Figure 1. Sarcopenic vs non-sarcopenic patients according to sex

Conclusion: In this study, sarcopenia defined by the SARC-F questionnaire has a predictive value of clinical characteristics of patients to predict sarcopenia parameters and poor physical performance in patients with knee OA.

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THU0622-HPR PATIENTS' SATISFACTIONS TO TUMOUR NECROSIS FACTOR INHIBITORS FOR MANAGEMENT OF ANKYLOSING SPONDYLITIS IN KOREA; RESULTS FROM A MULTICENTERED, OBSERVATIONAL, AND CROSS-SECTIONAL STUDY

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Background: An experience of particular treatment is one of the characteristics impacting on patients' decisions to continue, discontinue, or alter their medical treatments.¹ Reports on patients' treatment satisfaction would be weighty when selecting an optimal treatment reflecting the patient's perspective.

Objectives: We aimed to evaluate the treatment satisfaction of ankylosing spondylitis (AS) patients treated with tumor necrosis factor inhibitors (TNF-Is) and identify the factors associated with satisfaction in Korea.

Methods: The study was conducted from July to November in 2018 at 4 hospitals representative in treating AS in Korea. Patients aged ≥19, diagnosed as AS based on 'Modified New York criteria 1984', and treated with current TNF-Is and same type of device for ≥3 months were included. We used 'Treatment Satisfaction Questionnaire For Medication (TSQM)' which is consisted of 4 domains; effectiveness, side effects, convenience, and global satisfaction. Scores (0 ~ 100) of satisfaction indicate the higher the better. Multivariable linear regressions with 95% of statistical significance level was performed to identify related factors.

Results: Enrolled 497 patients (85.3% male, 40.3 years old) were prevalent with AS for mean 10 years and indicated average 3.1 in Bath AS Disease Activity Index (BASDAI). Adalimumab (39.6%) was the most commonly used, followed by etanercept (23.5%), infliximab (21.9%) and golimumab (14.9%). TNF-Is were prescribed at low, regular, and high dose for 24.9%, 70.5% and 4.7% of patients and as subcutaneous with pen type, syringe type, and intravenous injection for 50.9%, 26.8% and 22.3% of patients, respectively. Conventional

disease-modifying antirheumatic drugs (cDMARDs) and steroids were concomitantly used for 5.4% and 8.3% of patients, respectively.

Average score of TSQM was the lowest in convenience amongst 4 domains; 72.2 in effectiveness, 96.9 in side effects, 67.6 in convenience, and 71.4 in global satisfaction. Negative associations were shown between BASDAI and all domains of TSQM. Patients who prescribed TNF-Is at high dose were more satisfied to effectiveness while they were less satisfied to side-effect, as against patients prescribed it at low dose. TNF-Is, use of cDMARDs and steroids were not significantly associated with treatment satisfaction (Fig. 1).

Conclusion: AS patients treated with TNF-Is in Korea were quite satisfied with their treatments. Since the worst satisfaction in the convenience domain was presented amongst 4 domains, more convenient treatment options may be required to enhance the entire satisfaction of patients. With the result of a negative association between disease activity and satisfaction, this study strengthened the previous studies reporting the positive relationship between health improvement and satisfaction.²

References:

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Figure 1. Related factors with treatment satisfaction measured by TSQM

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THU0623-HPR REVISION AND VALIDATION OF THE GERMAN VERSION OF THE SYSTEMIC SCLEROSIS QUALITY OF LIFE QUESTIONNAIRE (SSCQOL) WITH MOKKEN SCALE ANALYSIS

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In the validation study, German-speaking SSc patients included in the Swiss *MANagement Of Systemic Sclerosis (MANOSS)* cross-sectional study completed the revised (polytomous) SSCQoL. Mokken model was used to test the construct validity of the scale including its subscales. The scalability (*H* coefficient) values of ≥ 0.50 are considered "strong", 0.49 to 0.40 "moderate" and 0.39