Background: Polymyalgia rheumatica (PMR) is the most common inflammatory rheumatic disease of people over 50 years in Scandinavian countries and people of northern European descent, characterized by proximal pain, stiffness, raised inflammatory markers and prompt response to steroids(1). Relapse free during tapering off prednisone, are common in approximately 50% of patients. Studies reported that up to 70% of PMR patients are successfully tapered of prednisone due to remission, within 1-2 years from treatment initiation (1). Telemedicine has found a wider application in a number of chronic diseases resulting in a decreased number of hospital visits; however, no telemedicine studies on PMR patients have been performed before (2).

Objectives: To evaluate the use of telemedicine consultation in newly diagnosed PMR patients.

Methods: Telemedicine consultations managed by rheumatic nurses for newly diagnosed PMR patients was established in 2017 at our department. Patients diagnosed with PMR by a rheumatologist received written information concerning the nature of the disease, a “follow-up” schedule and a prednisone treatment/tapering plan. Telephone consultations (TC) including relevant blood analysis was planned after 4, 16, 52 and 78 weeks from the time of diagnosis. TC was managed by 4 nurses specialized in rheumatic diseases, who received appropriate education of PMR prior to the establishment. A predefined questionnaire was used for every telephone consultation.

All PMR patients were initially treated with 15mg of prednisone daily, with slowly tapering to 5mg daily at week 16 and reduced to zero at week 48. In the case of relapse symptoms, patients were instructed to contact the treating nurses. In that case, relevant biomarkers were taken and a rheumatologist evaluated the need for a physical consultation and potential treatment adjustment.

Only patients with minimum disease duration of 3 months were included in the study.

Results: In a period of two years, 76 patients were evaluated. The mean age was 73 years and the mean follow up period was 10, 67 ± standard deviation (SD) 5.2 months. At the time of diagnosis, all patients fulfilled the 2012 Classifications criteria for PMR (3). The Mean number of TC was 4.27 (± SD 2.3). In 45 cases (60%) no additional physical consultation was necessary. In patients examined physically due to relapse suspicion, the most common findings were PMR relapses (66%), followed by non-inflammatory muscle and joint pain (18.5%), arthritis (14%), while one patient was diagnosed with giant cell arteritis.

Successfully prednisone tapering was achieved in 23 cases (30%) while 27 patients (35.3%) at the time of data evaluation were treated with only 2.5mg of prednisone daily. The mean currently prednisone dosage was 3.89 mg (± SD 3.25) while disease-modifying anti-rheumatic drugs were initiated in 6 patients.

Conclusion: Telemedicine consultations in PMR diminish the need for physical consultations in this patient cohort. More than half of all patients were either out of- or received only a very low dose of prednisone at the time of evaluation data.

References:

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Advances in treating SLE and lupus nephritis

Hydroxychloroquine blood levels and risk of thrombotic events in systemic lupus erythematosus

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Background: Hydroxychloroquine (HCQ) has a primary role in the treatment of systemic lupus erythematosus (SLE). Beyond its pleiotropic immunomodulatory effects on Toll-like receptor and type I interferon signaling, HCQ use has been found to be protective for thrombosis in SLE (1). Optimal dosing of HCQ in SLE is unknown. The longitudinal measurement of HCQ blood levels may provide an opportunity to individualize weight-based dosing strategies and reduce risk of toxicity.

Objectives: To investigate the association of HCQ blood levels with thrombotic events in a longitudinal SLE cohort.

Methods: 812 SLE patients with HCQ blood level measured prior to the thrombotic events were included: 93% Caucasian, 43% African American, 4% Caucasian. HCQ blood levels were quantified by liquid chromatography-tandem mass