AB0481

PATIENT'S PERSPECTIVE ON PATIENT EDUCATION IN AXIAL SPONDYLOARTHRITIS: A QUALITATIVE STUDY

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Background: Within the EULAR recommendations patient education (PE) is stated as the basis of axial spondyloarthritis (axSpA) management, since PE contributes to reaching treatment goals.¹ However, educational needs are scarcely qualitatively studied in patients with axSpA and the EULAR recommendations of PE are primarily based on research in patients with rheumatoid arthritis. The World Health Organization advocates the incorporation of qualitative research into the development of guidelines and recommendations,² since it generates rich and detailed data providing explanations and understanding of the complexity of human behaviour and decision-making.³

Objectives: To explore perceptions, experiences and needs of PE in patients with axSpA.

Methods: An interpretive phenomenological approach was applied and data was collected through semi-structured in-depth interviews with axSpA patients with a broad variation in characteristics. The data collection and analysis was conducted in an iterative manner. Thematic analysis was applied to translate experiences and perceptions from the interviews into themes.⁴ Multiple strategies were used to enhance credibility: data saturation, research triangulation, bracketing, member checking, theoretical notes, and peer debriefing.

Results: Twelve patients participated, for characteristics see Table 1. From the participants' perspective three interrelated themes regarding PE are important for healthcare professionals (HCP) to pay attention to: *illness perception, content and availability*. 1) *Illness perception*, defined as patients' personal understanding and belief about their disease, affects how patients experience and process PE which consequently influences coping strategies with their disease. 2) The following topics concerning *content* are reported as most important in PE for patients with axSpA: prognosis, treatment, and the influence of lifestyle aspects. 3) *Availability* of PE: face-to-face contact with a HCP is the preferred method for exploring patients' personal needs in PE. Additionally, active self-education is preferred to learn more about the different subjects which patients can apply when preferred. Furthermore, participants reported a relationship of trust between patient and HCP and sufficient amount of time in combination with a comprehensible amount of information to support their understanding (health literacy) as prerequisites for effective PE.

Table 1. Characteristics of the patients with axSpA in this study

Participants	Sex	Age	Symptom	Diagnosis	ASDAS	Disease	PASS	Level of	Marital status
		years	years	activity				educa-	
								tion	
1	M	39	18	15	0.47	ID	Yes	ISCED 7	Single
2	M	56	30	30	2.90	HDA	No	ISCED 3	Divorced
3	M	24	10	9	0.88	ID	Yes	ISCED 7	In a relationship
4	M	32	20	13	1.04	ID	Yes	ISCED 6	In a relationship
5	M	66	24	23	1.33	LDA	Yes	ISCED 3	Married
6	M	33	7	5	1.20	ID	Yes	ISCED 7	Married
7	M	56	9	6	2.72	HDA	-	ISCED 2	Married
8	F	30	15	9	2.11	HDA	No	ISCED 3	Single
9	F	36	14	12	1.22	ID	Yes	ISCED 7	Married
10	F	56	18	17	3.23	HDA	-	ISCED 2	Married
11	F	33	10	5	1.66	LDA	Yes	ISCED 3	Divorced
12	F	27	3	2	1.90	LDA	No	ISCED 7	In a relationship

M = Male; F = Female; ASDAS = Ankylosing Spondylitis Disease Activity Score; ID = inactive disease, LDA = low disease activity, HDA = high disease activity; PASS = Patient Acceptable Symptom State Questionnaire; ISCED 2011 = International Standard Classification of Education 2011

Conclusion: This first bottom-up qualitative study exploring perceptions, experiences and needs of PE in patients with axSpA, shows that HCP should pay attention to patients illness perception to promote effective delivery of PE. Additionally, diagnosis, treatment and lifestyle aspects are important subjects and a combination of face to face contact and self-education is preferred by the patients. These results will provide disease specific content for future guidelines regarding PE in axSpA.

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AB0482

PHARMACOLOGICAL TREATMENT OF ENTHESITIS - A SYSTEMATIC REVIEW ON THE EFFICACY OF THE AVAILABLE OPTIONS

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Background: Enthesitis is a recognized as a hallmark of spondyloarthritis (SpA), including psoriatic arthritis (PsA). However, it is an underestimated disease domain in both in clinical trials and clinical practice (1).

Objectives: This systematic literature review (SLR) assessed the efficacy of the available pharmacological options for enthesitis.

