The second aim is to identify the most frequent reasons for consultation and diagnoses, to assess the concordance between the two and to analyse the trend over time of the number of virtual consultations and their relationship with the different waves of the COVID 19 pandemic.

Methods: Retrospective observational study. The virtual consultations made from PC (47 centres) to Rheumatology during 2020 were analysed. They were carried out through a computer programme, using the "Andalusian Health Service Virtual Consultation Platform" tool. A specific agenda was established for virtual consultations. The reason for the referral and the rheumatologist's diagnosis were collected. The response given to the PC was divided into four models: NON-TRIBUTARY (not related to the specialty), DISCHARGE (a diagnosis and therapeutic response is concluded), APPOINTMENT FOR CONSULTATION, and FOLLOW-UP (new contact is requested, completing the information). The reasons for consultation, diagnoses, time and type of response were analysed.

Results: 47 virtual consultations were carried out. 54.5% (n 298) were closed as DISCHARGE. 27.4% (n 150) were APPOINTMENT FOR CONSULTATION, and 17.7% (n 97) indicated FOLLOW-UP. Only 0.4% (n 2) were NOT TRIBUTARY.

Another frequent reason for consultation was osteoporosis (13.5% n 74), of which 85.1% (n 63) had a confirmed diagnosis and/or need for revision. A diagnosis could be made via telematics in 89.6% of the consultations. 15.5% were osteoporosis (n 65), 14.9% osteoarthritis (n 61), 10.5% soft tissue injuries, 88% mechanical/nonspecific pain (n 47), 71% rheumatoid arthritis (n 39), 6.5% fibromyalgia (n 34), 6.2% connective tissue disease (n 34), 5.7% PMR (n 31), 4.9% suspected spondyloarthritis (n 26), 4.2% psoriatic arthritis (n 23) and 4.2% microcrytaline arthritis (n 23).

74% (n 150) of the virtual consultations were required for assessment in a face-to-face appointment. We analysed the distribution over time (Figure 1). In the COVID 19 confinement phase (14 March - 21 June), the number of consultations increased, peaking in May. In the COVID 19 confinement phase (14 March - 21 June), the number of consultations increased, peaking in May.

Results: More than half of the virtual consultations carried out were resolved without face-to-face assessment, with a diagnosis being established in almost 90% of them. Inflammatory arthropathy accounted for 30.6% (n 45), osteoarthritis for 19.9% (n 29), fibromyalgia for 12.3% (n 18), polymyalgia rheumatica (PMR) for 6.9% (n 10), osteoporosis for 2.7% (n 4) and connective tissue disease for 2.1% (n 3).

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274% (n 150) of the virtual consultations were required for assessment in a face-to-face appointment. We analysed the distribution over time (Figure 1). In the COVID 19 confinement phase (14 March - 21 June), the number of consultations increased, peaking in May.

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274% (n 150) of the virtual consultations were required for assessment in a face-to-face appointment. We analysed the distribution over time (Figure 1). In the COVID 19 confinement phase (14 March - 21 June), the number of consultations increased, peaking in May.

Conclusion: More than half of the virtual consultations carried out were resolved without face-to-face assessment, with a diagnosis being established in almost 90% of them. It is an effective tool for rapid access to Rheumatology, detecting pathology requiring preferential face-to-face assessment, with a diagnosis being established in almost 90%. It is an effective tool for rapid access to Rheumatology, detecting pathology requiring preferential face-to-face assessment, with a diagnosis being established in almost 90%.

Disclosure of Interests: [1]

REFERENCES:


Conclusion: Worse sexual experience is associated with increased disease activity, decreased function, poor mobility, decreased health index, poor sleep quality and psychological status. Therefore, special attention to worse sexual experience in patients with AS is essential to assess disease-related suffering and develop new patient management strategies.

REFERENCES:


Disclosure of Interests: None declared.

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POS1482-HPR PAIN CATASTROPHIZING IS ASSOCIATED WITH RESIDUAL PAIN AFTER REACHING IMPROVED CONDITIONS OF SWOLLEN/TENDER JOINTS AND SERUM C-REACTIVE PROTEIN LEVEL

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Objective: To evaluate the correlations between pain catastrophizing and pain levels in patients with rheumatoid arthritis (RA).

