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

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SATURDAY, 06 JUNE 2020

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.

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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