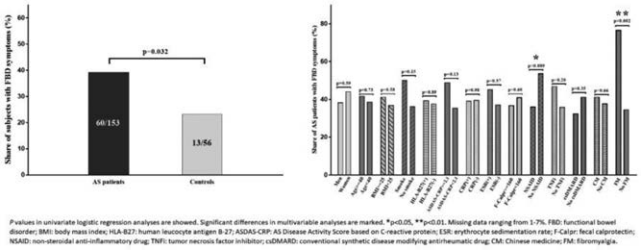

Figure 1. Frequencies with symptoms meeting FBD criteria

Table 1. Univariable and multivariable associations between gut symptoms and assessments of AS

		Univariable		Multivariable	
	Gut symptoms	β	p	β	p
ASDAS-CRP[a]	FBD symptoms	0.234	0.112	0.294	< 0.001
	IBS symptoms	0.039	0.863		
	Chronic diarrhea	0.217	0.172	0.301	0.002
BASDAI[b]	FBD symptoms	0.747	< 0.001	0.764	< 0.001
	IBS symptoms	0.202	0.560		
	Chronic diarrhea	0.761	0.002	0.845	< 0.001
BAS-G[c]	FBD symptoms	0.936	< 0.001	0.979	< 0.001
	IBS symptoms	0.059	0.889		
	Chronic diarrhea	0.903	0.003	0.949	0.001
ASAS HI[d]	FBD symptoms	1.941	< 0.001	1.673	0.003
	IBS symptoms	2.263	0.008	1.769	0.046
	Chronic diarrhea	1.500	0.015	1.343	0.030
BASFI[e]	FBD symptoms	0.433	0.049	0.428	0.048
	IBS symptoms	0.296	0.376		
	Chronic diarrhea	0.448	0.060	0.425	0.069
BASMI[f]	FBD symptoms	-0.373	0.190	-0.493	0.075
	IBS symptoms	-0.442	0.304		
	Chronic diarrhea	-0.179	0.564		

Besides gut symptoms, other clinical variables (Block-1) being chosen into hierarchical multivariable models were as follows: [a]HLA-B27, lnCRP, and lnESR; [b]HLA-B27 and lnESR; [c]HLA-B27 and lnCRP; [d]sex and TNFi; [e]HLA-B27, lnESR, and TNFi; [f]age and lnESR. Missing data ranging from 1-7%.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2022-eular.777

AB0785

ROLE OF PATIENT ORGANIZATIONS IN IMPLEMENTATION OF RECOMMENDED NON-PHARMACOLOGICAL TREATMENT MODALITIES IN SPONDYLOARTHRITIS: EVIDENCE FOR THE EFFECTIVENESS OF SELF-MANAGEMENT STRATEGIES

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Background: EULAR recommends participation in patient (pt) organizations to improve pt self-management of axial spondyloarthritis (axSpA)[1]. Non-pharmacological treatment modalities (NPTM)[2] are recommended in axSpA treatment guidelines.[3]

Objectives: To characterize the impact of pt advocacy group membership and its association with NPTM frequency and clinical parameters in axSpA.

Methods: Pts with a confirmed axSpA diagnosis were enrolled in the multicenter, observational ATTENTUS-axSpA survey conducted across Germany (11/2019–07/2020). Demographics, clinical and pt-related data were collected electronically.

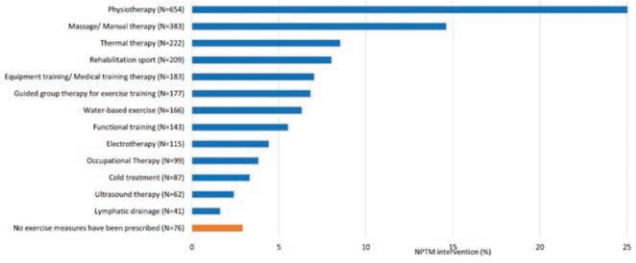
Results: Of the 787 enrolled axSpA pts, this analysis was conducted on the working population (n=695)[4]. Overall, 12.2% (n=85) pts were members of a pt advocacy group and 87.8% (n=610) were not. Pt advocacy group members had higher Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) scores, increased functional impairment (BASFI, Bath Ankylosing Spondylitis Functional Index) and higher impact of axSpA on health (ASAS-HI, Assessment of SpondyloArthritis International Society-Health Index; Table 1). Despite worse prognostic factors, there was no significant difference in Work Productivity and Activity Impairment (WPAI) score [40.6 (27.0) for pt advocacy group members vs 36.8 (29.9) for non-members; p=0.380]. Membership in a pt advocacy group was associated with increased prescribed, supervised NPTM (57.6% [n=49] vs 34.4% [n=210]). Pts reported to have ever received 2.6 rehabilitation measures, and ≥3.0 different rehabilitation NPTM measures. Cumulatively, 25.0% (N=654) of rehabilitation measures were physiotherapy (Figure 1).

