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HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

THU0701-HPR "TO REGAIN ONE'S HEALTH" – PATIENTS' PREFERENCES OF TREATMENT OUTCOMES IN EARLY RHEUMATOID ARTHRITIS – A QUALITATIVE STUDY

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Background: Rheumatology care strives to identify and meet the needs of the patients, and to understand disease and treatment impact from the patients' perspective. A better understanding of patients' expectations from the treatment is needed to enable a patient centered approach in clinical practice and a shared-decision making as recommended in the EULAR treatment recommendations for rheumatoid arthritis (RA). Understanding of patients' expectations in the early stage of the RA disease may facilitate adherence to treatment, patient independence and prevent unmet needs in the future.

Objectives: To explore patients' preferred treatment outcomes in early rheumatoid arthritis (eRA).

Methods: A qualitative, explorative study. Individual interviews were conducted with 31 patients with eRA, defined as disease duration of ≤ 1 year and disease-modifying antirheumatic drugs (DMARDs) treatment for 3-6 months¹. Interviews were analyzed using a constant comparison method according to the Qualitative Analysis Guide of Leuven (QUAGOL) and lasted in a core category and four related concepts.

Results: The patient-preferred treatment outcomes in eRA were described in the core category "to regain one's health" and the four related concepts: to experience external control of the disease, to experience independence, to regain identity and to experience joy in everyday life. The patients expected to experience external control of the disease by the given treatment to regain one's health. It was perceived as controlling the symptoms and as absence of disease. Independence was perceived as regaining former activity levels, experiencing autonomy and using active coping strategies. Patients wanted to regain identity through participation, empowerment and their self-image. Joy in everyday life was perceived as vitality and believing in the future.

Conclusion: Patients' preferred treatment outcomes in eRA were to regain one's health including both external and internal control. External control as disease control and independence as well as internal control as identity and joy in everyday life. The results from this study can assist healthcare professionals to better understand patients' preferred treatment outcomes early in the disease process and to tailor the interventions accordingly to improve long term treatment outcome.

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THU0702-HPR PATIENT UNDERSTANDING OF RISKS OF METHOTREXATE AND ANTI-TNF THERAPY: A CROSS-SECTIONAL STUDY

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Background: Disease-modifying anti-rheumatic drugs (DMARDs) have revolutionised the management and long-term prognosis of rheumatoid arthritis (RA).¹ Side-effects of DMARDs include, but are not limited to: immunosuppression, gastro-intestinal upset, skin reactions and headaches. Despite the significant potential side-effects of DMARDs, there have been limited attempts to evaluate patient understanding of the side-effects of methotrexate (MTX)^{2,3} and to our knowledge no studies with regards to anti-tumour necrosis factor (anti-TNF) therapy.

Objectives: To evaluate the extent to which each of the known side-effects of MTX and anti-TNF therapy can be identified by patients receiving single or combination therapy for RA.

Methods: This was a cross-sectional study conducted in a rheumatology centre in the West of England. Patients with RA, seen in the outpatient clinic within the previous 18 months were invited to participate. Participants had to belong to one of the following treatment groups: (i) MTX only (ii) anti-TNF only or (iii) combined treatment with MTX and an anti-TNF. A postal questionnaire designed by the research team was used to obtain the data. Each participant was asked to (a) select side-effects they considered to be possible from their treatment, (b) tick if they had experienced this side-effect, and (c) select whether they believed this side-effect to be common or not. Descriptive analyses were used to determine the proportion (percentage) of patients who correctly identified the possible side-effects, correctly identified them as common, and had experienced them. Summary results are presented as ranges (minimum to maximum) and their corresponding percentages.

Results: Of the 300 patients invited, 119 returned a completed questionnaire; 48 (40%) on MTX only, 25 (21%) on anti-TNF only and 46 (39%) on combined MTX and anti-TNF. Their mean (SD) age was 62.5 (12.8) years, disease duration 13.5 (12.4) years, 111 (93%) had completed compulsory education and 94 (79%) were female. Most participants (115, 97%) spoke English as their first language.

Correct identification of each possible side-effect ranged from 29% to 63% of participants in the MTX only group, 15% to 41% of participants in the anti-TNF only group and 18% to 62% of participants in the combined MTX and anti-TNF group. Correctly recognising these as common ranged from 13% to 52% of participants in the MTX only group, 4% to 35% of participants in the anti-TNF only group and 8% to 64% of participants in the combined MTX and anti-TNF group. Of those correctly identifying possible side effects, 22% to 55% of participants in the MTX only group, 1% to 25% of participants in the anti-TNF only group and 8% to 56% of participants in the combined MTX and anti-TNF group reported experiencing them.

Conclusion: Our data suggests that a considerable number of patients are unable to correctly identify the most common side-effects of DMARDs used in RA management. Effective patient education and involvement in treatment decision-making will allow patients to be more aware of potentially serious side-effects of DMARDs.

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