Methods: In our cross sectional study, 23 RA patients [Mean age; 52.7±12.6, BMI; 26.9±5.7 kg/m², Women; 20(87.0%)] who were classified according to the ACR 2010 criteria. Demographics and clinical characteristics of patients were recorded (Table 1). Das28 for disease activity score, Static and dynamic grip endurance measurements using Hand Dynamometer (Lafayette Professional Hand Dynamometer, USA) for grip endurance, Disability of Arm, Shoulder and Hand Survey (DASH) for disabilities and symptoms of upper extremity and Short Form-36 Health Survey for quality of life were performed. Spearman's Rank Correlation Coefficient was used for data analysis.

Table 1. Demographic and Clinical Characteristics of Patients

Variables (n=23)	Median(IQR 25/75)
Age (year)	56(41/62)
BMI (kg/m ²)	27.5(21.4/32.0)
Disease Duration(year)	8(5/15)
Morning Stiffness (VAS/mm)	38(23/48)
Perceived Disability of Hand (VAS,mm)	47(25/67)
Clinician Disability of Hand (VAS,mm)	30(20/39)
Number Of Tender Hand Joint	2(0/6)
Number Of Swollen Hand Joint	0(0/1)
CRP(mg/l)	3.3(1.8/7.1)
ESR(mm/h)	13(6/21)
n(%)	
Morning Stiffness Duration	
0-15 minutes	8 (34.8)
15-30 minutes	5 (21.7)
30-60 minutes	3 (13.0)
Longer than 1 hours	7 (30.4)
Das28	
Remission	11(47.8)
Low Activity	2(8.7)
Moderate Activity	7(30.4)
High Activity	3(13.0)

Data is presented median (interquartile range) or percentile (%).

Results: Grip endurance was negatively correlated with DASH and positively correlated with many different quality of life parameters, especially physical function, on both the dominant and non-dominant sides ($p < 0.05$). DASH was correlated negatively with SF-36 physical function, role limitation due to physical health, pain subparameters and positively correlated with Das28 score ($p < 0.05$).

Conclusion: In our study, it was concluded that grip endurance was related to upper extremity functions and quality of life in patients with RA. This result shows that; assessment of grip endurance can be a guide for clinicians who have designed an upper limb rehabilitation program for patients with RA.

References: 1. VERMA, Chhaya, et al. Correlation of functional ability of the hand with upper limb function and quality of life in patients with rheumatoid arthritis. *J Assoc Physicians India*, 2017, 65: 20-4.

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AB1288-HPR BURTON PATIENT REPORTED OUTCOME MEASURES (B-PROM): STEPS TOWARDS VALIDATION

R. Laxminarayan¹, A. Dean², H. Nutland³, L. Bembridge³, M. Bukhari⁴.

¹Queens Hospital, University Hospitals of Derby and Burton Hospitals NHS Foundation Trust, Rheumatology, Burton upon Trent, United Kingdom; ²Queens Hospital, University Hospitals of Derby and Burton Hospitals NHS Foundation Trust, Physiotherapy, Burton upon Trent, United Kingdom; ³Queen's Hospital, Physiotherapy, Burton upon Trent, United Kingdom; ⁴Lancaster Royal Infirmary, Rheumatology, Lancaster, United Kingdom

Background: Patient reported outcome measure (PROMS) and experience measures (PREMS) are becoming of vital importance in the assessment of treating the rheumatic diseases. There have been a variety measuring different elements of a patients disease journey. To date few have been developed specifically in rheumatology outpatients, to that end the Burton rheumatology unit in the Midlands UK developed a 12 question PROM looking at the three domains of emotional, physical and functional health, this has been mindful of previous PROMS and PREMS developed^{1,2,3}.

Objectives: To validate a new PROM questionnaire in an unselected group of rheumatology outpatients with osteoarthritis (OA)

Methods: Consecutive patients with OA attending outpatients in Burton were asked to fill in the questionnaire at the beginning and after completing education and exercise programme designed by the physiotherapists to treat OA. The results collated were analysed using STATA™. Cronbach's alpha was calculated to look internal validity within domain and overall to assess validity of the questionnaire. This was done within domain and with the overall questionnaire.

Results: 130 patients were included, mean age was 65 and diagnosis was osteoarthritis. 71.5% patients were female. Cronbach's alpha results for the

communication, relationship and reliability within the first domain were 0.80, 0.82 and 0.82 respectively. Domain 1: alpha for all three questions was 0.93. Domain 2: alpha for questions on knowledge was 0.60, reliability 0.81, fatigue 0.79 and pain 0.85. Domain two overall agreed with the other two domains was 0.95. Domain 3: the alpha for movement was 0.81, strength was 0.73, independence was 0.81, mobility was 0.91 and social was 0.92. Domain three had an alpha overall of 0.93

Conclusion: The B-PROM shows good validity and could be used in patients with OA, further work using it on other patient groups will be performed.

