Table 1. Treatment Discontinuation

BARICITINIB		
	Initial DAS28 [median (IQR)]	Final DAS28 [median (IQR)]
Continue treatment n (%): 17/30 (55.6)	4.20 (2.95-5.72)	2.60 (1.70-2.77)
Reasons for suspension		
-Refractory n (%): 7/13 (55.8%)	4.38 (4.16-5.43)	4.16 (3.56-5.23)
-Side effects n (%): 4/13 (30.7)	4.16 (3.45-4.84)	3.15 (2.69-4.41)
◦Thrombocytosis (1)		
◦Herpes Zoster (1)		
◦Anemia (1)		
◦Tuberculosis (1)		
-Patient decision n (%): 2/13 (15.4)		
TOFACITINIB		
Continue treatment n (%): 6/9 (66.6)	4.82 (3.28-6.20)	2.61 (2.45-3.70)
Reasons for suspension		
-Refractory n (%): 2/3 (66.6)	5.27 (5.23-5.31)	5.48 (5.04-5.92)
-Side effects n (%): 1/3 (33.3)		

Based on the CQR5 questionnaire, all patients treated with BAR and TOF were adherent "HIGH" class, and a median of RMP = 1.01 (IQR = 0.93-1.06) was obtained for BAR and RMP = 1, 00 (IQR = 0.91-1.01) for TOF, all adherents (≥ 0.8).

Table 2. Safety results of the treatment shows the safety results.

Side Effect	Baricitinib (n, %)	Tofacitinib (n, %)
Hb <11 g/dl	7 (23,3)	0
Hb < 8 g/dl	0 (0)	/
Hb Recovery >11 g/dl	2/7 (28,6)	/
Neutrophils < 1500/mm ³	0 (0)	/
Lymphocytes < 1000/mm ³	3 (10,0)	2 (22,2)
Platelets > 600 × 10 ³ /mm ³	1 (3,3)	0
AST o ALT > 1 NLV	4 (13,3)	0 (0)
Hypercholesterolemia (> 1 NLV)	13 (43,3)	5 (55,5)
Infections	13 (43,3)	0 (0)
Herpes zoster	6 (20,0)	0 (0)

Conclusion: In our population, mostly refractory to biological, more than half of the patients maintain treatment with JAKi, with optimal adherence. The main reason for the suspension of both drugs was inefficiency. The most frequent adverse effects were hypercholesterolemia in both groups and infections in BAR, with a high frequency of herpes zoster. No cardiovascular or thromboembolic events were observed.

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HPR Service developments, innovation and economics in healthcare

AB1340-HPR

PATIENTS' OUT-OF-POCKET EXPENSES ANALYSIS IN PATIENTS WITH RHEUMATOID ARTHRITIS ENROLLED IN A EDUCATIONAL PROGRAM

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Background: The increasing health and economic burdens of deaths and disabilities from non-communicable diseases (NCDs) are emerging as major concerns worldwide, particularly for low- and middle-income countries (LMICs) (1). Rheumatoid arthritis (RA) NCD is considered as one of the most common causes of disability. RA affects from 0.5% to 1% of the worldwide population. Little is known about the out-of-pocket (OOP) expenditures for prescription of pharmacological treatment for patients with RA, including drugs, diagnostic tests, mobility aids among others.

Objectives: To describe the out of pocket costs in patients with rheumatoid arthritis

Methods: We performed a cross-sectional study among patients who are participating in an educational program in a specialized center for RA. We collected sociodemographic variables; in addition, we collected data related to the expenditures in drugs, diagnostic tests and mobility aids that were not covered by the health system. Descriptive epidemiology was done, we calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. The costs are presented in the US dollars with the average exchange rate for 2019

Results: We included 181 patients, 92% were female. Mean age was 59 years ±9.5. Regarding occupation, 24% were employees, 40% were economically inactive, and 36% were pensioners. Most of patients 45% had a low income, 43 % middle income and only 12% high income according to the Colombian socioeconomic classification. Most of out of pocket expenses (47%) were associated to the acquisition of medical devices such as reading glasses or orthopedic braces. Secondly, the OOP expenses were related to medications (38%) such as antibiotics prednisone or pain control medications. Finally, 25% of patients reported that they had pay for their diagnostic tests such as x rays or laboratory tests. When assessed the costs patients expended between 30-100 USD purchasing aid devices, medications or laboratory tests.

