1). According to the sCQR 82.5% were compliant patients. None of the studied variables was associated with the adherence rate: sex ($p = 1.000$), age (0.134), time of evolution ($p = 1.000$), level of education ($p = 0.677$), marital status (0.392), illness ($p = 1.000$), number of drugs ingested per day ($p = 0.873$), treatment with steroids ($p = 0.679$) or anti-malarials ($p = 1.000$).

Conclusion: The adherence rate in our cohort was 82.5% higher than previously reported in other studies. [2,3] The sCQR could be a useful and easy-to-apply tool for the study of adherence in these patients.

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Table 1. Clinical and sociodemographic characteristics of the patients

	N=40		N=40
Age (years), mean, n (%)	48.9 ±12.8	Evolution, n (%)	
Sex (women), n (%)	40 (82.5)	• < 1 year	2 (5.0)
Marital status, n (%)		• 1-2 years	3 (7.5)
• Single	14 (35.0)	• 2-5 years	8 (20.0)
• Married	25 (62.0)	• > 5 years	27 (67.5)
• Widows/Widower	1 (2.5)	• Number of drugs ingested per day, n (%)	
Education, n (%)		• 1	9 (22.5)
• None	3 (7.5)	• 2	5 (12.5)
• Primary	13 (32.5)	• 3	11 (27.5)
• Secondary	10 (25.0)	• 4	4 (10.0)
• Superior/University	1 (2.5)	• 5	2 (5.0)
Occupation, n (%)		• >5	9 (22.5)
• Student	1 (2.5)	Treatments, n (%)	
• Unemployed	2 (10.0)	• Antimalarial	21 (52.5)
• Active	20 (50.0)	• Steroids	14 (35.0)
• Job loss	1 (2.5)	• Methotrexate	5 (12.5)
• Retirement	8 (20.0)	• Azathioprine	1 (2.5)

Diagnosis, n (%)	Rituximab	1 (2.5)
• SLE	25 (62.5)	
• SS	9 (22.5)	
• SE	6 (15.0)	

Disclosure of Interests: None declared

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AB1307 STUDY OF CONCORDANCE AND EQUIVALENCE AMONG BARTHEL, LAWTON, HAQ AND BASFI QUESTIONNAIRES IN RHEUMATOID AND SPONDYLOARTHRITIS PATIENTS

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Background: Assessment of functional capacity of patients is usually performed using disease-specific questionnaires for rheumatoid arthritis (HAQ) and for axial spondyloarthropathies (BASFI). However, frequently non disease-specific, general indexes such as Barthel and Lawton-Brody (LB) are used to establish disability in legal environments and in emergency rooms. Few studies have compared specific vs. generic questionnaires in rheumatic patients (1).

Objectives: To assess the equivalence between disability questionnaires of generic type, applicable to general population and various diseases (Barthel and LB), with specific questionnaires for rheumatic diseases (HAQ and BASFI).

Methods: A cross-sectional study was conducted in consecutive outpatients with inflammatory rheumatic diseases (rheumatoid arthritis, psoriatic arthritis, spondyloarthropathies) in usual daily clinical practice in a rheumatology clinic of a tertiary hospital.

The patients self-completed the questionnaires (Barthel, LB, HAQ, and BASFI) in a single session. HAQ was only filled by peripheral arthritis patients, while BASFI was only given to spondyloarthropathy subjects. Scores were also computed for SDAI, DAS28 and BASDAI in most patients. Intraclass correlation was used to measure concordance between questionnaires.

Results: A total of 214 patients were studied. There was good correlation between the scores of the indexes studied, especially between the two general questionnaires ($R = 0.45$ $p < 0.01$). We observed a high ceiling effect in the scores of both Barthel, (70% of patients obtained values > 95 over a maximum of 100) and Lawton-Brody (60% had values > 23 over a maximum of 24) tests. The disease-specific questionnaires showed a less skewed distribution. The agreement between Barthel's and Lawton's tests was significant when measured by the intraclass correlation ($R = 0.48$ $p < 0.01$). However, we could not find any significant correlation between the generic questionnaires and the HAQ questionnaire or the BASFI ($R < 0.3$).

Conclusion: The Barthel and Lawton-Brody indices show an important ceiling effect in rheumatic patients, and seem to evaluate dimensions of health other than rheumatic questionnaires such as HAQ and BASFI, and thus they are not interchangeable. This point must be taken into account when performing medicolegal or emergency room assessments. Our result is in line with other previous studies(1)

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AB1308 FAILURE TO BIOLOGICAL THERAPY: WHEN TO EXPECT IT?

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Background: Using Biologic agents, has considerably improved the treatment of inflammatory diseases. But it is associated to the capacity of inducing an immune response in patients that could result in unwanted adverse events or treatment failure.