AB1151

COMPLIANCE/CONCORDANCE WITH MYCOPHENOLEATE MOFETIL IN PATIENTS WITH CONNECTIVE TISSUE DISORDERS IN COVENTRY.

A. Chauhan1, N. Lovell1, S. Dubey1, Coventry and Warwickshire, Rheumatology, Coventry, United Kingdom

Background: Connective tissue disorders like Systemic lupus erythematosus (SLE) are multi-organ systemic conditions characterised by disorder immune function. Mycophenolate Mofetil (MMF) is commonly used for treatment of SLE1 and other connective tissue disorders like Sjögren's syndrome, myositis and Scleroderma. Compliance with drugs remains a significant issue in management of these conditions and varying reports from across the world2,3 continue to show significant lack of concordance resulting in increased disease activity and damage.

Objectives: The aim of this study was to investigate the compliance/concordance specifically with MMF treatment among patients attending clinics at University Hospitals Coventry and Warwickshire NHS Trust (UHCW) with SLE and other connective tissue disorders.

Methods: Ethical approval was obtained through research and development department within the Trust. This is a retrospective study collating non-identifiable hospital pharmacy data in patients who requested the prescription for MMF drug between January 2015 and December 2018. Since MMF was required to be prescribed from the hospital (i.e. General practitioners within the region were unable to prescribe it), we have records for all prescriptions for these patients. We extracted information on sample size, frequency of prescription requested and length of follow up. Clinical data were obtained from paper and electronic notes of the patients. Data were analysed using the data analysis tool pack for linear regression, on Microsoft Excel package version 16.29.1.

Results: We recruited 144 patients into this study, (74%) of these are females. Age range for this group was 2-89 years, median age was 45 (±11.2) years with a mean (±SD) age of 35.6 (±11.2) years and a disease duration of 8.8 (±6.2) years. 73.1% were White British, the remaining included 8.3% Indian, 5.5% Pakistani, 2.7% Black British, 2% Caucasian, 2.1% Chinese, and 6.3% other. Overall, we had 54 patients with SLE and 90 Patients with other connective tissue disorders. Good compliance (81-100%) with MMF therapy was seen in 49 patients, (34%). Poor compliance (0-20%) was seen in 13 patients, (9%). We found a significant correlation between lack of compliance and risk of flares (r = 0.25, p < 0.002), displayed in Figure 1. We also found a significant difference in compliance patterns depending on diagnosis and also on age. SLE patients were 34% less compliant with MMF in comparison to other connective tissue disorders. Demographics suggested the degree of compliance increased with age. Patients between 40-69 years of age were 65% more compliant in comparison to the age 20-39 years (p < 0.002).

Conclusion: SLE and connective tissue disorder patients within Coventry continue to have issues relating to compliance/concordance with MMF treatment and this appears to be worse in patients with SLE and in the 20-39 years of age. These patients also appear to be getting flares hence, this remains a major problem in the management of these conditions.

References:
Background: Belgium

Belgium

ranging up to 15%.

is the high use of opioids, even excluding tramadol, in these populations

inflammatory rheumatic condition received mild pain medication (NSAIDs, inflammatory drugs compared to controls. Approximately 70% of patients with an

significantly more prescriptions for all types of analgesic and anti-inflammatory drugs use of these populations. The three conditions had statistically

controls on analgesic and anti-inflammatory drugs were compared by Chi-

the first 3 years after diagnosis is presented. Proportions of patients and

registers all electronic drug prescriptions by the GP . Anytime use of gluco-

to these codes corresponded to a diagnosis of RA/SPA/PSA. The date of

affected by stock rupture in our country. Secondly, this study shows the impor-

tion of a protocol, which helps systemise assessment of infectious risk before

biological therapy, by analysing thoroughly vaccination history and keeping it

updated. Lastly, shared responsibility between rheumatologists and infectiolo-

gists enables them to leverage their skills and focus, leading to ultimate gains for the patient. We hope this work motivates colleagues to start similar practices in their centres.