Conclusion: In the Colombian context OPP are relevant and represent an important expenditure for patients with RA especially for those who have low or middle income. Due to the above, it is important to find alternatives in order to help vulnerable segments of the population. Additionally, OPP needed to be taken into account due to its association with treatment adherence(2).

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AB1341-HPR

FEASIBILITY OF THE BACK AND FORTH SCHOOL BOOKLET, A SHARED SELF MANAGEMENT INSTRUMENT FOR YOUNG CHILDREN WITH JUVENILE IDIOPATHIC ARTHRITIS (JIA) AT SCHOOL

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Background: Young children with JIA have to cope with pain and fatigue during schooldays, facing problems with writing, climbing stairs, physical education and playing outside.¹ They need to develop age-appropriate self management skills, encouraged by their parents and teachers in a therapeutic alliance with the health professional team.² For this purpose a shared management tool, called the "Back and Forth Schoolbooklet"(B&FS), is developed, containing 1) Educational pages about JIA, pain and fatigue management 2) Diary pages with a colour-in puppet for expressing location and amount of pain, spaces for writing alternatives for limited activities, feedback spaces for parents and teachers and a self-evaluation scale of general well-being for the child. Children, parents and teachers are instructed how to use the booklet by therapists during outpatient rehabilitation. Structured evaluation of the use of the instrument is necessary to improve its applicability and effectiveness.

Objectives: To study the feasibility, defined as practical and experienced applicability and effectiveness, of the B&FS.

Methods: Pilot feasibility study with a mixed-method design. Parents, teachers, therapists and children with JIA were invited to fill in questionnaires after using the booklets in school. Adults had to sign informed consent. Practical applicability was assessed by multiple choice questions on duration and frequency of use. Used diary items and pages were counted in returned booklets. Experienced applicability and effectiveness were assessed by open-ended questions and 5 points Likert scales. Topics were experienced barriers, facilitators and benefits using the mentioned items of the booklets. Practical applicability was analysed descriptively. Atlas-ti8 was used for analysing and coding the answers on the open-ended questions using a thematic approach.

Results: Eight children(4-8 years) used the booklets. Six parents of six children, four therapists and four teachers signed informed consent and answered questionnaires. Six booklets were returned.

Practical applicability: Five children used booklets for a period of 2 to > 12 week, almost every day. One child stopped in the first week. Counting diary pages

confirmed every day or every second day appropriate use of the color-in puppet and spaces for parents and teachers. Experienced applicability: Identified themes were: child-friendly, easy and providing a clear guide for the daily school situation. Themes as: daily obligation, unwillingness of the child, lack of motivation or time of the parents or teachers and insufficient instruction illustrated experienced barriers for the use of the booklet. Effectiveness: Identified themes: 1) Children express themselves better about feelings of pain and fatigue, 2) Parents and teachers appreciate more insight into how the child feels and 3) Teachers feel provided with guidance in the interaction with the child 4) Children feel more secure to express itself at school and 4) Parents are more relaxed about the schoolsituation.

Likert scales showed that more than 75% of the users would advise the B&FS to other parents, teachers and therapists.

Conclusion: The Back & Forth School booklet is a feasible shared management instrument to support young children with JIA in the school situation. A less rigid daily routine and sufficient instruction can improve the experienced applicability.

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Figure 1 Educational page: Pain management

Figure 2 Diary page

Acknowledgments: Children, parents, teachers and therapists

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AB1342-HPR RHEUMATOLOGY 'HOT CLINIC' IN A TEACHING HOSPITAL - WHAT CAN BE EXPECTED?

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Background: Increased financial and bed pressures faced by the NHS have necessitated significant changes in the service provision of many inpatient medical specialties. At the Royal Derby Hospital, rheumatology has become predominantly outpatient-based and no longer has an allocated ward for inpatients. As a result, weekly rheumatology 'hot clinic' have been set up to help facilitate early hospital discharge and specialist outpatient review of patients with suspected rheumatological conditions. It was anticipated that the bulk of referrals would be for conditions requiring early intervention such as suspected giant cell arteritis (GCA) and hot swollen joints. However, there is a paucity of literature on the usefulness of such 'hot clinics' and the quality of referrals.

