Table 1. GS and PD scores compared by main locations and RUE-Score [showed as median (IQR)].

Score	No progression (n=28)	Progression to IA (n=21)	P
GS global	5.5 (2-11)	11 (7-15)	0.005*
PD global	2 (1-3.25)	6 (2-10)	0.002*
ERO global	0 (0-0)	0 (0-0)	0.59
Carpi GS	1 (0-2)	3 (2-3)	0.002*
Carpi PD	1 (0-2)	1 (0-3)	0.16
MCP GS	1 (0-3.25)	2 (0-5)	0.08
MCP PD	0 (0-1)	1 (0-2)	0.03*
IPP GS	0 (0-1.25)	2 (0-3)	0.03*
IPP PD	0 (0-0.25)	0 (0-1)	0.3
MTP GS	0.5 (0-3)	2 (0-7)	0.08
MTP PD	0 (0-0)	0 (0-1)	0.02*
Wrist extensors GS	0 (0-0)	0 (0-1)	0.1
Wrist extensors PD	0 (0-0)	0 (0-0)	0.01*
Fibularis GS	0 (0-0)	0 (0-0)	1
Fibularis PD	0 (0-0)	0 (0-0)	0.06*
RUE GS	5 (2-6.25)	7 (5-10)	0.01†
RUE PD	2 (1-3.5)	5 (2-7)	0.01†

* Medians compared by Mann-Whitney U test. Statistical significance at a 95% CI. † Logistic regression analysis. Statistical significance at a 95% CI.

There were no significant associations between RF/CCPA positivity or CRP/ERS levels and US findings.

Conclusion: Patients with IA without arthritis that progressed to CA had significant higher GS and PD scores, hence showing the utility of US to predict disease progression. A RUE of 8 joints and 3 tendon compartments could be enough to achieve this goal.

Disclosure of Interests: Pablo Rodríguez-Merlos: None declared, Diana Peiteado: None declared, Irene Monjo: None declared, Laura Nuño: None declared, Alejandro Villalva: None declared, Marta Novella-Navarro: None declared, Torres Jenny Gabriella: None declared, Maria-Eugenia Miranda-Carus Grant/research support from: BMS, Roche, Paula Fortea-Gordo Grant/research support from: BMS, Eugenio de Miguel Grant/research support from: Yes (Abbvie, Novartis, Pfizer), Consultant of: Yes (Abbvie, Novartis, Pfizer), Paid instructor for: yes (AbbVie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi), Speakers bureau: yes (AbbVie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi), Alejandro Balsa Grant/research support from: BMS, Roche, Consultant of: AbbVie, Gilead, Lilly, Pfizer, UCB, Sanofi, Sandoz, Speakers bureau: AbbVie, Lilly, Sanofi, Novartis, Pfizer, UCB, Roche, Nordic, Sandoz

DOI: 10.1136/annrheumdis-2020-eular.6060

AB0222 HEALTH STATE UTILITY VALUES IN RHEUMATOID ARTHRITIS BY SEX, AGE AND DISEASE ACTIVITY: REFERENCE DATA FROM A COLOMBIAN COHORT OF 1,545 PATIENTS

D. Rojas-Gualdrón¹, J. C. Diaz-Coronado^{2,3}, D. Hernandez-Parra³, Y. Durango-Durango³, R. Pineda Tamayo³. ¹CES University, Facultad de Medicina, Medellín, Colombia; ²CES University, Departamento Medicina Interna, Medellín, Colombia; ³Artmedica IPS, Grupo de Información Clínica, Medellín, Colombia

Background: As the basis for quality-adjusted life years (QALYs) calculation, health state utilities are essential for health technology assessment and economic evaluation.

Objectives: To provide a reference value set of health state utility for patients with rheumatoid arthritis.

Methods: A cross-sectional study was conducted in 1,545 patients diagnosed with rheumatoid arthritis. Disease activity was evaluated with the DAS-28 score. Health state utility (HSU) was estimated with the EUROQOL-5D-3L, using as reference the Spanish-speaking Hispanic predicted preference weights for 243 EQ-5D health states. Mean HSU differences were analyzed with the generalized linear model. A p-value <0.05 was considered statistically significant.

