Conclusion: Forty percent of U.S. rheumatologists participating in RISE used the registry for federal quality reporting. Physicians using RISE for reporting were disproportionately in small and solo practices, suggesting that the registry is fulfilling an important role in helping these practices participate in national quality reporting programs. Supporting small practices is especially important given the workforce shortages in rheumatology. We observed that practices reporting through RISE had higher measure performance than other participating practices, which suggests that the registry is facilitating quality improvement. Studies are ongoing to further investigate the impact of federal quality reporting programs and RISE participation on the quality of rheumatologic care in the United States.

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Background: Patients diagnosed with autoimmune inflammatory rheumatic diseases (AIIRD) have higher risk of developing infections due to immunological dysfunction and immunosuppressive treatments. Current guidelines recommend annual influenza vaccination to reduce infection risk in this group of patients. However, vaccination response in these patients is uncertain.

Objectives: To study influenza vaccination compliance and response in a Danish AIIRD patient population.

Methods: AIIRD patients on biological treatment ± synthetic disease-modifying antirheumatic drugs (sDMARDs) in our department of rheumatology and registered in the Danish Rheumatology database (DANBIO) were included in the current study. The patients were encouraged to be vaccinated against influenza in the 2018/19 winter season. Status of influenza vaccination for the period of 1.9.2018 to 31.12.2018 was reviewed in each patient using the Danish Vaccination Register (DDV) and Danish Electronic Medicine Module (FMK). Patient data were collected by review of the medical files. Serum samples from each patient were collected on two occasions: 1) from 1.6.2017 to 15.5.2018 (before vaccination) and 2) from 1.11.2018 to 1.3.2019 (after vaccination), respectively. Antibody titers against the three antigens included in the trivalent 2018/2019 seasonal influenza vaccine were measured by hemagglutination inhibition assay followed by determination of geometric mean titers (GMT).

Results: Among a total of 226 study eligible AIIRD patients, 111 (49%) had been influenza vaccinated. In the remaining group of 115 (51%) non-vaccinated patients, 50 were randomly contacted by telephone to ensure the accuracy of DDV registration. All 50 confirmed non-vaccinated status. Median age of vaccinated group was 65 years while of non-vaccinated group was 57 years. sDMARDs 634 (0.41) 21,673 (91.23) <.0001

Conclusion: Only half of the patients were compliant to the vaccination recommendations in the 2018/2019 influenza season despite the information campaign. Response rate of influenza vaccination (≥2-fold GMT increase) was 71% in AIIRD patients receiving immunosuppressive treatments. In contrast to other studies, concurrent methotrexate treatment did not attenuate serological response of influenza vaccination. We are still exploring the causes of increased influenza antibody titers in non-vaccinated group.

References:


Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.1754

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THE INCIDENCE, PREVALENCE AND MEDICATION USE OF RHEUMATOID ARTHRITIS AMONG KOREAN WOMEN IN CHILDBEARING YEARS: A NATIONWIDE POPULATION-BASED STUDY

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Background: Rheumatoid arthritis (RA) predominantly affects women and has a significant impact on childbearing. Several population-based studies identifying incidence, prevalence, and medication use of RA have been reported, yet epidemiological studies focusing on women with RA in childbearing years are missing.

Objectives: We aimed to identify the incidence, prevalence and medication use of RA among Korean women in childbearing years.

Methods: From National Health Insurance Service (NHIS) data (2009-2016), containing inpatient and outpatient claim information for approximately 97% of the Korean population, we identified 9,217,139 women aged between 20-44 years. Incidence and prevalence of RA in the specific sociodemographic group of women in childbearing age were analyzed, and the prevalence of medication prescription were compared between women with RA and controls without rheumatic diseases such as RA, systemic lupus erythematosus, and ankylosing spondylitis. Individuals with RA were defined by the presence of International Classification of Disease, 10th revision code, M05. The medication use was defined as receiving > 90 days prescriptions of NSAIDs, corticosteroids (CSs), and conventional synthetic (cs) disease modifying antirheumatic drugs (DMARDs) or > 1 day prescription of biologic (b) DMARDs.

Results: Total 24,590 women with RA were identified. The average incidence of RA during 2011-2016 among women in childbearing years was 24.1/100,000 person-years (PYs) (95% CI 20.91-27.31) with a yearly increase from 20.99/100,000 PYs in 2011 to 28.38/100,000 PYs in 2016. The average prevalence of RA during 2009-2016 among women in childbearing years was 105.2/100,000 PYs (95% CI 99.0-111.5) with a minimum of 95.7/100,000 PYs in 2009 and a maximum of 110.5/100,000 PYs in 2016. There were increasing trends in both incidence and prevalence of RA according to age among women in childbearing years peaking in the age group of 20-24 years. The prescriptions of NSAIDs, Cs, csDMARDs and bDMARDs were more frequent in women with RA than controls (NSAIDs; 0.21% vs 0.01%, p<0.001; Cs; 0.11% vs 0.0%, p<0.01; csDMARDs; 0.11% vs 0.0%, p<0.01; bDMARDs; 0.11% vs 0.0%, p<0.01).