Objectives: This study sought to evaluate the range of conditions referred to the 'hot clinic' and early outcomes related to follow up or discharge.

Methods: The details of patients who attended the 'hot clinic' were retrospectively obtained using the hospital's electronic clinic appointments system. Electronic letters and discharge summaries were reviewed to determine the patient's presenting symptoms, suspected diagnosis and clinical outcome.

Results: A total of 40 patients who attended the 'hot clinic' from September 2018 to June 2019 were included. The average time from discharge to 'hot clinic' was 3.8 days (range 0-22 days). 27 patients (67.5%) were seen within 7 days of hospital discharge and 2 patients were seen after 18 and 22 days respectively, which spanned over the Christmas and New Year period.

87.5% (35) of patients were referred by acute medicine via the ambulatory care ward; 10% (4) by the Emergency Department and 1 by the medical ward. 5 patients were already known to rheumatology (3 with rheumatoid arthritis and 2 with psoriatic arthritis).

37.5% of referrals were made for suspected GCA, 35% for rash and possible connective tissue disease (CTD) or vasculitis except for GCA, 20% for swollen joints, and 7.5% for unexplained arthralgia or myalgia.

For the patients with suspected GCA, 3 out of 15 were treated as GCA after 'hot clinic' review - 2 of these went on to have a temporal artery biopsy and 1 had a positive biopsy for GCA. (All 3 received high dose steroids prior to their clinic appointment). 10 patients were felt to have an atypical headache and 3 of these were referred to neurology for further assessment. The remaining 2 patients were diagnosed with a sinus infection and migraine respectively.

Of the 14 patients referred with a rash and possible CTD or vasculitis except for GCA, 2 patients referred with a rash were diagnosed to have IgA vasculitis and referred to dermatology for further management. 2 patients were diagnosed with lupus and were followed up in the CTD clinic. 7 patients were felt to have a self-limiting post-viral or non-specific rash, 2 patients with possible drug-related rash and 1 patient thought to have erythema nodosum.

2 patients with swollen joints had a new diagnosis of seronegative inflammatory arthritis and 2 others were diagnosed with gout. 1 patient was diagnosed with osteoarthritis and another with post-viral arthritis and both were discharged.

The 3 patients with unexplained arthralgia or myalgia were felt to have self-limiting post-viral illnesses and were also discharged.

Conclusion: Suspected GCA is the most common referral to the rheumatology 'hot clinic'. However, the vast majority of these referrals turned out not to be GCA. The results of this study clearly suggest the need for development of better pathways e.g. for GCA and joint dermatology and rheumatology clinics.

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AB1343-HPR A QUALITATIVE REVIEW ASSESSING THEMATIC OUTCOMES FROM THE PHARMACY-LED ADALIMUMAB BIOSIMILAR SWITCH PLAN ACROSS 3 SPECIALITIES; RHEUMATOLOGY, GASTROENTEROLOGY AND DERMATOLOGY AT UNIVERSITY HOSPITALS OF COVENTRY AND WARWICKSHIRE (UHCW)

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Background: The advent of biosimilars has heralded a new era for cost effective biologic prescribing in the NHS. As patents expire for originator biologics, less expensive versions are now widely available as biosimilars. Non-medical switches (for reasons unrelated to a patient's health) ensure prescribing of best value medicines, and cost savings can be redirected to patient care.¹ This practice resonates with recommendations from Lord Carter's 2016 report regarding reducing unwarranted variation in the NHS and adopting cost saving opportunities.² In 2018/19, following loss of patent exclusivity for the expensive adalimumab originator biologic, UHCW worked in accordance with national directives to drive forward one of the largest non-medical biosimilar switches.

Objectives: This qualitative review aims to explore the success of the adalimumab biosimilar switch and key themes associated with switch backs/refusals across the Rheumatology (R), Gastroenterology (G) and Dermatology (D) specialities at UHCW.