References:


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Table 1. 3-year analgesic and anti-inflammatory drug use in RA, SPA and PSA patients versus controls

<table>
<thead>
<tr>
<th>Medication</th>
<th>RA (%)</th>
<th>RA Control (%)</th>
<th>PSA (%)</th>
<th>SPA (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucocorticoids</td>
<td>241(33%)</td>
<td>348(13%)</td>
<td>25(14%)</td>
<td>29(14%)</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>465(62%)</td>
<td>156(39%)</td>
<td>161(70%)</td>
<td>340(37%)</td>
</tr>
<tr>
<td>Opioids</td>
<td>109(15%)</td>
<td>263(30%)</td>
<td>31(14%)</td>
<td>31(13%)</td>
</tr>
<tr>
<td>Tramadol</td>
<td>87(12%)</td>
<td>150(5%)</td>
<td>22(10%)</td>
<td>28(10%)</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>233(32%)</td>
<td>599(20%)</td>
<td>63(28%)</td>
<td>165(18%)</td>
</tr>
</tbody>
</table>

RA= Rheumatoid arthritis, PSA= psoriatic arthritis, SPA= spondyloarthritis. Total analgesic and anti-inflammatory drug use is the sum of NSAIDs, Tramadol and Paracetamol.

Conclusion: Frequent analgesic and anti-inflammatory drug use in patients with a chronic inflammatory joint condition is to be expected, and underlined by the results of our study. Remarkably is the high use of opioids, even excluding tramadol, in patients with RA, PSA and SPA in an era of effective disease modifiers, as well in the control population. Our data shows that around 9% of the Belgian population receives at least once over a 3-year period an opioid prescription. As our data only registers electronic GP prescriptions, this is likely to be an under-estimation of the true prescription proportion. Detailed analyses on dose and duration of analgesic and anti-inflammatory drugs will follow.

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Background: Rheumatoid arthritis (RA), psoriatic arthritis (PSA) and spondyloarthritis (SPA) are the most common inflammatory rheumatic diseases. Pain is the hallmark symptom in these conditions and pain relief is ranked first amongst preferred outcomes by patients. Level of analgesic and anti-inflammatory drug use is unknown in these populations in Belgium.

Objectives: To compare analgesic and anti-inflammatory drug use in patient populations of RA, PSA and SPA versus controls in a General Practitioners (GP) setting in an era of expanding treatment possibilities in rheumatology.

Methods: Data were obtained from Intego over a 13-year time interval from 1999 to 2012. Intego is a Flemish GP-based morbidity registration network hosted at the Academic Center for General Practice of the KU Leuven, covering 2% of the Flemish general population. Patients classified under the International Classification of Primary Care codes L88 (rheumatoid/sero-positive arthritis) and L99 (musculoskeletal disorder other disease) were selected for this study. Experienced rheumatologists verified if the keywords mapped to these codes corresponded to a diagnosis of RA/SPA/PSA. The date of these diagnoses in Intego was considered “baseline”. Controls were matched on age, gender, baseline date and GP practice in a 4:1 case ratio. Intego registers all electronic drug prescriptions by the GP. Anytime use of glucocorticoids, NSAIDs, opioids except tramadol, tramadol and paracetamol in the first 3 years after diagnosis is presented. Proportions of patients and controls on analgesic and anti-inflammatory drugs were compared by Chi-Square analyses.

Results: Over a 13-year period, 738, 229 and 167 patients were included with a diagnosis of RA, SPA or PSA, respectively. Table 1 presents the medication use of these populations. The three conditions had statistically significantly more prescriptions for all types of analgesic and anti-inflammatory drugs compared to controls. Approximately 70% of patients with an inflammatory rheumatic condition received mild pain medication (NSAIDs, Tramadol and Paracetamol) in the first three years after diagnosis. To note is the high use of opioids, even excluding tramadol, in these populations ranging up to 15%.