on the Internet, to clarify their average age, gender distribution, comorbidity, difficulties in diagnosing and treating, to get an idea of the most relevant online requests in this cohort.

Methods: We used technology for analyzing "big data" and processing unstructured information (semantic intelligence) (the Semantic Hub platform, which scans Google and Yandex environments). For efficient processing of text corpora, several specialized converters were used. The resulting format for these converters is an XML representation of the source data. The study was based on real-life patient cases (specialized social networks, forums, and other sources of user-generated content). Messages from pts with gout and their relatives were used. Severe gout is characterized by frequent polyarticular flares or chronic arthritis, subcutaneous tophi, the presence of concomitant conditions.

Results: A total of 16253 messages were processed, with 'gout' entered as a search word. A total of 1691 gout pts were identified. The average age of online-active pts - 47.2 years. Men 60.5%. Severe gout was identified in 194 of 1691 (11.5%) pts, with 59% of pts aged 29 to 45 years. The proportion of men among pts with severe gout is 71%. Comorbidities most often include diabetes mellitus and metabolic syndrome - 24%, CKD - 51%, arterial hypertension-14%. Pts with severe gout have 1.9 comorbidities on average, while other pts with gout - 1.1. The groups are comparable by age. Among 90 links related to medical specialties that pts visited before being referred to a rheumatologist, the first three leading positions were - orthopaedic surgeon (30%), general practitioner (25.8%), surgeon (21%). Sixty percent of pts reported that the time between the first attack and the diagnosis of gout was less than six months. The remaining 40% of pts report that this period lasted from 1 to 15 years. Less than 42% of pts were prescribed urate-lowering therapy (ULT) during internal consultation of a physician, and only 23% of physicians recommended ULT to pts with gout during online consultation. According to pts' reports, treatment includes 3 main groups of drugs: NSAIDs, intra-articular corticosteroids and ULT. Compliance with life-time ULT is very low. The most commonly requested topic on the Internet - attacks during holidays - 2426 messages, the second is held by the topic of lifestyle - 1899 messages, the third place - problems of comorbidities - 1813 references, and only in the fourth position - 1662 messages- the topic of ULT.

Conclusion: The percentage of pts with severe gout is 11.5% among gout pts who are looking for information about their condition on the Internet, which is consistent with the data from the largest original papers in the RF on the prevalence of severe gout [2]. More than a half of pts with severe gout (59%) are men aged 29 to 45 years. The decreased online activity of pts over 46 years old may be due to the low motivation for treatment of this cohort. Gout pts are rather more concerned about lifestyle than medical problems. This may also indicate the absence of the consistent compliance of this patient category to life-time therapy. Inadequate long-term therapy and late diagnosis may be the main factors for severe gout in young and active pts.

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AB1169

RHEUMATOLOGY PATIENT PERCEPTION OF CARDIOVASCULAR RISKS: A SURVEY AT A TEACHING HOSPITAL

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Background: It is well known that individuals with rheumatological conditions are at an increased risk for developing cardiovascular diseases (CVS) and they are the most common cause of mortality. However, there is still lack of awareness about the CVS risk among Rheumatology patients. We carried out a patient survey to assess their awareness and perception of CVS risk associated with their condition. We also assessed if the health professionals attending to these patients gave adequate education to the patients regarding the CVS risk.

Objectives: To study awareness about CVS risks among rheumatology patients

Methods: This was a prospective cross sectional survey where in multiple-choice questionnaires were distributed to consecutive patients attending rheumatology clinic. The questionnaire contained 18 questions including demographics, diagnosis, medications and their awareness of cardiovascular risks associated with their underlying rheumatic conditions. We also explored as patient attempted any Primary preventive measures for reducing the CVS risk.

Results: We collected data of 57 patients with 47% of patients were above 60 years of age with Female: Male ratio of 3:1. Rheumatoid arthritis was the most common diagnosis (60%) with others including AS (22%), SLE(5%). 32% of patients had been suffering from inflammatory disorder for >10 years and 44% believed their disease was still not fully controlled. 37% had family history of heart diseases. More than half of the patients (56%) were unaware of cardiovascular risks associated with their condition and 65% overall reported that they were not personally informed about these risks by the treating health professionals. When we analysed the newly diagnosed patients (<5years) 64% were unaware about the CVS risks which is higher compared to patients with diagnosis of >5 years. We tried to explore any ethnic differences, however the number is too small to compare. We noted that around 60% of white British with rheumatological diagnosis were not aware of CVS risk in our group. When further asked about the primary preventive measures, only 23% engage in exercise, 21% have made diet changes, 12% take aspirin, 16% have quit smoking and only 5% quit alcohol.

Conclusion: This was a small pilot study to look at the patient awareness of CVS risks associated with rheumatological conditions. Clearly there is lack of awareness among patients about CVS risks. Furthermore, most of the patients reported they were not educated about the risks from the health professionals. Majority do not engage in any kind of primary preventive measure for heart diseases. It is crucial that the health professionals actively educate patients regarding the CVS risks and the various methods through which these can be prevented. We believe patient-targeted educational programmes and behavioural interventions can be incorporated for holistic patient management.

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AB1170

THE IMPACT OF HIGH DISEASE ACTIVITY AS MEASURED BY SLEDAI AND DRUG BURDEN-ON HEALTHCARE UTILIZATION, QUALITY OF LIFE AND WORK PRODUCTIVITY IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background: Although there is abundant literature on healthcare utilization in SLE patients, the impact of disease activity in SLE patients is not well understood.

Objectives: To quantify the impact of disease activity, as measured by SLEDAI score and drug burden, in SLE patients on health care resource utilization (HCRU), health related quality of life (HRQoL) and work productivity (WP).

Methods: Data were collected from a cross-sectional survey of 754 rheumatologists in US and EU5 from the Adelphi Real World 2010/2013/2015 Lupus Disease Specific Programmes (DSP). Physicians were asked to complete patient record forms (PRFs) for the next 5 prospectively consulting SLE patients; the same patients were asked to complete patient self-completion (PSC) forms describing how SLE affected them. PRFs collected data pertaining to the patient's diagnosis, disease history, current clinical outcomes, treatment and management history. PSCs focused on similar data collection and included patient reported outcome measures (PROs). Propensity score matching was used to assess differences in HCRU and PRO scores between SLE patients who had a low disease activity and those who had a high disease activity. Low disease activity was defined as a SLEDAI score of ≤4, a steroid dose of <7.5mg/day, and not on immunosuppressant or biologic. High disease activity was a SLEDAI score of >4, or on an immunosuppressant, biologic, or steroid dose of >7.5mg/day. Patients were matched on age, sex, and ethnicity.

Results: Data was extracted from 1278 PRFs, and 591 PSCs. Using the estimated propensity score each low disease activity patient (n=44) was matched with a high disease activity patient (n=1187). Using 1:1 matching, with replacement and allowing for ties, matching resulted in 414 high disease activity patients being used as matches for 44 low disease activity patients. Demographic data are reported in Table 1. Patients with a low disease activity were significantly less likely to be currently flaring, lower number of flares in last 12 months, less likely to have been hospitalized in the last 12 months, had fewer consultations in the last 12 months, reported better HrQoL (EQ5D), more favourable levels of fatigue (FACIT), and lower work impairment (WPAI). (Table 2).