Arthritis research

[AB1583-PARE] QUALITATIVE INTERVIEWS OF SYMPTOMS, IMPACTS AND SELECTED PROMIS SHORT FORMS: A STUDY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS

A. Findley1, J. Middletonhurst1, C. Howse1, M. Clifford, W. Neil1, S. Tatlock1, W. H. Chen1, M. Bracher2, D. Patel1, 1Adelphi Values, Patient-Centred Outcomes, Bollington, United Kingdom; 2GlaxoSmithKline, Specialty Care, General Medicines & Vaccines, Collegeville, United States of America; 3GlaxoSmithKline, Global Value Evidence & Outcomes, Stevenage, United Kingdom; 4GlaxoSmithKline, Global Value Evidence & Outcomes, Collegeville, United States of America

Background: Axial spondyloarthritis (axSpA) is characterised by inflammation of the sacroiliac joints and spine. Sleep disturbance, pain and fatigue are reported in the literature to be key symptoms and impacts of axSpA. Three customised Patient-Reported Outcomes Measurement Information System (PROMIS) Short Forms (Sleep Disturbance, Pain Interference and Fatigue) previously developed for use in rheumatoid arthritis, have been proposed for use in patients with axSpA to assess the key concepts.

Objectives: To conduct in-depth qualitative interviews to further understand the patient experience of axSpA and evaluate the content validity of the three PROMIS Short Forms to support their use as endpoints in axSpA clinical trials.

Methods: A non-interventional, cross-sectional qualitative (concept elicitation [CE] and cognitive debriefing [CD]) study was conducted in 28 adult patients with diagnosed axSpA, 24 of whom had diagnosed nr-axSpA. Participants completed the PROMIS Short Forms (Sleep Disturbance, Pain Interference and Fatigue), previously developed for use in rheumatoid arthritis, and provided feedback. Verbatim interview transcripts were subject to thematic and content analysis.

Results: Patients were from the United States (n=20) and Germany (n=8), mean age was 52.8 years, and 57% (n=16) were male; mean time since diagnosis of axSpA was 9.5 years (range 0.3–31.3 years). The CE section identified 12 distinct signs and symptoms that characterised patients’ experience of axSpA: pain, sleep problems, fatigue/tiredness, stiffness, swelling, vision/eye issues, restricted body movements, headache/migraine, spasms, change in posture/stature, balance/problems, fatigue/tiredness, stiffness, swelling, vision/eye issues, restricted body movements. The CD section involved a ‘think-aloud’ exercise in which patients read out each instrument item and response option for the three PROMIS Short Forms and shared their feedback. Patients were also asked to respond to questions about the relevance of the items, response options and recall period. Perverbatim interview transcripts were subject to thematic and content analysis.

Conclusion: Pain, sleep problems and fatigue are pivotal symptoms of axSpA and associated with HRQoL impacts. Interpretability and content validity of the PROMIS customised Short Forms have been confirmed, with each deemed to adequately assess key impacts associated with axSpA, making them suitable for use in clinical trials of patients with axSpA.

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[AB1584-PARE] UNDERSTANDING HETEROGENEITY IN PATIENTS’ CONCEPTUALIZATION OF TREATMENT FOR RHEUMATOID ARTHRITIS: A CLUSTER ANALYSIS

B. Hsiao5, J. Down5, M. Langoni5, J. R. Curtis3, S. Blaock5, C. Wiedmeyer5, S. Venkatachalam1, W. B. Nowell5, L. Fraenkel6,7. 1Yale-New Haven Medical Center, Rheumatology, New Haven, United States of America; 2University of Alabama at Birmingham, Division of Clinical Immunology & Rheumatology, Birmingham, United States of America; 3University of North Carolina, Chapel Hill, Division of Pharmaceutical Outcomes and Policy, Chapel Hill, United States of America; 4Global Healthy Living Foundation, Patient-Centered Research, Upper Merion, United States of America; 5Berks County Medical Center, Rheumatology, Lenox, United States of America; 6Yale University, School of Medicine, New Haven, United States of America

Background: Uptake of treat to target strategies for the management of rheumatoid arthritis (RA) is low. System-related barriers to accessing treatment are known, but poor adherence to starting and continuing treatment are prevalent causes of suboptimal care.

Objectives: To better understand heterogeneity in patients’ conceptualization of RA treatment to inform interventions aimed at improving appropriate utilization of disease modifying antirheumatic drugs (DMARDs).

Methods: Participants (pts) were recruited from the ArthritisPower US online registry. Pts who met eligibility criteria [physician diagnosed RA currently being treated with DMARD(s)] rated 56 items (coded on 5-point scales) reflecting concepts raised during in-depth patient interviews. To combine similar items for ease of analysis and interpretation, we conducted a principal components analysis using Varimax rotation. We then entered mean scores, weighted by how heavily each item was cited, into a k-means cluster analysis. We examined whether demographic characteristics differed across clusters using ANOVA for continuous and chi-square for categorical variables.

Results: Pts (N=621) ranged in age from 22 to 93, with a mean of 57 years (SD=11.5). Most (89%) were female and reported as non-Hispanic white (89%); 27% reported being diagnosed with psoriatic arthritis (PsA), and 46% were taking a biologic. A tree plot revealed that a 4-factor solution explained 36.8% of the variance would provide desirable interpretability, with a discontinuous drop in eigenvalues for additional factors slowly tapering and adding little discriminability between later solutions. The four factors (% variance explained, number of items) were: 1) Access to high quality care and support (12.10%, n=21); 2) Comfortable adding/switching DMARDs (9.73%, n=14); 3) Perceived favorable DMARD risk/benefit ratio (8.74%, n=15); and 4) Confidence that testing reflects disease activity (6.20%, n=6). A 5-cluster solution showed the most stable convergence of cluster centers after 10 iterations. Figure 1 shows the weighted mean scores for each factor across clusters. The largest group (31.7%) is characterized by mean scores on each of the four factors toward the high end of mean responses for the sample, reflecting positive experiences; we labeled this group “Successfully Engaged in Care” to indicate a positive rheumatologist relationship, feeling well-informed and active participation in care. The third largest group (16.4%) had a favorable view of DMARDs; we labeled this group “Worried About Medication” . The three remaining clusters are smaller. The third cluster (13.2%) scored lowest on their rating of access to high quality care and support, indicating less access to, and satisfaction with, information needed to make informed decisions in testing reflecting their disease activity (Factor 4); we labeled this group “Skeptical of Testing,” had a favorable view of DMARDs and associated with HRQoL impacts. Interpretability and content validity of the PROMIS customised Short Forms have been confirmed, with each deemed to adequately assess key impacts associated with axSpA, making them suitable for use in clinical trials of patients with axSpA.

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