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AB1289-HPR PERCEPTION OF THE VALUE OF DRUGS ON DIFFERENT MANIFESTATIONS OF PSORIATIC ARTHRITIS BASED ON A MULTI-STAGE EXPERT OPINION SURVEY

T. Oberwahrenbrock^{1,2}, H. Tian^{1,2}, D. Thaci³, K. Krueger⁴, J. Wollenhaupt⁵, M. Köhm^{1,2,6}, F. Behrens^{1,2,6}. ¹Fraunhofer IME Translational Medicine and Pharmacology, Frankfurt, Germany; ²Fraunhofer Cluster of Excellence Immune-mediated Diseases CIMD, Frankfurt, Germany; ³Exzellenzzentrum Entzündungsmedizin UKSH Lübeck, Lübeck, Germany; ⁴Rheumapraxix München, München, Germany; ⁵Rheumatologikum Hamburg, Hamburg, Germany; ⁶Goethe-University Frankfurt, Rheumatology Department, Frankfurt, Germany

Background: Patients with psoriatic arthritis (PsA) present with heterogeneous clinical phenotypes, which includes different clinical manifestations such as peripheral arthritis, axial disease, dactylitis, enthesitis, and skin and nail psoriasis. Many drugs for treatment of PsA are available for individualised treatment strategies but robust evidence is available for peripheral arthritis only as primary endpoint of RCTs.

Objectives: To evaluate perception of German physicians on the value of current PsA treatments on different clinical PsA manifestations.

Methods: In a face-to-face meeting, 8 German physicians (dermatology, rheumatology), specialised in PsA research/patient care, proposed initial scores for the effect size of current PsA drugs on different PsA manifestations based on knowledge of study data and personal experience in use of the drugs. The ability to achieve a consensus of the proposed efficacy scores was explored by applying an online survey among a cohort of PsA experienced physicians. Finally, a second online survey evaluated how a larger group of physicians personally estimate the drug effect sizes on different PsA manifestations.

Results: Table 1 summarises the efficacy scores proposed by the initial expert group. In the first online survey 25 treating physicians were invited to participate, 14 (56%) of whom completed the survey. An agreement rate of over 65% of the participants was achieved for 49 (68%) of the 72 proposed efficacy scores (Table 1). The consensus was especially high for the group of biological disease-modifying antirheumatic drugs (bDMARDs), except for etanercept and abatacept. However, the second survey (16 (39%) participants out of 41 invited physicians) revealed that the experience with the treatment using abatacept was low (4 / 16 (25%)) or non-existing (3 / 16 (18.8%)) and several manifestations could not be estimated (Figure 1). Distribution of answers were broad for etanercept in general and for particular drug-manifestation combinations (e.g. effect of ustekinumab on axial disease).

Table 1. Efficacy scores proposed by a PsA expert group and consensus achieved by an online survey among PsA treating physicians Efficacy scores for different drugs and manifestations range from 0 (no effect) to 5 (maximal effect). Green fields indicate, that at least 65% of the survey participants agreed on the proposed efficacy score.

	Peripheral arthritis	Axial disease	Enthesitis	Dactylitis	Skin disease	Nail disease
Methotrexat	2.5	0	0	1	2.5	1.5
Sulfasalazin	1	0	0	0	0	0
Leflunomid	2.5	0	0	1	1	1
Apremilast	3	1	3	2.5	3	3
Etanercept	4	4	4	3.5	3	3.5
Infliximab	4	4	4	4	4	4
Adalimumab	4	4	4	4	4	4.5
Golimumab	4	4	4	4	3	3
Certolizumab pegol	4	4	4	4	4	4
Ustekinumab	3.5	2.5	4.5	3	4.5	4
Secukinumab	4	4	4	4	5	4.5
Abatacept	3.5	0	0	0	1.5	0

Figure 1. Results from an online survey among physicians querying their perception of efficacies of PsA drugs on different manifestations. Therapeutic effectiveness is estimated by the participants on a scale from 0 (no effect) to 5 (maximal effectiveness); NA = no answer. The size of the dots relates to the number of answers given. Red stars indicate the scores proposed by the initial expert group.

Conclusion: Many treatments are available to be used in PsA. The usage of treatment classes seems to depend on experience level and mode of action. Higher agreement on efficacy in specific diseases manifestation was achieved in the class of biologics whereas the opinion on efficacy of csDMARDs in general is divergent. Strategies are needed to guide physicians with lower level of experience in the use of specific drugs to achieve an optimised patient care level using personalized treatment strategies.

