
DO: 10.1136/annrheumdis-2021-eular.2552

AB0289

PATIENT REPORTED PHYSICAL HEALTH COMPARED TO CLINICIAN RATED BILAG-2004 MUSCULOSKELETAL SYSTEM SCORES – DISCORDANCE BETWEEN PATIENTS AND CLINICIANS


Objectives: To assess correlation of patient reported LQoL PH with MSK BILAG scores recorded by clinicians at various time points using data from the phase 3 TULIP studies1,2 and to investigate the percent of discordance between patients and clinicians.

Methods: Data from TULIP 1 and 2 studies (ANfibrinolam 300mg and placebo arm) were pooled to evaluate the relationship between LQoL PH and MSK BILAG scores at baseline, weeks 24 and 52 using Spearman correlations as post-hoc analysis. Mean LQoL PH scores were assessed for each MSK BILAG category at the three timepoints using one-way ANOVA. Percent of patients with MSK BILAG A and LQoL PH scores >50 at each timepoint (nominal p<0.0001); this relationship became stronger over time. Mean LQoL PH scores were different in each MSK BILAG category, with the highest in MSK BILAG D/E and the lowest in the MSK BILAG A category, thus confirming the discriminatory ability of the LQoL PH (Table 1).

Results: Total of 690 patients were included in the pooled analysis (Table 1). Significant correlations between LQoL PH and MSK BILAG scores were found at each time point (normal p<0.0001); this relationship became stronger over time. Mean LQoL PH scores were different in each MSK BILAG category, with the highest in MSK BILAG D/E and the lowest in the MSK BILAG A category, thus confirming the discriminatory ability of the LQoL PH (Table 1).

Table 1. Correlation coefficients (CC) between LQoL PH and MSK BILAG scores, and mean LQoL PH scores with standard deviations (SD) per each MSK BILAG category at baseline, weeks 24 and 52.

<table>
<thead>
<tr>
<th>CC</th>
<th>Baseline</th>
<th>Week 24</th>
<th>Week 52</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CC</td>
<td>N</td>
<td>CC</td>
</tr>
<tr>
<td>Total Population</td>
<td>-0.25</td>
<td>690</td>
<td>-0.36</td>
</tr>
<tr>
<td>MSK BILAG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 (D/E)</td>
<td>69.3 (24.7)</td>
<td>17</td>
<td>74.2 (22.1)</td>
</tr>
<tr>
<td>1 (C)</td>
<td>62.3 (25.4)</td>
<td>60</td>
<td>64.3 (23.9)</td>
</tr>
<tr>
<td>2 (B)</td>
<td>56.6 (24.4)</td>
<td>398</td>
<td>55.1 (24.2)</td>
</tr>
<tr>
<td>12 (A)</td>
<td>44.9 (25.8)</td>
<td>215</td>
<td>43.9 (25.9)</td>
</tr>
</tbody>
</table>

At baseline, 40% of patients who were assessed by clinicians as having MSK BILAG A reported minimal impairment in physical function and ADLs (LQoL PH >50) and 24.1% who had MSK BILAG C, D, or E reported difficulties with ADLs (LQoL HP ≤50), suggesting discordance between patients and clinicians. This discordance slightly decreased over time (Figure 1).

Conclusion: Patient reported LQoL PH scores correlated with MSK BILAG scores and showed discriminant validity for MSK BILAG scores. Greater discordance was seen between LQoL PH and MSK BILAG A compared with C, D, or E. These findings suggest a need for further investigation of a role for PROs in MSK BILAG scoring. Formal review of PROs by clinicians during MSK BILAG assessment could be considered in future SLE clinical trials.


Acknowledgements: This study was sponsored by AstraZeneca.

Disclosure of Interests: Ewa Olech Speakers bureau: Abbvie, Amgen, Merck, Pfizer, and UCB, Grant/research support from: BMS, Donald Stull; None declared, Betsy Williams: None declared, Stephanie Bean: None declared, Gabriel Abreu Employee of: AstraZeneca, Erik Schwetje Employee of: AstraZeneca, Raj Tummala Employee of: AstraZeneca, Sean O’Quinn Shareholder of: AstraZeneca, Employee of: AstraZeneca

DO: 10.1136/annrheumdis-2021-eular.2560

AB0290

TREATMENT OF INTERSTITIAL LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS: EXPERIENCE IN A THIRD LEVEL HOSPITAL

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Background: There are few studies on the treatment of diffuse interstitial lung disease (ILD) associated with systemic lupus erythematosus (SLE). Corticosteroids are usually used in cases of mild to moderate decrease in diffusion and the association with immunosuppressants (Cyclophosphamide, Rituximab...) is reserved for cases of more severe affection.

Objectives: Assess the main treatments used in ILD associated with SLE in a third level hospital and analyze the therapeutic response through improvement in imaging tests and in respiratory function studies.

Methods: Descriptive observational study of patients diagnosed with SLE (SLICC criteria) who developed ILD in our hospital between 1973 and 2020. As variables of response to treatment, HRCT pattern at diagnosis and at two years, respiratory function tests at diagnosis and at one year were analyzed. Likewise, the different treatments used before and after diagnosis were studied such as hydroxychloroquine (HCQ), prednisone, mycophenolate mofetil (MMF) and cyclophosphamide (CFM), azathioprine (AZA) and mycophenolate mofetil (MMF).

Results: A total of 455 patients diagnosed with SLE were included, of which 20 had ILD (4.4%). 65% of the analyzed sample were women with a mean age diagnosis of 63 ± 16.23 years. 30% presented ILD as the first clinical finding. At diagnosis, 90% had symptoms such as dyspnea (75%) and cough (60%). 85% had alterations in the X-ray and 100% in the HRCT, where the predominant pattern was NINE (65%). Spirometry showed an obstructive (25%), restrictive (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%). With the treatment administered, HRCT stability was observed (20%) and normal (55%) pattern; 90% had decreased diffusion, the majority being mild (7%)