AB0891-HPR

PATIENTS WITH RHEUMATIC DISEASE WHO WERE 'FEELING STRESSED' DURING THE SECOND WAVE COVID19 INFECTION

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Background: COVID-19 pandemic has been devastating not only medically but also socially and economically. Selangor, an urbanised state in Malaysia, has been severely affected by COVID19. There is concern that patients with rheumatic diseases (RD) may have higher risk of infection, with increased mortality¹. **Objectives:** To investigate patients' characteristics which are associated with 'feeling stressed' among patients with RD during the second wave of COVID19 infection in Selangor.

Methods: This is a cross-sectional study conducted over 3 weeks during the second wave of COVID19 infection in Malaysia. Patients with RD, scheduled for rheumatology clinic appointment in a rheumatology referral centre were invited to participate in this study.

Personal and clinical data were collected by phone interview and from patients' medical records respectively. Patients were asked to grade their disease activity by giving a score from 0 (not active) to 10 (active). All patients were asked 'are you feeling stressed?' and the answer was recorded as yes or no. Reasons explored for a yes answer, included financial, social disruption, physical illness and future uncertainties. Categorical and continuous data were analysed using chi-squared test and student t-test, respectively. A p-value of <0.05 is considered statistically significant.

Results: Three hundred and sixty-one patients with various RD participated in this study. The mean age of these was 48.2 years (range between 16-80 years). More than half (54.3%) were Malay and other ethnicities were Chinese (25.5%), Indian (18.2%) and others (2%). A quarter of patients (24.7%) were not working (unemployed, retired and students) and a third of patients (32.1%) had unpaid work (mainly housewife). The other patients' characteristics are shown in Table 1.

Table 1. Characteristics of patients who were 'feeling stressed' and not 'feeling stressed' during the second wave of COVID19 infection.

Patients' characteristics	No of patients (n=83), no of patients (%)	Feeling stressed patients (n=83), no of patients (%)	Not feeling stressed (n=278), no of patients (%)	p-value
Age				
<60	272	72 (26.5)	200 (73.5)	0.006
≥60	89	11 (12.4)	78 (87.6)	
Gender				0.510
Male	61	16 (26.2)	45 (73.8)	
Female	300	67 (22.3)	233 (77.7)	
Ethnicity				0.076
Malay	196	38 (19.4)	158 (80.6)	
Others	165	45 (27.3)	120 (72.7)	
Relationship status				0.215
Married	275	59 (21.5)	216 (78.5)	
Unmarried	86	24 (27.9)	62 (72.1)	
Education level				0.145
Up to secondary	233	48 (20.6)	185 (79.4)	
Tertiary	128	35 (27.3)	93 (72.7)	
Work status				0.002
No work	89	13 (14.6)	76 (85.4)	
Unpaid work	116	20 (17.2)	96 (82.8)	
Paid work	156	50 (32.1)	106 (67.9)	
Rheumatic disease				0.259
SLE	125	30 (23.8)	96 (76.2)	
RA	150	30 (19.4)	120 (80.6)	
Others	80	23 (28.8)	57 (71.3)	
Perceived disease activity				<0.001
Yes	25	3.14 (2.4)	1.87 (2.1)	
Use biologics				0.537
Yes	7	(28)	18 (72)	
No	336	76 (22.6)	260 (77.4)	

Eighty-three (23%) admitted to 'feeling stressed' and the stressors identified were physical illness in 34 (40.9%), social disruption in 23 (27.7%), financial problems in 23 (27.7%) and future uncertainties in 19 (22.9%). Patients' characteristics that were significantly different between patients who were 'feeling stressed' and not 'feeling stressed' were age, employment status and perceived disease activity (Table 1).

Conclusion: The COVID19 pandemic has caused mental distress in a significant number of RD patients and associations were found with older age, having paid work and perceived disease activity. Issues that may influence patients' responses, including access to rheumatology care, medication and fear of getting infection were not explored in this study.

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PATIENT PERSPECTIVES ON PROVIDER PRACTICES LEADING TO AN AXIAL SPONDYLOARTHRITIS DIAGNOSIS: A QUALITATIVE STUDY

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Background: People with Axial Spondyloarthritis (axSpA) experience a diagnostic delay between 7 to 10 years. (1-5) This delay contributes to increased depression and desperation in searching for an appropriate diagnosis. (6) Consequently, people with axSpA experience impaired physical function, structural damage, and overall worsened quality of life than those who experience a timely diagnosis. (7)

Objectives: To gain knowledge and understand patients' experiences with healthcare providers in diagnosis of axSpA.

Methods: Using qualitative study design, we conducted six focus groups, with a total of 26 participants with a confirmed diagnosis of axSpA by rheumatologists from three different geographic locations: Worcester, MA, Aurora, CO and Philadelphia, PA. Focus groups were audio recorded and approximately 2 hours in duration. The focus groups were transcribed, deidentified, cleaned and stored in a secure location. NVivo software was used to code the data using a coding scheme which emerged from the focus group discussion topics. For intercoder reliability, two researchers coded the data and generated summary reports for data analysis.

