SUCCESSFUL COOPERATION WITH TARGET INSTITUTIONS IN SERBIA IN THE NEXT YEARS. WE WOULD LIKE TO IMPROVE THE COOPERATION WITH MEDICAL FACULTIES AND BECOME A PART OF EDUCATIONAL PROGRAMS. THE PEP WAS THE BEST WAY TO ACHIEVE THIS AIM.

OBJECTIVES: THE AIMS OF THIS KNOWLEDGE TRANSFER PROGRAMME WERE FOR US TO:

1. Fundraising
   - Learn how to gather more voluntary contributions of money and other resources. Following the knowledge transfer visits we will organise a seminar to disseminate information with the representatives of all our branches. After the seminar our activists will have been trained to collect money for different activities. Those activities will attract more members and provide better life for people with RMDs.

2. Patient Expert Program
   - Implement the Patient Expert Program. The implementation of this program would strengthen the connections with medical institutions, provide first-hand knowledge for future doctors, provide better care for RMDs patients in the future. The PEP will allow the organization to collaborate closer with the universities, the doctors, researchers, health professionals.

3. Cooperation among sister organisations
   - Develop strong relationships with the sisters EULAR organisations.

METHODS: From 4th September – 8th September 2018 we visited Swedish Rheumatism Association in Stockholm in order to gain insight into the structure and activities of their association. From 14th October-16th October 2019 Swedish delegation (president, two trainers) from Sweden came to Serbia in order to hold the exams. From 23rd January-26th January 2020 two trainers from Sweden came to Serbia to disseminate information with the representatives of all our branches.

RESULTS: Association of Rheumatic Diseases Patients of the Republic of Serbia now has six Patient Experts for RA. They will be involved in the education of future doctors through the lectures within the subject Intern Medicine. ORS improved cooperation with Faculty of Medicine in Belgrade, as well as, with Ministry of Health.

CONCLUSION: - We achieve to have six Patient Experts. Unofficially right now we have confirmation how they will be included in the education of future doctors through the lectures within the subject Intern Medicine in next school year at the Belgrade University.

- We reduced contribution of the pharmaceutical companies of our income for 10% to our budget.

- We increased donations from personal donors in past year.

DISCLOSURE OF INTERESTS: None declared

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Disease consequences

OP0262-HPR COST OF ILLNESS IN PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS. COEPSO STUDY


BACKGROUND: Psoriasis (Ps) and psoriatic arthritis (PsA) have a major impact on patients’ health-related quality of life. Cost of illness of patients with Ps, PsA and both diseases (PsA+Ps) is an important subject as they are associated with a substantial economic impact, with implications from a health management perspective.

OBJECTIVES: To describe the economic burden of direct non-healthcare and indirect resources of patients with Ps, PsA and PsA+Ps in Spain.

METHODS: COEPSO (“Evaluation of Costs in patients with Psoriatic Disease”) was an observational, retrospective, cross-sectional study performed in 22 Spanish centers (17 Dermatology and 14 Rheumatology Services), from February 2017 to February 2018, including moderate to severe Ps and PsA patients (with or without Ps), naive to biologics. Direct non-healthcare (social services, home care, physical adaptations, private health and non-health professionals, non-reimbursed and non-pharmaceutical therapies), indirect (loss of productivity) and total costs (direct non-healthcare and indirect costs) related to the disease during the previous year to the study were obtained. Unitary costs (€, 2018) were calculated: out-of-pocket costs were specified directly by patients and loss of productivity costs by means of average salaries based on occupation specified by patients. The information was collected through a case report form filled out by the investigators and a telephone survey administered to the patients.

RESULTS: A total of 318 patients were included (196 Ps; 43 PsA and 79 PsA+Ps), mean age 48.7 years and 51.3% males. Metabolic syndrome was the most frequent comorbidity in all groups. The average annual total cost per patient was 1,042.71€ (SD 3,817.55), 1,137.84€ (SD 3,070.39) and 1,830.26€ (SD 5,835.81) for Ps, PsA and PsA+Ps, respectively. The average annual direct non-healthcare cost per patient was 749.57€ (SD 2,393.77), 750.50€ (SD 1,641.82) and 1,247.56€ (SD 4,467.19) for Ps, PsA and PsA+Ps, respectively. The average annual indirect cost per patient was 293.14€ (SD 2,853.27), 387.95€ (SD 2,409.63) and 582.71€ (SD 3,842.12) for Ps, PsA and PsA+Ps, respectively. Patients with combined PsA+Ps had higher annual total cost (direct non-healthcare and indirect costs) than patients with only one of these manifestations separately (75.5% and 60.9% above patients with Ps and PsA, respectively). Total costs in patients with Ps and PsA were similar. Direct non-healthcare costs represent between 86.0% (patients with PsA) to 71.9% (patients with PsA) of total cost. Indirect costs represent between 28.1% (patients with Ps) to 34.0% (patients with PsA) of total cost.
Conclusion: PsA and Ps have proved to be diseases with a high economic burden, and the total costs were mainly driven by direct non-healthcare costs. Moreover, although annual total costs in patients with PsA were similar to those of Ps patients, the combination of both manifestations yielded the highest costs, suggesting the importance of the increased disease load.

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Mean (SD) or N (%)  No Stress Physical Psychological Both

<table>
<thead>
<tr>
<th></th>
<th>(N=628; 48%)</th>
<th>(N=131; 7%)</th>
<th>(N=658; 34%)</th>
<th>(N=216; 11%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>56 (15)</td>
<td>56 (15)</td>
<td>53 (14)</td>
<td>52 (15)</td>
</tr>
<tr>
<td>Women</td>
<td>622 (67%)</td>
<td>82 (63%)</td>
<td>512 (78%)</td>
<td>174 (81%)</td>
</tr>
<tr>
<td>College Education</td>
<td>464 (50%)</td>
<td>76 (58%)</td>
<td>345 (52%)</td>
<td>126 (58%)</td>
</tr>
<tr>
<td>Rheum Dis Comorbid Index</td>
<td>1.1 (1.2)</td>
<td>1.4 (1.4)</td>
<td>1.1 (1.3)</td>
<td>1.4 (1.3)</td>
</tr>
<tr>
<td>OA</td>
<td>166 (18%)</td>
<td>35 (27%)</td>
<td>117 (18%)</td>
<td>55 (20%)</td>
</tr>
<tr>
<td>Fibromyalgia diagnosis</td>
<td>15 (2%)</td>
<td>2 (2%)</td>
<td>13 (2%)</td>
<td>11 (5%)</td>
</tr>
<tr>
<td>Symptom duration (months)</td>
<td>5.6 (3.0)</td>
<td>5.7 (3.0)</td>
<td>5.9 (3.0)</td>
<td>5.9 (3.0)</td>
</tr>
</tbody>
</table>

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Background: There is considerable interest within the medical research community in the identification of individuals at risk of developing rheumatoid arthritis.