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