Results: Patients described their frustrating journeys to diagnosis and attributed the lengthy diagnosis delays to a multitude of factors. These elements include, lack of definitive diagnostic test, disease characteristics, lack of primary care providers' awareness of axSpA, time, and trust. Patients felt that their physicians dismissed their complaints or would describe their symptoms as psychosomatic. The health care system also contributed to their diagnostic delays, including the lengthy referral process to a rheumatologist and the short clinical appointments. Patients believe that to reduce diagnostic delay, physicians must work with their patients; listening and believing their patients while allotting time for patients to discuss their experiences. In addition, patients believe earlier referral to a rheumatologist, and HLA-B27 genetic testing would decrease the diagnostic delay of axSpA.

Conclusion: In this study, patients desire definitive testing in clinical practice for earlier diagnosis of axSpA. Additionally, more education regarding the guidelines to diagnose axSpA and earlier referral to rheumatologists might be needed. Until this is feasible, patients seek clinicians who will work with them until a diagnosis is made, listening, and believing their experiences and symptoms.

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TREATMENT SATISFACTION, EXPECTATIONS, PATIENT PREFERENCES, AND CHARACTERISTICS IN PATIENTS WITH RHEUMATOID ARTHRITIS (RA): TURKISH COHORT RESULTS OF THE SENSE STUDY

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Background: Suboptimal control of RA may lead to severe and progressive articular damage, loss of function, and deterioration of the quality of life (QoL).

Objectives: To assess treatment satisfaction, sociodemographic, clinical, health care resource utilization, and QoL characteristics of patients with sub-optimally controlled RA and treated with conventional synthetic and/or biologic DMARDs.

Methods: This study was an international, multicenter, cross-sectional, non-interventional study. Adult RA patients with moderate to severe disease activity (DAS28>3.2) were enrolled. Patient satisfaction was evaluated with Treatment Satisfaction Questionnaire for Medication (TSQM, version 1.4) with a scale ranging from 0 (indicating poor satisfaction) to 100 (indicating perfect satisfaction). Patients were questioned regarding treatment adherence, patient preferences, and expectations. Workability was evaluated using Work Productivity and Activity Impairment Questionnaire-Rheumatoid Arthritis (WPAI-RA, version 2.0). Short Form 36 (V2) survey were performed to all patients.

Results: One hundred sixty-four patients were included in the study and most (78.0%) were female. The median age was 57.0 years, ranging between 22.0 and 84.0 years. Half of the patients (50.6%) were primary school graduates and 6.1% were unemployed due to RA and seeking work. Median time since RA diagnosis was 8.0 years and mean (±SD) DAS28-CRP score was 4.8 (±1.0). Mean total activity impairment was 54.9% (±27.4). In the past 3 months from enrollment, the mean number of healthcare professional and emergency room visits were 1.8 (±1.1) and 1.8 (±1.3), respectively. Mean number and length of hospitalizations in the previous 3 months were 1.1 (±0.3) times and 8.3 (±7.2) days, respectively. Mean TSQM scores were 53.5 (±21.4) for effectiveness, 86.0 (±26.7) for side effects, 67.8 (±16.5) for convenience, and 57.7 (±22.0) for global satisfaction. The leading expectation was 'lasting relief of RA symptoms' (mean

score: 5.8). Preferred time until the effect of onset was 'up to 1 week' for 76.2% of the patients. Most of the patients (57.9%) preferred oral administrations and the most preferred frequency of administration was 'once per day' (46.3%). Mean physical and mental component summary scores for Short Form 36 (V2) survey were 37.9 (±8.3) and 40.1 (±10.7).

Conclusion: Two-thirds of the patients with RA who have suboptimal responses are not satisfied with their treatments. Moreover, oral and once-daily treatment approaches stand out in patient preferences. Finally, suboptimal control leads to deterioration in clinical characteristics, workability, and QoL of patients with RA.

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THE JOURNEY OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The course of rheumatoid arthritis (RA) differs from patient to patient, and each patient has a unique story. The disease condition affects psychological and social aspects, greatly affecting the quality of life. The disease course is unpredictable, and each patient's story can be seen as a lifelong journey, full of ups and downs. Therefore, it is crucial to know what kind of support is required during the course of their life.

Objectives: The aim of this study is to examine the life story of patients with RA and clarify a common situation in their stories in order to consider what kind of support is needed.

Methods: This is a qualitative study using life story interview for patients with RA in Japan. Interview included disease history, patients' behaviors, effects on daily life, the patients' perspectives regarding psychological considerations and useful support. Data were analyzed using content analysis. This study was approved by the ethics committee and informed consent was obtained.

Results: Eight patients participated in this study. They were all females and the average age was 57 years old. As a result of the categorization, we extracted the following eight situations: (1) Emergence of symptom; patients thought joint pain would go away, however, the symptom did not improve and began to affect their daily life and work, (2) Choose a hospital to visit; pain and anxiety have continued and decided to visit a hospital, (3) Encounter with their doctors; patients expected their doctor to relieve their pain, while they were afraid of being told that they were suffering from a serious disease. (4) Diagnosis of RA; patients were