Methods: This study is an observational study. The study population consisted of 147 RA patients who were treated in our rheumatology clinic. All patients were in the chronic phase of the disease and not receiving active treatment. The modified Health Assessment Questionnaire (mHAQ) and the Pain Catastrophizing Scale (PCS) were used to assess pain intensity and catastrophizing, respectively. The relationship between pain catastrophizing and pain levels was analyzed using Pearson's correlation coefficient.

Results: The mean age of the patients was 63.2 ± 12.8 years, and the mean disease duration was 17.3 ± 11.1 years. The mean mHAQ score was 0.6 ± 0.5, and the mean PCS score was 24.8 ± 10.2. There was a significant positive correlation between pain catastrophizing and pain levels (r = 0.62, p < 0.001).

Conclusion: Pain catastrophizing is associated with residual pain after reaching improved conditions of swollen/tender joints and serum C-reactive protein level. This suggests that pain catastrophizing may play a role in the persistence of pain in patients with RA. Further research is needed to explore the clinical significance of these findings.

Disclosure of Interests: None declared.

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Background: It has long been recognized that immune-mediated inflammatory diseases, such as rheumatoid arthritis (RA), are prone to coexist with depression due to the effects of cytokines, and that these two illnesses lead to an elevation in patients’ pain. However, few often encounter patients with RA who suffer from residual pain despite an improvement in disease activity and inflammation. The specific psychological factors associated with residual pain have not yet been clarified. In addition to the traditional psychological factors, such as depression and anxiety, we focused on pain catastrophizing due to the distortion of pain perception and explored its association with residual pain. 

Objectives: To examine whether psychological factors, such as pain catastrophizing, depression, and anxiety, are associated with self-reported pain visual analogue scale (pain-VAS) scores in RA patients. We also examined patients with pain VAS scores (dependent variable). After univariate regression analysis, multivariate regression analysis was performed. Pain catastrophizing, depression, and anxiety were associated with self-reported pain visual analogue scale (pain-VAS) scores in RA patients with 1 or less on 28-joints swollen joint/tender counts (SJC/TJC) and CRP.

Methods: This was a cross-sectional study of 290 RA outpatients (85% of whom were women) with scores of less than 1 on SJC, TJC, and CRP, with a median (IQR) age of 66 (57–73) years. The participants completed questionnaires, including pain VAS (0–100mm), Pain Catastrophizing Scale (PCS, 0–32 scale), and Hospital Depression and Anxiety Scale (HADS, 0–42 scale). Using linear regression analyses, we analysed whether PCS (≥30), depression (HADS-D ≥11), and anxiety (HADS-A ≥11) (independent variables) were associated with pain VAS scores in any model. Multivariate regression analysis of other covariates showed that age, disease duration, and presence of anxiety and pain catastrophizing. Pain catastrophizing was associated with pain VAS scores in univariate and multivariate analyses (Table 1). The presence of anxiety and depression was not associated with pain VAS scores in any model. Multivariate regression analysis of other covariates showed that age, disease duration, and presence of SJC/TJC of joints other than the 28 joints were positively correlated with pain VAS scores.

Table 1. Univariate and multivariate regression analysis for independent variables associated with pain-VAS scores

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Univariate</th>
<th>Multivariate</th>
</tr>
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<tbody>
<tr>
<td>Pain catastrophizing</td>
<td>Estimate</td>
<td>3.7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Estimate</td>
<td>3.7</td>
</tr>
<tr>
<td>Depression</td>
<td>Estimate</td>
<td>3.5</td>
</tr>
</tbody>
</table>

The covariates in multivariate analysis are as follows: age, sex, body mass index, disease duration, Steinbrocker’s Stage, prednisolone dosage, biologic agent use, and presence of swollen joint/tender joint counts of joints other than the 28 joints. Model 1: each psychological independent variable and the above covariates. Model 2: all psychological independent variables and the above covariates.

Conclusion: Pain catastrophizing was associated with pain VAS scores in RA patients with 1 or less on 28-joints SJC/TJC and CRP, emphasizing that residual pain in the patients should be treated in a biopsychosocial framework focusing on pain catastrophizing.