introduced in British Columbia in 2001-2002, may have effectively reduced the need for arthroplasty in RA and AS.

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HPR Epidemiology and public health (including prevention)

SAT0606-HPR

HOW DO THE PATIENTS THAT DECLINE TO PARTICIPATE IN A LIFESTYLE INTERVENTION STUDY DIFFER FROM THOSE WHO ACCEPT? A REGISTER-BASED CROSS-SECTIONAL STUDY.

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Background: A recently conducted randomized controlled trial (Joint Resources Sedentary Behavior Intervention study (JR-SB)) aimed to reduce sedentary behavior and increase light-intensity physical activity in patients with rheumatoid arthritis (RA). Patients were recruited from a rheumatology outpatient clinic and the intervention consisted of three motivational counselling sessions followed by text message reminders. The results showed highly significant between-group differences on behavioral, patient-reported and cardio-metabolic outcomes, both on a short- and long-term basis (1;2). Since a relatively large fraction (58%) of invited patients initially declined to participate in the trial, we decided to explore if and how the declining patients differed from the included patients. The findings may inform which patient characteristics to consider in implementing a lifestyle intervention in clinical practice.

Objectives: To compare socio-demographic, clinical and lifestyle factors between included patients and patients declining to participate in the JR-SB study at the time where study inclusion commenced.

Methods: We conducted a retrospective register-based cross-sectional study. All patients with RA, who had been invited to participate in the JR-SB study during 2013-2014 were identified in the DANBIO registry. Patients' clinical and lifestyle data were also retrieved from DANBIO while data on socio-demography was extracted from Statistics Denmark. Differences between participants and decliners were determined by an independent t-test or chi-square test.

Results: Of invited patients (n=801), a total of 467 (58%) declined participation in the JR-SB study during 2013-2014. See Table 1 for characteristics and comparison of participants and decliners.

Table 1. Participants' and decliners' characteristics; (n (%) unless otherwise stated)

	Participants (n=150)	Decliners (n=467)	P-value (χ^2)
Women	121 (80.7)	358 (76.7)	0.30
Age (years), mean (SD)	58.5 (11.7)	60.8 (12.9)	0.045 ^a
Living with partner	96 (64)	293 (62.7)	0.78
Working	57 (38)	157 (33.6)	0.15
RA duration (years), mean (SD)	13.8 (11.1)	13.7 (10.8)	0.92 ^a
Pain (VAS), mean (SD)	34.4 (21.8)	29.1 (24.5)	0.046 ^a
Fatigue (VAS), mean (SD)	44.2 (26.0)	39.5 (28.4)	0.14 ^a
Smoking	(n=61)	(n=220)	0.041
	27 (44.2)	130 (59.1)	
Regular exercise (min 1-2 times/week)	(n=29)	(n=89)	0.026
	23 (79.3)	50 (56.2)	

VAS – Visual Analogue Scale

Numbers in bold indicate the total number of responders on smoking and exercise status

^a Determined by an independent t-test

Conclusion: Patients who declined to participate in a randomized controlled trial aiming at reducing sedentary behavior were often smokers, had less regular exercise habits and were older than those who accepted to participate. This indicates that the intervention did not appeal to all patients with RA. The findings should be considered in the implementation of lifestyle interventions in clinical rheumatology practice.

References:

[1] Thomsen T et al. Ann Rheum Dis 2017 Sep;76(9):1603-6.

[2] Thomsen T, et al. Arthritis Care Res (Hoboken) 2019 Sep 10.

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HPR Service developments, innovation and economics in healthcare

SAT0607-HPR

MULTIDISCIPLINARY CARE CLINIC FOR PATIENTS WITH IMMUNITY MEDIATED INFLAMMATORY DISEASES. FIRST YEAR OF COORDINATED MANAGEMENT

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Background: Patients with immunity mediated inflammatory diseases (IMID) often have clinical manifestations and comorbidity in the field of various medical specialties. A center has been created in our hospital for the comprehensive care of patients with IMID who are being treated with biological therapies (BT) or targeted synthetic molecules (TSM). It is an innovative healthcare model, that incorporate patients into its governance. Physicians, pharmacists and advanced practice nurses (APN), collaborates in consultation or in the day hospital (DH).

Objectives: To analyze the activity developed during the first year of operation of the center, with special attention to effectiveness, efficiency, interdisciplinary relationships and patient satisfaction.

Methods: Observational analysis with indicators of management and monitoring of patients, care activity, effectiveness, adverse effects, resource consumption and patient satisfaction using the hospital's own information systems.

Results: Center staff during 2019: two admission assistants, one nursing assistant, six nurses, seven part-time doctors and three pharmacists. 1,490 patients were included: 694 (46.6%) Rheumatology (Rheu), 585 (39.3%) Digestive (Dig) and 211 (14.1%) Dermatology (Der) generated 11,363 medical consultations, 14,850 APN consultations and 3,920 treatment sessions in the DH. IV treatment 529/1490 (35.5%) patients (45.0% Reu, 53.9% Dig, 1.1% Der). Patients with rheumatic diseases: rheumatoid arthritis: 339/694, 48.8%; Spondyloarthritis: 226/694, 32.6%; psoriatic arthritis: 117/694, 16.9%; and juvenile idiopathic arthritis: 12/694, 1.7%. 217/1490 (14.6%) patients needed multidisciplinary consultations.