Results: Patients mean age was 58.2 years (SD = 12.5), 82.4% were female. Disease activity was high in 137 (8.9%), moderate in 305 (19.7%) and low in 231 (56.4%) patients; 872 (56.4%) patients were in remission. HSU differed significantly by sex age and disease activity. Figures 1a (women) and 1b (men) shows the HSU by age and disease activity.

Figure 1. Health State utilities by sex, age and disease activity

Conclusion: The way patients value different health states according to their sex, age and disease activity must be considered in health technology assessment and economic evaluations of interventions for rheumatoid arthritis patients. We provide a reference set for Latin-American patients.

References:

- [1] Zarate V, Kind P, Chuang L-H. Hispanic Valuation of the EQ-5D Health States: A Social Value Set for Latin Americans. *Value in Health*. 2008;11(7):1170-7.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6256

AB0223 PHYSICIAN'S GLOBAL ASSESSMENT OF DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS IS A RELIABLE AND RESPONSIVE TOOL IN CLINICAL PRACTICE

L. Saraiva¹, L. Brites¹, A. R. Cunha², H. Assunção¹, A. R. Prata¹, M. Luis¹, F. Costa¹, P. Freitas¹, M. Sousa¹, J. A. P. Da Silva^{1,3}, C. Duarte^{1,3}. ¹Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal; ²Centro Hospitalar do Baixo Vouga, Aveiro, Portugal; ³Coimbra Institute for Clinical and Biomedical Research, Faculty of Medicine, University of Coimbra, Coimbra, Portugal

Background: Physician's global assessment of disease activity (PhGA) is highly influential upon treatment decisions taken by rheumatologists, surpassing the impact of DAS28. [1, 2]. However, data regarding its psychometric properties are scarce.

Objectives: To evaluate the reliability and responsiveness of PhGA.

Methods: We included two consecutive visits of RA patients followed in a Tertiary Rheumatology Department. Socio-demographic (age and gender) and clinical data were collected including tender (TJ28) and swollen (SJC28) joints in 28 count, C-Reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR), Disease activity Score (DAS28-3v-CRP, DAS28-3v-ESR, DAS28-4v-CRP, DAS28-4v-ESR), PhGA and Patient Global Assessment of disease Activity (PGA) through a Visual Analogic Scale (VAS) 0-100mm. Changes (Δ) between the two visits were calculated. Only patients without missing data were included. Correlations between Δ PhGA and change of other variables were assessed using Pearson's correlations. Reliability was evaluated through Intraclass Correlation Coefficient (ICC) between two consecutive appointments in a subgroup of patients with stable disease activity (Δ DAS28-4vESR [-0.6 to 0.6]). An ICC above 0.8 was considered indicative of excellent reliability. Sensitivity to change was assessed in the subgroup of patients who improved their disease activity at least 0.6 on DAS28-4v-ESR, through Standardized Response Mean (SRM). The respective intervals of confidence were obtained through bootstrapping procedures. SRM above 0.8 were considered large. Independent factors associated with Δ PhGA were identified through multivariate linear regression analysis. $p < 0.05$ was considered statistically significant.

Results: 121 RA patients (84.3% female and 64.0 ± 12.6 years) were included. Δ PhGA was weakly correlated with Δ CRP ($r=0.23$), Δ PGA ($r=0.31$) and Δ pain ($r=0.37$). Moderate to strong correlations were observed with Δ DAS28-3V-ESR ($r=0.55$), Δ SJC28 ($r=0.56$), Δ DAS28-3V-CRP ($r=0.58$), Δ DAS28-3V-CRP ($r=0.60$), Δ TJ28 ($r=0.62$) and Δ DAS28-4V-CRP ($r=0.63$). ICC between two consecutive visits was 0.7, [95%CI:0.47-0.83] and SRM was -1.01 [95%CI:-1.26-(-0.73)]. In the multivariate regression analysis, Δ SJC28 ($\beta=4.01$; 95% CI:3.07 to 4.96) and Δ Pain ($\beta=0.18$; 95%CI:0.07 to 0.28) remained as independent factors associated with Δ PhGA ($R^2:0.49$, $p<0.01$).

Conclusion: In this study, PhGA showed a high reliability and sensitivity to change regarding disease activity, in clinical practice. Changes in SJC had the strongest association with change in PhGA scoring, but Δ Pain was also significantly correlated (graph 1).