**OP0279** THE IMPACT OF A REFERRAL STRATEGY FOR AXIAL SpondyloArthritis: 12 MONTHS FOLLOW-UP OF PATIENT REPORTED OUTCOMES

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**Background:** Early recognition of axial spondyloarthritis (axSpA) patients is difficult for general practitioners within the large amount of chronic low back pain (CLBP) patients 1. As a result, several referral strategies have been developed to help physicians identify patients at risk for axSpA. Most referral strategies were developed in secondary care patients with no available data on their impact. The only referral strategy that was developed and validated in primary CLBP patients is the Case Finding Axial Spondyloarthritis (CaFaSpA) strategy, but required an impact analysis before implementation in daily clinical practice2-3.

**Objectives:** The purpose of this study was to assess the impact of using the CaFaSpA referral strategy on patient reported outcome measures (PROs) in primary care patients with CLBP at risk for axSpA.

**Methods:** A clustered randomized controlled trial was performed in a primary care setting in the Netherlands. (ClinicalTrials.gov Identifier: NCT01944163). Each cluster contained the general practices from a single primary care practice and their included patients. Clusters were randomized to either the intervention (use of CaFaSpA referral strategy) or the control group (usual care). Primary outcome was disability after 12 months. Secondary outcome was quality of life, pain and fatigue after 12 months. A linear mixed-effects model was used to explore the effects over time according to intention to treat analysis.

**Results:** In total 679 patients were included within 93 GP clusters. Sixty-four percent of our study population were female and mean age was 36 (7.5) years.

**Table 1. Mean change in PROs after 12 months in the intervention and control group**

<table>
<thead>
<tr>
<th>PROs</th>
<th>Intervention</th>
<th>Usual care</th>
<th>p-value</th>
<th>Intervention</th>
<th>Usual care</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>12 months</td>
<td></td>
<td>Baseline</td>
<td>12 months</td>
<td></td>
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<tr>
<td>EQ-5D mean (SD)</td>
<td>0.69 (0.26)</td>
<td>0.72 (0.27)</td>
<td>0.14</td>
<td>0.72 (0.24)</td>
<td>0.73 (0.25)</td>
<td>0.53</td>
</tr>
<tr>
<td>VAS-pain mean (SD)</td>
<td>5.03 (2.42)</td>
<td>4.68 (2.69)</td>
<td>0.07</td>
<td>4.96 (2.42)</td>
<td>4.65 (2.69)</td>
<td>0.02</td>
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<tr>
<td>VAS-fatigue mean (SD)</td>
<td>5.19 (2.50)</td>
<td>5.01 (0.21)</td>
<td>0.35</td>
<td>5.23 (2.45)</td>
<td>4.86 (2.73)</td>
<td>0.04</td>
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</tbody>
</table>

**Conclusion:** Although the functional disability due to pain reduces over time, there was no positive effect by referring based on the CaFaSpA model. Further data on PROMs for the axSpA patients are under investigation.

**References:**

**Disclosure of Interests:** None declared.

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