Figure 2. Predictors of Survey Response

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THU0640 EARLY RETIREMENT ATTRIBUTED TO RHEUMATOID ARTHRITIS AND ITS PREDICTORS IN PORTUGAL

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Background: Work disability is a common consequence of Rheumatoid Arthritis (RA) with economic implications for both the patient and society. Scarce information is available on work and disease-related factors associated with early retirement in Portugal.

Objectives: To evaluate the rate of early retirement due to RA. Secondary aim consists in the identification of its main predictors, both work and disease-related.

Methods: Retrospective cohort study involving two national rheumatology centers, including patients with RA according to the ACR/EULAR 2010 or the 1987 ACR Classification Criteria for RA. Patients retired prior to RA diagnosis, never-employed or with missing information on current work status were excluded. Type of work was independently classified as non-manual/manual/heavy manual by two authors based on patient's occupation with excellent inter-agreement (Cohen's kappa coefficient 0.91). Retirement due to RA versus retirement for other reasons were compared using T-test and Chi-2 test as adequate. Variables with $p < 0.05$ in univariate analysis and other potential predictors selected on clinical and epidemiological grounds were included in multivariable binary logistic regression.

Results: 492 patients were included (80.3% female, aged 60.9 ± 13.1 years-old, mean disease duration 15.9 ± 10.5 years). Until the present time, 45.1% (n=222) of the patients retired, this being due to RA in

59.5% of the cases. Early retirement due to RA translated into 6.5 years of active work lost, compared to retirement due to other causes. Patients who retired due to RA are more likely to be younger at diagnosis (49.6 ± 9.0 vs. 56.1 ± 8.6 years-old; $p < 0.01$), female (82.6% vs. 68.9%, $p < 0.01$), have longer disease duration (23.2 ± 10.7 vs. 18.3 ± 9.9 years, $p < 0.01$) and lower educational level (4.5 ± 2.3 vs. 6.0 ± 4.1 school years, $p < 0.01$). In the multivariate analysis, disease-related predictors for early retirement were: disease duration (OR: 1.11; 95% CI 1.08-1.13/year), erosive disease (OR: 4.45 95% CI 2.37-8.35) and the need for biologic therapy switching (OR: 1.37; 95% CI 1.02-1.83). Work-related predictors were: educational level (OR: 0.75; 95% CI 0.68-0.81/year) and heavy manual type of work (OR: 1.62; 95% CI 1.16-2.26).

Conclusion: Early retirement is still common among patients with RA: 60% in this cohort. The main reasons for early retirement are associated with the disease itself, but work-related factors also play a relevant role.

REFERENCES:

- [1] P. A. Laires, M. Gouveia. Association of rheumatic diseases with early exit from paid employment in Portugal. *Rheumatol Int* (2014) 34:491–502.
- [2] K. Puolakka, H. Kautiainen, T. Mottonen, P. Hannonen, et al. Predictors of productivity loss in early rheumatoid arthritis: a 5 year follow up study. *Ann Rheum Dis* 2005;64:130–133.
- [3] D. Lacaille, S. Sheps, J. J. Spinelli, A. Chalmers, J. M. Escaile. Identification of modifiable work-related factors that influence the risk of work disability in rheumatoid arthritis. *Arthritis Rheum*. 2004 Oct 15;51(5):843-52.

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THU0641 USE OF A WEB-BASED RHEUMATOLOGY PATIENT MANAGEMENT PORTAL

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Background: The benefit of incorporating tele-rheumatology into standard care is increasingly recognised. In January 2017, we introduced a web-based Rheumatology Patient Management Portal (RPMP), developed by MedMet, to our rheumatology patients at the North Devon District Hospital. In 2018 the portal service was fully operational. Suitable patients included undifferentiated inflammatory arthritis, rheumatoid arthritis, psoriatic arthritis and spondyloarthritis. Patients were consented to collected data such as diagnosis, treatment and disease activity onto the RPMP. For a selected group of patients who agreed to their email use, we set up schedules in the form of email reminders for them to complete PROMs (patient reported outcome measures) such as Health Assessment Questionnaire, Spinal Pain, Bath Ankylosing Spondylitis Disease Activity Index and Work Productivity and Activity Impairment. Patients can also report disease flares electronically, which is acknowledged by a health care professional who will contact them with advice as necessary.

Objectives: To understand patient participation in the use of the RPMP, between 01.01.18 and 31.12.18.

To develop a cohort of clinically stable patients who can self-manage via RPMP use and scheduled PROMs. The potential to remotely manage these patients has the advantage of reducing the number of face-to-face clinic appointments and eventually will lead to setting up a virtual clinic.

To examine patient perception on the RPMP use.

To examine whether tele-rheumatology is a useful adjunct to standard care.

Methods: The data was collected from interrogating the web-based RPMP database. Specific data was reviewed including; total number of patients on the portal, number of patients consenting to use their email, number of PROMs completed on the RPMP, number of flares reported and time to acknowledgment. In order to gain further understanding of user experience, a survey questionnaire (figure 1) was sent on 14.01.19.

Results: In total we have 883 patients recruited to the RPMP.

During the study period of one year, 289 patients have consented to share their emails and set up schedules. Therefore 33% of patients on the RPMP are using their emails through 2018. 310 patients responded to their portal request to complete a schedule. 758 PROMs were completed as part of the schedule response. 1744 PROMs were completed face to face whilst in standard clinic review. Therefore, 30% of PROMs were completed through a scheduled response. 55 patients contacted us through the RPMP to report a flare. The average time to acknowledging a flare is 37 hours. 78% of flare reports were acknowledged within 3 days. Results from the survey of patient experience as follow: number of patients responded to the survey was 99 and response rate was 34%.