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FRI0521

EARLY RECOGNITION OF PATIENTS WITH AXIAL SPONDYLOARTHRITIS BY USING A PRACTICAL REFERRAL SYSTEM – EVALUATION OF THE RECENTLY PROPOSED 2-STEP STRATEGY

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Background: Chronic back pain (CBP) of the inflammatory type (IBP) is frequently reported in axSpA but also in the general population.

Objectives: We evaluated a recently proposed two-step referral system for early recognition of axSpA (concentrating on patients ≤45 years with chronic back pain who present with buttock pain, improvement by movement, psoriasis, positive testing for HLA-B27) in primary care and compare it to other combinations of symptoms and SpA-related items.

Methods: Consecutive patients ≤45 years who presented in PC to general practitioners or orthopedic surgeons working in PC with back pain lasting ≥2 months who had not been diagnosed before received questionnaires (Q1) relevant for the referral process. Thereafter, the PC physician asked the same questions in a separate questionnaire (Q2), including the decision on HLA-B27 testing. All patients were then referred to two experienced rheumatologists in a tertiary center who performed a complete workup including clinical, laboratory and imaging with radiographs and magnetic resonance imaging (MRI) examinations before their final diagnosis of axSpA or non-SpA (Q3).

Results: A total of 320 patients (mean age 35.9±10.3 years) was recruited. The proposed referral strategy (prS) was fulfilled by 127 patients in Q1 (39.7%), 160 in Q2 (50%), 102 by both, Q1 and Q2 (31.9%), and 83 with either Q1 or Q2 (25.9%). Overall, 47 patients were diagnosed with axSpA by the rheumatologist at Q3 (14.7%), 66% of which were male, mean age 34.7±10.1 years, 70.2% HLA-B27 positive, mean CRP 0.8±1.4mg/dl, mean ASDAS 3.2±0.8, mean BASDAI 5.1±2.0. Of these, 37 patients had fulfilled the prS in Q1 or Q2 (78.7%), and 31 in both Q1 and Q2 (66%), respectively. In the latter, the HLA-B27 prevalence was significantly higher (27/31, 87.1%) as compared to patients diagnosed with axSpA at Q3 but who did not fulfill the prS in Q1 and Q2 (5/16, 31.3%) (p<0.001).

The sensitivity and specificity of the prS was 78.7% and 69.2% in Q1, 78.7% and 62.2% in Q2, and in both, Q1 and Q2, 66% and 74%, respectively.

AxSpA patients correctly identified by the prS in Q1 and Q2, were significantly more frequently positive for HLA-B27 and CRP and fulfilled more frequently the ASAS definition of inflammatory back pain in Q3.

Conclusion: A simple two-step referral strategy using a combination of clinical features for identifying axSpA patients in PC without laboratory and imaging examinations was confirmed in a large population from daily practice. This strategy performed well as selection for referral at the patient and PC physician level.

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FRI0522

OPIOIDS PRESCRIPTION AT DISCHARGE IN HOSPITALIZED PATIENTS: AN ANALYSIS FROM A RHEUMATOLOGY WARD OF A SWISS TERTIARY HOSPITAL

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Background: Opioids prescription for non-cancer pain has come under intense scrutiny as opioids abuse has become a major public health issue. Chronic opioid use is common among patients with rheumatic diseases. There are data showing that opioids are associated with a higher mortality in osteoarthritis patients receiving joint replacement. However, more data are needed on opioids use and prescription in rheumatology inpatients [1].

Objectives: To evaluate inpatient characteristics on opioid prescription at discharge from our rheumatology ward in 2017 and 2019.

Methods: We prospectively recorded analgesics prescription patterns of paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs), weak opioids (tramadol/codeine) and strong opioids at discharge for all patients hospitalized in the Rheumatology Department from May to October 2017 and from October to December 2019. Statistical analyses consisted of descriptive statistics and univariate/multivariate logistic regression. P≤0.05 was considered statistically significant.

Results: We analysed 240 hospital inpatient stays of 223 patients (mean age 64 years). At discharge, 25% of patients were respectively on weak opioids (tramadol/codeine) and 23% were on strong opioids, at a fixed dosage.

Overall, a minority of patients were on opioids monotherapy (20% for weak opioids and 22% for strong opioids), the majority receiving combined treatments with WHO class I analgesics.

The highest rate of opioids prescription at discharge was observed in patients hospitalized for severe low back pain (40%) and osteoporotic fracture (30%). At discharge, all patients transferred to a nursing home and 35% of patients transferred to a transitional care unit were on opioids compared to only 16% of the patients discharged home. The majority of patients being on opioids when transferred to a transitional care unit were prescribed opioids when discharged home (86%).

Opioids prescription at discharge was negatively associated with home discharge in multivariate analysis (0.23, 0.09 to 0.55, adjusted OR, 95%CI), Table 1. There was no significant association between inpatient stay length and opioids prescription at discharge. Between 2017 and 2019, we observed a non-significant decrease in opioids prescription at discharge (absolute difference -4.7%).

Table 1.

	OR (95% CI)	Overall P value
Inpatient stay duration	0.87 (0.82, 0.93)	<0.001
Opioids prescribed at discharge	0.23 (0.09, 0.55)	0.001
Patient's location before admission:		0.02
Home	1.0 (réf.)	
A&E Department	0.25 (0.10, 0.65)	
Other Department	0.35 (0.05, 2.53)	
Charlson comorbidity index	0.76 (0.82, 0.93)	
Main diagnosis (only significant conditions displayed):		0.03
Low back pain, sciatica	1.0 (réf.)	
Abarticular conditions	0.03 (0.002, 0.47)	
Osteoporotic fracture	0.17 (0.05, 0.52)	

Predictors of home discharge. Multivariate logistic regression analysis. N=223.

Conclusion: Analysis of opioids prescription from a Swiss rheumatology service of a tertiary hospital show frequent opioids prescription at inpatients discharge, mainly for non-inflammatory disorders. Opioids prescription negatively predict home discharge.

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FRI0523

THE RECENT TREND OF ORTHOPAEDIC SURGERIES FOR RHEUMATOID ARTHRITIS. AN ANALYSIS OF 1569 CASES FROM 2004 TO 2019.

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