Conclusion: The incidence and prevalence of RA are high among Korean women in childbearing years, and medication use was significantly more frequent in this specific population than controls. High disease burden is imposed upon women in childbearing years.

References:

Table 1. Medication use among women with RA and controls in childbearing age between 20-44 years during 2009-2016

<table>
<thead>
<tr>
<th></th>
<th>Control (n=155,486)</th>
<th>RA (n=23,756)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs</td>
<td>33,887 (21.79)</td>
<td>22,380 (94.21)</td>
</tr>
<tr>
<td>Steroids</td>
<td>6,653 (4.28)</td>
<td>19,871 (83.65)</td>
</tr>
<tr>
<td>csDMARDs</td>
<td>654 (0.41)</td>
<td>21,673 (91.23)</td>
</tr>
<tr>
<td>bDMARDs</td>
<td>0 (0.00)</td>
<td>27 (0.11)</td>
</tr>
</tbody>
</table>

RA, rheumatoid arthritis; NSAID, non-steroidal anti-inflammatory drug; cs, conventional synthetic; b, biologic; DMARDs, disease modifying antirheumatic drugs.
Disclosure of Interests: None declared
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THE EFFECT OF A NURSE-LED PREDNISOLONE TAPERING REGIME IN POLYMYALGIA RHEUMATICA: A RETROSPECTIVE COHORT STUDY

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Background: The cornerstone treatment of polymyalgia rheumatica (PMR) is prednisolone, which has several side effects such as osteoporosis and type 2 diabetes [1]. Therefore, the duration of prednisolone treatment should be as short as possible. Previous studies indicate that only 10-30% has discontinued prednisolone after 1 year and approximately 50% after 2 years [2].

Objectives: To investigate the efficacy of a nurse-led prednisolone tapering regime in patients with PMR compared to usual care.

Methods: The study is a single center retrospective cohort study with a 2-year follow-up. Prednisolone dose was evaluated after 1 and 2 years. A nurse-led PMR clinic was introduced June 1st, 2015 and patients diagnosed until June 7th, 2017 were included. Patients were diagnosed by a physician, and subsequently managed by nurses according to a specific protocol, with prednisolone tapering from 15 mg to discontinuation after 52 weeks. Regularly blood tests and telephone interviews were performed and a rheumatologist was involved if deemed necessary.

Results: Patients diagnosed with PMR between June 1st, 2012 and June 1st, 2015 served as controls. They received standard care by a rheumatologist. The Danish guidelines for managing PMR remained unchanged throughout the study period.

At baseline there was no difference between patients receiving standard care and nurse-led care regarding gender, mean age (70.7 years vs. 72.2 years), clinical findings, symptoms, level of C-reactive protein (43.4 mg/L vs. 39.7 mg/L), anticitrullinated protein antibody and rheumatoid factor status. Median (IQR) prednisolone starting dose in the standard care group was 15 mg (15-25) vs. 15 mg (15-15) in the nurse-led care group (p=0.008). After 1 year 29.4% of patients receiving standard care had discontinued prednisolone vs. 35.5% receiving nurse-led care (p=0.403). Median (IQR) prednisolone dose after 1 year was 3.75 mg (0-5) in the standard care group and 12.5 mg (0.75) in nurse-led care group (p=0.004). After 2 years 60.3% of patients receiving standard had discontinued prednisolone vs. 82.2% receiving nurse-led care (p=0.001). Median (IQR) prednisolone dose after 2 years was 0 mg (0-2.5) in the standard care group and 0 mg (0-0) in the nurse-led care group (p=0.004). There was no difference between groups regarding relapse of PMR and initiation of MTX treatment in either year 1 or 2.

Conclusion: A tight and systematic approach to prednisolone tapering in PMR is more effective than usual care. The results should be confirmed in a prospective setting.

References:

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DOI: 10.1136/annrheumdis-2020-eular.6179

IS COTrimoxazole PROPHylaxis AGAINST PNEumococciS (IROPV) RECOMMENDED IN PATIENTS WITH SYSTEMIC AUTOIMMUNE DISEASES REQUIRING IMMUNosuppressive THERAPIES? A SYSTEMATIC LITERATURE REVIEW

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Background: The incidence of Pneumococci s (IROPV) (PCP) has increased substantially during the past years in patients with systemic autoimmune diseases (SAD). Mortality associated to PCP was reported to be up to 20 to 58%, particularly in those receiving immunosuppressive therapy, such as tumoral necrosis antagonist factors or glucocorticoid therapy. Though, there is clear evidence of the effectiveness of Cotrimoxazole against PCP, the risk of adverse effects is important, increasing morbidity and mortality. Up to date, there is no consensus about the need of PCP prophylaxis in SAD patients with immunosuppressed therapies.

Objectives: To analyse the efficacy and safety of Cotrimoxazole prophylaxis against PCP in SAD adult patients receiving immunosuppressive therapies.

Methods: We performed a comprehensive literature search, screening different databases, MEDLINE, EMBASE and Cochrane Library up to April 2019. Outcomes covered prevention of PCP or other infections, morbidity, mortality and safety. All categories of studies were included. Two reviewers selected and...