Table 1. Descriptive characteristics and impact of membership in pt advocacy group

Characteristic	Patient advocacy group member (n=85)	Not patient advocacy group member (n=610)	Total (n=695)	p-value
Age (yrs), mean (SD)	50.2 (7.7)	44.6 (11.1)	45.3 (10.9)	**<0.001**
BMI (kg/m2) mean (SD)	27.5 (5.0)	28.0 (12.7)	28.0 (12.0)	0.713
Male, n (%)	45 (52.9)	378 (62.0)	423 (60.9)	0.128
Disease duration (yrs) mean (SD)	13.7 (10.3)	12.5 (11.1)	12.6 (11.0)	0.303
ASAS-HI, 0-17	7.3 (3.4)	6.4 (3.9)	6.5 (3.8)	**0.045**
BASDAI, 0-10	4.3 (1.9)	3.8 (2.2)	3.9 (2.2)	**0.044**
BASDAI ≥4, n (%)	49 (57.6)	275 (45.1)	324 (46.6)	**0.025**
BASFI, 0-10	3.9 (2.3)	3.2 (2.5)	3.3 (2.4)	**0.015**
Biologic treatment, n (%)	52 (61.2)	312 (51.1)	364 (52.4)	0.072
Full time employment, n (%)	48 (56.5)	410 (67.2)	458 (65.9)	0.06
Absenteeism*, mean (SD)	8.4 (21.2)	10.9 (26.8)	10.6 (26.2)	-
Presenteeism*, mean (SD)	38.4 (24.6)	31.8 (25.7)	32.6 (25.6)	-
Overall work impairment score*, mean (SD)	40.6 (27.0)	36.8 (29.9)	37.2 (29.6)	0.380
Activity impairment, mean (SD)	46.7 (21.7)	40.5 (26.8)	41.3 (26.4)	0.058
Pts having ever received medicinal rehabilitation measures, mean (SD)	67 (78.8)	328 (53.8)	395 (56.8)	**<0.001**
Prescribed supervised group NPTM[#], mean (SD)	49 (57.6)	210 (34.4)	259 (37.3)	**<0.001**
Regular physical training[†], mean (SD)	76 (89.4)	515 (84.4)	591 (85.0)	0.231

*Work-related questions of WPAI-score have been calculated for pts in employment (N=340); [†]regular physical training in the context of axSpA; [#]rehabilitation sport and/or functional training. ASAS-HI, Assessment of SpondyloArthritis International Society-Health Index; BASDAI, Bath Ankylosing Spondylitis Disease Activity Index; BASFI, Bath Ankylosing Spondylitis Functional Index; BMI, Body Mass Index; n, number of pts; pts, patients; SD, Standard Deviation; WPAI, Work Productivity and Activity Impairment; yrs, years.

Figure 1. NPTM measures ever received in patients with axSpA (2617 answers from 770 pts)



Multiple answers were permitted. A total of 2617 answers were submitted from 770 patients. N, total number of pts. NPTM, non-pharmacological treatment modalities.

Conclusion: Pt advocacy group membership was associated with increased prescribed NPTM in axSpA. Pt organizations may support the implementation of guidelines and improvement of self-management strategies in pts with axSpA, which may influence work participation.

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Disclosure of Interests: Dirk Meyer-Olson Speakers bureau: Speakers bureau: Abbvie, Amgen,Berlin Chemie, Bristol Myers Squibb, Cellgene, Chugai, Fresenius Kabi, GSK, Jansen Cilag, Lilly, Medac, Merck Sharp & Dome, Mylan, Novartis, Pfizer, Sandoz Hexal, Sanofi and UCB, Consultant of:Abbvie, Amgen, Berlin Chemie, Bristol Myers Squibb, Cellgene, Chugai, Fresenius Kabi, GSK, Jansen Cilag, Lilly, Medac, Merck Sharp & Dome, Mylan, Novartis, Pfizer, Sandoz Hexal, Sanofi and UCB, Kirsten Hoeper Speakers bureau: Speakers bureau: Abbvie, Chugai, Gilead, Lilly, Novartis, Sandoz Hexal and Sanofi., Consultant of: Abbvie, Chugai, Gilead, Lilly, Novartis, Sandoz Hexal and Sanofi., Ludwig Hammel: None declared, Sebastian Lieb Employee of: Employee of Novartis, Andreas Haehle Employee of: Employee of Novartis, Uta Kiltz Speakers bureau: Speakers bureau: AbbVie, Biocad, Chugai, Eli Lilly, Grünenthal, Janssen, MSD, Novartis, Pfizer, Roche and UCB, Consultant of: AbbVie, Biocad, Chugai, Eli Lilly, Grünenthal, Janssen, MSD, Novartis, Pfizer, Roche and UCB, Grant/research support from: Abbvie, Amgen, Biogen, Fresenius, GSK, Novartis and Pfizer
DOI: 10.1136/annrheumdis-2022-eular.815