Objectives: To determine the full economic cost, including medical productivity loss and other out of pocket related costs of delayed diagnosis for AS in the UK.

Methods: We are building an economic Markov model to demonstrate a total cost per patient per year of delay. The model will project disease progression forward in time-steps with feedback loops to allow movement in states back and forth. Transition states within each time-step will be constructed according to the various stage of the disease and they will be used primarily to demonstrate an assessment of the costs in the time taken to a confirmed diagnosis. The model will capture symptoms and impacts of AS leading up to that diagnosis and before initiation of treatment. Assuming the one-year maximum ‘gold standard’ time to diagnosis that NASS would like to see, the sum of costs prior to this in each consecutive cycle will be estimated. The inputs will consist of the average delay to diagnosis per gender and age group, the health resources utilisation, the cost of managing the symptoms, cost related to productivity losses and any other parameters and costs reflecting real resources required to diagnose, confirm, treat, cope with, manage and accommodate AS symptoms. Data include anonymised diagnosed patient data with the pathways they followed pre-diagnosis shared under strict confidentiality data sharing agreement from the secondary health units participating in the project. Cost data gathered from national sources and research into AS, NHS unit costs reports, productivity related reports and interviews with people with AS and clinicians providing valuable insight into the condition. The model will be validated by experts in the field and sufferers of AS to ensure accurate representation of actual events.

Results: The results will be provided at the conference and this is work in progress. A preliminary analysis of anonymised data of the pathway of 513 people towards an AS diagnosis show that the delay on female patients is slightly longer (mean of 9.85 years) compared to male patients (mean of 9.39 years). In both genders the delay is higher if the patient present symptom after the age of 31 years increasing the mean of previous age groups by 5 to 9 yrs.

Table 1.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male Obs.</th>
<th>Mean</th>
<th>95% CI</th>
<th>Female Obs.</th>
<th>Mean</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>1</td>
<td>1.0</td>
<td>0.00, 13.71</td>
<td>2</td>
<td>1.00</td>
<td>0.00, 13.71</td>
</tr>
<tr>
<td>16-30</td>
<td>49</td>
<td>3.59</td>
<td>2.69, 4.49</td>
<td>144.00</td>
<td>4.01</td>
<td>3.45, 4.57</td>
</tr>
<tr>
<td>31-45</td>
<td>50</td>
<td>11.72</td>
<td>9.64, 13.80</td>
<td>161.00</td>
<td>9.61</td>
<td>8.58, 10.65</td>
</tr>
<tr>
<td>46-60</td>
<td>24</td>
<td>18.17</td>
<td>13.05, 23.28</td>
<td>60.00</td>
<td>15.90</td>
<td>13.30, 18.50</td>
</tr>
<tr>
<td>61+</td>
<td>3</td>
<td>17.33</td>
<td>0.00, 52.58</td>
<td>19.00</td>
<td>28.58</td>
<td>21.14, 36.02</td>
</tr>
</tbody>
</table>

Conclusion: The results will help the National Axial Spondyloarthropathies Society (NASS) to build an economic case for earlier diagnosis. The interactive model will support decision making in the future by allowing assumptions to be changed e.g., changing prices over time; varying wage rates depending on staff and skill mix; and the anticipated scale of savings in actual practice.

REFERENCES:

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AB1417

CORRELATION BETWEEN THE ATTITUDE OF PATIENTS SUFFERING FROM CHRONIC RHEUMATIC DISEASES TOWARDS REMOTE CONSULTATIONS BY RHEUMATOLOGIST AND THE HEALTH LOCUS OF CONTROL

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Background: During the COVID-19 pandemic telemedicine has become an important and safe means for patients suffering from chronic diseases to control their condition with the assistance of a physician [1]. In order to ensure that treatment of chronic rheumatic diseases is effective, it is important that patients develop a favorable attitude towards telehealth/remote consultations [2] as well as disease-related individual behavior, which significantly depends on the patients’ health locus of control [3].

Objectives: To analyze the attitude of patients suffering from chronic rheumatic diseases towards peculiarities of remote consultations by a rheumatologist and their correlation with health locus of control.

Methods: To reveal the patients’ attitude towards remote consultations by a rheumatologist, an original questionnaire has been prepared, which contains reasons for choosing remote consultations, fears about such consultations and their advantages. Health locus of control was evaluated using a Multidimensional Health Locus of Control (MHLC) scale, which consists of three subscales: Internal, Chance, and Powerful Others. Demographic questions and questions related to health are also included in the questionnaire. 207 subjects participated in the study: 177 (85.5 %) women and 30 (14.5 %) men, (M, SD=39.4, SD=11.76). The majority of subjects were diagnosed with spondyloarthritides (n=83), connective tissue diseases (n=53), rheumatoid arthritis (n=49), and osteoarthritis (n=20), 42 subjects were diagnosed with some other rheumatic diseases. 111 (53.6%) patients had the previous experience of remote consulting by a rheumatologist.

Results: It has been determined that the attitude of patients with rheumatic diseases is related to various demographic characteristics of patients, e.g., gender, etc., and the peculiarities of the disease, e.g., strength of the symptoms, etc. It has been found that patients without experience of remote consultations have more fears about such consultations (p=0.024). When comparing the average of statements revealing a positive attitude M=68.4% with the average of statements revealing a negative attitude M=27.3%, it becomes clear that the overall attitude of subjects towards remote consultations of a rheumatologist is favorable. To assess correlations between positive or negative attitude of patients with rheumatic diseases and health locus of control correlational analysis was performed. The results did not confirm the expected correlations between the positive attitude of patients with the internal locus of control. However, it has been obtained that negative attitude towards remote consultations by a rheumatologist positively correlates with two indicators of health locus of control – Chance (r=-0.203; p=0.0001) and Powerful Others (r=0.194, p=0.01), although the said correlation is not strong, but statistically significant.

Conclusion: The study has revealed the major fears and satisfaction sources related to remote consultations of Lithuanian patients with rheumatic diseases. In addition, it has shown that personal convictions of a patient that health depends on the circumstances and the influence of other people exacerbates the attitude towards remote consultations.

REFERENCES:

Disclosure of Interests: None declared