Table 1. shows the most relevant indicators and table 2 shows the patient satisfaction survey for 2019.

Table 1. relevant indicators

	RHEU	DIG	DER
On demand consultations 2019 %	21.0%	34.2%	14.3%
Teleconsultations 2019 %	17.8%	41.9%	0.0%
BT, TSM tapering. %			
2019	31.9%	0.2%	45.5%
2018	18.9%	0.2%	13.4%
BT, TSM intensification. %			
2019	5.8%	35.2%	0.5%
2018	2.6%	36.5%	0.5%
Biosimilars %			
2019	43.1%	48.5%	15.9%
2018	30.4%	4.0%	12.1%
Adherence>90% 2019 %	89.4%	91.7%	86.4%
Remission 2019 %	47.8%	67.3%	78.5%
hospital admission, any cause pat-years			
2019	1.4	1.7	0.1
2018	1.5	1.5	0.04
emergency admission, any cause pat-years			
2019	2.1	2.1	1.6
2018	2.1	2.0	1.5

Table 2. patient satisfaction survey

Categoría	Mean and (DS) 1-5
General aspects of the center	4.3 (0.9)
Physicians	4.5 (1.1)
DH and APN	4.5 (1.2)
Pharmacy	4.6 (0.9)
Health professional coordinator	4.4 (0.9)
Hospital global satisfaction	4.3 (0.8)

Conclusion: From previous situation there is an increase in interdisciplinary consultations and HD activity maintenance without an increase in human resources. Efficiency (tapering, biosimilars) and patient and staff satisfaction have improved. However, no improvement in adverse effects has been

observed, which is an area of improvement. Effectiveness is good, waiting to compare with the previous year. Nutrition and preventive medicine consultations has not been evaluated because have been recently established. Other indicators are being analyzed at the end of the submission deadline.

The impact of this pioneering management model, with a holistic approach and incorporating patients into its governance, is difficult to measure until its implementation is completed. Uveitis and psychology consultations and patient school starting in 2020 will improve the quality of IMID patient care, as well as their satisfaction and that of their relatives.

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HPR Interdisciplinary research

SAT0608-HPR

EULAR POINTS TO CONSIDER FOR THE DETECTION, ASSESSMENT AND MANAGEMENT OF NON-ADHERENCE IN PEOPLE WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES

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Background: Non-adherence to medication and non-pharmacological interventions precludes reaching an optimal outcome. 30 to 80% of patients with rheumatic and musculoskeletal diseases (RMDs) do not adhere to their recommended treatment regimens.

Objectives: The objective of this EULAR task force was to establish recommendations/points to consider (PtC) for the detection, assessment and management of non-adherence in people with RMDs.

Methods: A EULAR task force (TF) was established, and the EULAR standardised operating procedures for the development of PtCs were followed. The TF included rheumatologists, health professionals in rheumatology (HPRs), and patient-representatives from 12 countries. A systematic literature review of reviews was conducted in advance to support the TF in formulating the PtC. Agreement was obtained by Delphi technique in three rounds (0-10 rating scale).

Results: A definition of adherence, 4 overarching principles and 9 PtC were formulated (table).

Conclusion: The PtCs can help health-care providers to support people with RMDs to adhere to the agreed treatment plan.

Table. Overarching principles and points to consider.

Definition of Adherence		
Adherence is defined as the extent to which a person's behaviour corresponds with the agreed prescription.		
Overarching principles		Agreement
1	Adherence impacts the outcomes of people with RMDs.	99
2	Shared decision making is key, since adherence is a behaviour following an agreed prescription.	96
3	Adherence is influenced by multiple factors.	98
4	Adherence is a dynamic process that requires continuous evaluation.	96
Points to consider		Agreement
1	All HCPs involved in the management of people with RMDs should take responsibility for promoting adherence.	99
2	Effective patient-health professional communication should be applied to enhance adherence.	99
3	Barriers and facilitators of adherence of a specific patient to a specific prescription should be appropriately evaluated.	95
4	Patient education should be provided for people with RMDs as an integral part of standard care.	96
5	Care should be tailored to patient preferences and goals to enhance adherence.	98
6	Adherence should be discussed regularly based on open questions and particularly when disease is not well controlled.	99
7	The HCP should explore which factors might negatively influence adherence, including: opportunity (e.g., availability or cost), capability, (e.g., memory problems), motivation (e.g., concerns).	94
8	Together with the patient, the HCP should tailor the approach to overcome individual barriers to adherence, e.g., - simplifying the regimen, - using reminders, - providing education, - discussing the patient's beliefs on treatments.	98
9	When specific expertise or interventions for adherence are needed, they should be made available to patients.	98

HCP, health-care providers; RMDs, rheumatic and musculoskeletal diseases

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HPR Interventions (educational, physical, social and psychological)

SAT0609-HPR

DELPHI CONSENSUS FOR THE OPTIMAL TREATMENT & MANAGEMENT OF COMPLEX RHEUMATOID ARTHRITIS (RA) PATIENTS

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