Figure 2. SScEntry features.

Conclusion: Novel Narrative-based Medicine approaches are getting increasing attention to enhance the mutual understanding between patient and physician, reinforcing the therapeutic adherence at the core of health-care. This is particularly important with chronic and disabling diseases like SSc. Involving patients in disease management with SScEntry will increase their compliance and confidence, with benefits on psychological well-being. Expected benefits for rheumatologists include better evaluation of target therapy and outcomes, as no data on disease activity is lost during the patient clinical history.

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THU0629-HPR COULD THE ASAS HEALTH INDEX BE A USEFUL INSTRUMENT IN ASSESSING PATIENTS WITH PSORIATIC ARTHRITIS?

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Background: At present, there is a growing tendency to use instruments that capture, in the best possible way, the impact that the spondyloarthritides (SpA) generate on patients' lives. For that purpose, tools such as the Psoriatic Arthritis Impact of Disease (PsAID), for psoriatic arthritis (PsA), and the Assessment of SpondyloArthritis international Society-Health Index (ASAS-HI), for SpA, have been recently developed and validated. However, the performance of the ASAS-HI to assess the impact of disease in psoriatic arthritis is barely known.

Objectives: To determine the possible application of ASAS HI to assess PsA by comparing its results to other PsA measurement tools.

Methods: In this observational, cross-sectional study, 89 consecutive patients with PsA (CASPAR criteria) were included. The convergent validity of ASAS-HI (Spearman's rho) and its discriminative validity (ROC curves) was analyzed against other PsA measures (DAPSA and PsAID).

Results: ASAS HI showed a high convergent validity both against DAPSA (rho 0.78, $p < 0.0001$) and PsAID (rho 0.80, $p < 0.0001$). PsAID and DAPSA also showed high convergent validity (rho 0.79, $p < 0.0001$). ASAS HI showed a high discriminative capacity for both DAPSA remission [optimal criterion ≤ 2 , area under the ROC curve 0.92 (95%CI: 0.85-0.97), sensitivity 73%, specificity 94%, $p < 0.0001$] (fig 1) and DAPSA low activity state [optimal criterion ≤ 10.6 , area under the ROC curve 0.87 (95%CI: 5-10.6), sensitivity 93%, specificity 61%, $p < 0.0001$]. PsAID also demonstrated a high discriminative capacity for DAPSA

remission [optimal criterion ≤ 0.8 , area under the ROC curve 0.94 (95%CI: 0.55-0.95), sensitivity 76%, specificity 100%, $p < 0.0001$] and DAPSA low activity [optimal criteria ≤ 4.9 , area under the ROC curve 0.83 (95%CI: 3.4-5.2), sensitivity 92%, specificity 61%, $p < 0.0001$].

Figure 1. ROC curve analysis between DAPSA remission and ASAS HI

Conclusion: ASAS HI could be used as an appropriate tool in the assessment of patients with PsA.

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THU0630-HPR ADVERSE EVENTS, ADVERSE REACTIONS AND MEDICATION-RELATED PROBLEMS ASSOCIATED WITH THE USE OF MEDICINES IN RHEUMATOID ARTHRITIS

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Background: According to the Third Consensus of Granada of the WHO an adverse event (AE) is an unfortunate situation/event that occurs during the pharmacological treatment of a disease and that may not necessarily be related to the use of one or more medications. An adverse reaction (AR) is an unfortunate situation/event that is directly related to the use of a medicine. A medication-related problem (MRP) is an unexpected result in the treatment with a certain medication, resulting in the appearance of adverse events/reactions.

Objectives: Determine and analyze the incidence of adverse events, adverse reactions and medication-related problems in patients treated for rheumatoid arthritis.

Methods: Of a large cohort of approximately 6,000 patients with rheumatoid arthritis (RA) in a specialized center, between 2018 and 2019 pharmaceutical chemist intervention was performed on those patients who reported AEs, ARs and MRPs during their treatment. These reports were made by the treating doctors, the pharmaceutical chemist and directly by the patients to the treating institution. Interaction between medications, adherence to them, patient lifestyles during pharmacotherapy, sociodemographic variables and support relative networks were monitored and investigated. The severity of the events and reactions was evaluated using the Dader method of therapeutic drug monitoring, Morisky Green test to measure adherence and the variables of the Naranjo algorithm in order to characterize them as AEs, ARs or MRPs and determine level of damage