Methods: A SLR was conducted following the PRISMA reporting guidelines. Studies were sourced from PubMed and Embase databases, using the MeSH terms: enthesitis, entheses, treatment, spondylarthritis, ankylosing spondylitis and psoriatic arthritis. The search was limited to articles in English published between January 2000 and July 2020. Two independent reviewers screened the titles and abstracts.

Results: A total of 65 articles matched the research criteria. The included populations, the time to assessment of the primary endpoint and the chosen outcome for assessment of enthesitis was heterogeneous across studies. There were no studies assessing the effect of non-steroidal anti-inflammatory drugs, glucocorticoids, or csDMARDs. In PsA, all TNFis showed superiority in monotherapy against placebo (PBO). However, when combined with methotrexate (MTX), only some TNFi showed superiority against MTX monotherapy. In SpA, there was conflicting evidence regarding the efficacy of TNFi in enthesitis. Regarding IL23i in PsA, Ustekinumab was superior to PBO, and to TNFis. Guselkumab was superior to PBO when given every 4 weeks. Regarding IL7i, Secukinumab (SEC) was superior to PBO, only for some dosing schemes. Ixekizumab (IXE) was superior to PBO for the treatment of enthesitis only in TNF-naïve patients. Studies comparing SEC and IXE to ADA, showed no difference. There was no reported data on IL17i for enthesitis in SpA. In PsA, Tofacitinib was superior to PBO in naïve patients, and Tofacitinib 10mg was superior to PBO in bioexperienced patients. Apremilast 30mg showed superiority to PBO for enthesitis. All findings are summarized on Table 1.

Table 1. Findings of the systematic literature review on treatment options for enthesitis

Disease	Tested drug vs Reference	Superiority of the treatment arm against reference arm (p<0.05)	Reference
PsA	TNFi vs PBO	YES	NCT00051623 (IFX) NCT00265096 (GOL) NCT01087788 (CZP) NCT00367237 (IFX) NCT02065713 (GOL) NCT02376790 (ETN)
	TNFi+MTX vs PBO+MTX (PBO+ETN one study) vs PBO+MTX	NO	NCT01009086 NCT01077362 EudraCT 2017-003799-29 β
	UST vs PBO	YES	NCT03162796
	UST vs TNFi	YES	NCT03158285 NCT01392326
	GUS q4w vs PBO	YES	NCT01752634 NCT01989468
	GUS q8w vs PBO	NO	
	SEC (pooled dose) vs PBO	YES	
	SEC 300mg vs PBO	YES	
	SEC 150mg vs PBO	NO	
	SEC 300mg with loading vs PBO	YES	NCT02404350
	SEC 150mg with loading vs PBO	YES	
	SEC 150mg no loading vs PBO	NO	
SpA	IXE vs PBO	YES	NCT01695239
	ADA vs PBO	NO	
	IXE vs PBO	PsA Bioexperienced	NCT02349295
	IL17i (SEC/ ADA) vs TNFi	NO	NCT02745080 (SEC) NCT03151551 (ADA) β NCT01172938
	APR 20mg vs PBO	NO	
	APR 30mg vs PBO	YES	
	TOF 5mg vs PBO	NO	NCT01877668
	TOF 10mg vs PBO	YES	(TNFi-naïve)
	ADA 40mg vs PBO	NO	
	TOF vs PBO	NO	NCT01882439 (TNFi-failure)
	ETN vs SSZ	YES (imaging)/ NO (clinical)	NCT00844142
	ETN vs PBO	axSpA	NCT01258738
	ADA vs PBO	YES for nr-axSpA YES for r-axSpA NO for nr-axSpA YES for perSpA YES for r-axSpA	NCT00195819 NCT00939003 NCT01064856 NCT02186873 NCT00265083
	GOL IV vs PBO	YES	
	GOL 100mg vs PBO	YES	
	GOL 50mg vs PBO	NO	
	GOL vs PBO	For r-axSpA YES nr-axSpA	NCT01453725

β-Open-label; PsA: Psoriatic arthritis; r-axSpA: Radiologic axial spondylarthritis; nr-axSpA: non radiological axial spondylarthritis; PBO: Placebo; TNFi: Tumor necrosis factor inhibitors; ETN: Etanercept; IFX: Infliximab; ADA: Adalimumab; GOL: Golimumab; UST: Ustekinumab; CZP: Certolizumab; GUS: Guselkumab; SEC: Secukinumab; IXE: Ixekizumab; APR: Apremilast; TOF: Tofacitinib; MTX - Methotrexate