Objectives: To determine adherence to the RCOphth guidelines for HCQ screening within the Rheumatology departments in the North-West of the UK.

Methods: Data for patients established on HCQ and those initiated on HCQ therapy were collected over a 7 week period from 9 Rheumatology departments.

Results: 473 patients were included of which 56 (12%) were new starters and 417 (88%) were already established on HCQ. 79% of the patients were female, with median ages of 60.5 and 57 years for new and established patients respectively. The median (IQR) weight for new starters was 71 (27.9) kg and for established patients, 74 (24.7) kg.

20% of new starters exceeded 5mg/kg daily HCQ dose. 16% were identified as high risk (9% had previously taken chloroquine, 5% had an eGFR <60ml/min/m² and 2% had retinal co-pathology). Of the high-risk group, 44% were taking <5mg/kg. In total, 36% of new starters were referred for a formal baseline Ophthalmology review. In the established patients, 74% were taking ≤5mg/kg/day HCQ dose and 16% were categorized as high risk (10% had an eGFR less than 60ml/min/m², 3% had previous chloroquine or tamoxifen use and 2% had retinal co-pathology). In the high-risk group, 75% were not referred for spectral domain optical coherence tomography (SD-OCT). 41% of patients established on HCQ for <5 years, and 33% of patients on HCQ for >5 years were not referred for SD-OCT. Reasons for not referring included; awaiting 5 year review, previous screening already performed and optician review advised.

Since the introduction of the RCOphth guidelines, 29% patients already established on HCQ had an alteration in the dosage of HCQ in accordance with the guidelines. In the high-risk group, 16% were not on the recommended HCQ dose.

Conclusion: This audit demonstrates inconsistencies in adherence to the RCOphth guidelines for HCQ prescribing and ophthalmology screening within Rheumatology departments in the North-West of the UK for both new starters and established patients. Plans to improve this include wider dissemination of the guidelines to Rheumatology departments and strict service level agreements with ophthalmology teams to help optimize HCQ prescribing and screening for retinopathy.

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HPR Epidemiology and public health (including prevention)

FRI0650-HPR SEXUAL DYSFUNCTION IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Sexual dysfunction is the alteration in one or several phases of sexual activity (desire, excitement, plateau, orgasm and resolution), which can culminate in frustration, pain and a decrease in the frequency of sexual intercourse. There are few studies that associate sexual dysfunction with Systemic Lupus Erythematosus (SLE) due to the difficulty in assessing it and its multifactorial cause.

Objectives: Determine the frequency of sexual dysfunction and analyze associated factors in patients with SLE.

Methods: A descriptive cross-sectional study was conducted. We included patients who attended the Rheumatology unit between May and July 2019; over 18 years of age, with a diagnosis of SLE according to the ACR 1997 and / or SLICC 2012 criteria, and healthy patients matched by age as control. Demographic and disease-related variables were studied. The DASS-21 (Depression Anxiety Stress Scale) scale that evaluates depression, anxiety and stress, and the Female Sexual Function Index (FSFI) that assesses 6 domains (desire, excitement, lubrication, orgasms, satisfaction and pain) were applied with a cut-off point ≤ 26.5 to define sexual dysfunction. Women over 50 years old, with secondary Sjogren's syndrome, menopause, severe depression and illiterate patients were excluded.

Results: One hundred and twenty three women were included (60 with SLE and 63 controls), with a mean age of 34.3 ± 8.3 and 31.7 ± 4.4 years respectively. The prevalence of sexual dysfunction in the SLE group was 71.7%; 95% CI = [58.5 – 82.5], and 23.8%, 95% CI = [13.9 – 36.2] in healthy patients. There were significant differences in all domains of sexual function between women with SLE and healthy group. In the desire, excitement and pain domains the differences were notable. The total FSFI score in patients with SLE was 18.2 ± 11.2 and in healthy women 28.3 ± 6.9 (p=0.001). Stress, anxiety and depression were observed in 58.4%, 58.3% and 50% of women with SLE and 19%, 20.6% and 28.5% of healthy women respectively (p=0.001). No association was found between sexual dysfunction and age, age at diagnosis, disease activity or treatment (pNS). No association was found in patients

with SLE when analyzing the effect of sexual dysfunction in stress, depression and anxiety variables, in opposition to the healthy group (p<0.05).

Conclusion: The prevalence of sexual dysfunction in patients with SLE was high (71.7%). Depression, Anxiety, and Stress were not decisive variables in Sexual Dysfunction.

Disclosure of Interests: None declared

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HPR Service developments, innovation and economics in healthcare

FRI0651-HPR A RANDOMIZED PROSPECTIVE OPEN-LABEL CONTROLLED TRIAL COMPARING THE PERFORMANCE OF A CONNECTED MONITORING INTERFACE IN PATIENTS WITH RHEUMATOID ARTHRITIS VERSUS PHYSICAL ROUTINE MONITORING

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Background: Telemedicine has found wider application in chronic diseases for encouraging tight home-monitoring in order to improve patients' outcome (Smolen et al. 2017).

In previous studies, a high feasibility and high patient-satisfaction rate was found as well as the evidence for a superior or equal effectiveness of telemedicine compared to the standard face-to-face approach, however the results were weakened by some methodological biases and wide heterogeneity of interventions, thus preventing to draw definitive conclusions (Piga et al. 2017; Najm, Gossec, et al. 2019).

Objectives: In rheumatoid arthritis (RA), telemedicine may allow a tight control of disease activity while reducing hospital visits. We developed a smartphone application connected with a physician's interface to monitor RA patients. We aimed to assess the performance of this e-Health solution in comparison with routine practice in the management of patients with RA.

Methods: A 6-month pragmatic, randomized, controlled, prospective, clinical trial was conducted in RA patients with high to moderate disease activity starting a new Disease Modifying Anti-Rheumatic Drug (DMARD) therapy. Two groups were established: "connected monitoring" and "conventional monitoring". The primary outcome was the number of physical visits between baseline and 6 months. Secondary outcomes included adherence, satisfaction, changes in clinical, functional, and health status scores (SF-12).

Results: Of the 94 randomized patients, 89 completed study: 44 in the "conventional monitoring" arm and 45 in the "connected monitoring" arm. The total number of physical visits between baseline and 6 month was significantly lower in the "connected monitoring" group (0.42 ± 0.58 versus 1.93 ± 0.55; p<0.05). No differences between groups were observed in the clinical and functional scores. A better quality of life for SF-12 subscores (Role-Physical, Social-Functioning and Role-Emotional) were found in the "connected monitoring" group.

Conclusion: According to our results, a connected monitoring reduces the number of physical visits while maintaining a tight control of disease activity and improving quality of life in patients with RA starting a new treatment.

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