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AB1290-HPR UTILITY OF FRAX IN THE RISK DETECTION OF FRACTURE IN SPONDYLOARTHRITIS

D. Palma Sanchez¹, A. Haro¹, M. J. Moreno¹, E. Peñas¹, M. Mayor¹, M. Moreno², L. F. Linares Ferrando². ¹H. Rafael Méndez, Rheumatology, Lorca, Spain; ²H. Virgen de la Arrixaca, Rheumatology, Murcia, Spain

Background: Axial spondyloarthritis (SpAax) presents an increased risk of vertebral fracture not fully detected by Dual energy X-ray absorptiometry (DXA). The FRAX algorithms give the 10-year probability of hip fracture and of mayor

osteoporotic fracture (clinical spine, forearm, hip or shoulder fracture), taking into account 11 clinical risk factors.

Objectives: To analyze the suitability of FRAX to detect the risk of fracture in patients with SpAax. To assess whether the incorporation of SpAax as a clinical risk factor to conventional FRAX provides additional information.

Methods: Cross-sectional study in which SpAax patients (ASAS criteria) were included. Clinical-demographic and related to the disease variables were collected. FRIDEX model for Spanish population was used to determine low, intermediate or high risk of mayor fracture by FRAX. These results were compared with those obtained by DXA and trabecular bone score (TBS). In the statistical analysis we used mean and standard deviation (SD) in quantitative variables and frequency in qualitative ones. To compare means among 3 groups, ANOVA test was used.

Results: The characteristics of the patients are shown in Table 1. According to FRIDEX, no patient had high risk of fracture and 2.4% had intermediate risk. When SpAax was added as a risk factor, no patient had high risk of fracture and 6.1% presented intermediate risk. According to DXA, 7.3% had high risk of fracture and 41.3% intermediate risk. TBS detected high risk of fracture in 18.3% and intermediate risk also in 18.3% of patients.

Table 1. Sociodemographic, clinical and related characteristics with the disease (BMD: bone mineral density, BMI: index of body mass)

Gender (Male), n (%)	61 (74.4)
Age, mean ± SD	49.48 ± 12.47
BMI, mean ± SD	27.13 ± 4.42
Smoking, n (%)	26 (31.7)
Diabetes mellitus, n (%)	9 (11)
Osteoporotic fracture, n (%)	1 (1.2)
Disease duration (years), mean ± SD	11.77 ± 10
syndesmophytes, n (%)	38 (46.3)
ASDAS-PCR, mean ± SD	2.55 ± 1.07
Lumbar BMD (g / cm ²), mean ± SD	1.032 ± 0.180
BMD femoral neck (g / cm ²), mean ± SD	0.816 ± 0.140
Lumbar TBS, mean ± SD	1.383 ± 0.133

Conclusion: FRAX does not seem an adequate tool to detect the risk of fracture in patients with SpAax since it did not improve the results obtained by DXA meanwhile TBS did. The incorporation of SpAax as a clinical risk factor to conventional FRAX did not provide additional information in most cases

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AB1291-HPR IMPLEMENTATION OF AN ELECTRONIC SYSTEM FOR ISSUING PRESCRIPTIONS IN PATIENTS WITH RHEUMATIC DISEASES

L. Santoyo-Fexas¹, R. A. Uriarte Botello¹, C. V. Solís¹, B. R. Vázquez Fuentes¹, C. M. Skinner Taylor¹, I. D. J. Hernandez-Galarza¹, M. Eguia Bernal¹, D. Á. Galarza-Delgado¹. ¹Hospital Universitario "Dr. José Eleuterio González", Rheumatology Service, Monterrey, Mexico

Background: Pharmacovigilance is the science and activities related to detection, evaluation, understanding and prevention of adverse effects of medications or any other health problem related to them. (1)

Within the scope of the pharmacovigilance study, following domains are included: adverse drug reaction, interaction between medications, counterfeit or inferior quality medications, lack of efficacy of medications, misuse or abuse of medications and medication errors (ME). (2)

ME is any preventable incident that can cause harm to the patient or lead to improper use of medications when they are under the control of healthcare professionals or the patient. (3)

Objectives: To determine the frequency of ME in the prescriptions among rheumatology outpatient's clinic.

Methods: Prospective observational study.

Frequency of ME was sought by a randomized review of the prescriptions from rheumatology outpatient's clinic of the University Hospital "Dr. José Eleuterio González" before and after the implementation of an electronic medical prescription system (REPAIR®) (January 2018-December 2019)

REPAIR® displays an automated menu with the stages of the medical prescription: Name, presentation and dosage of the medicine and duration of the treatment. Figure 1. Once the review began, semiannual reports were made to the doctors involved in which frequency of errors and the stage of medical prescription with highest incidence of ME were reported.