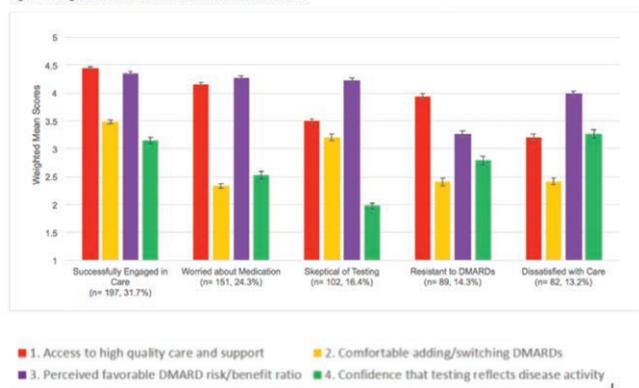


support decision making. Their perceived risk/benefit ratio for DMARDs was still favorable, so we labeled this group "Dissatisfied with Care."

Conclusion: Patients' conceptualization of RA treatment varies, but discomfort with adding/switching DMARDs appears to be ubiquitous regardless of perceived benefits associated with DMARDs and access to high quality care/support. Interventions outside of the traditional physician-patient relationship are needed to facilitate treatment escalation in patients with RA. Further research is required to understand residual variance not explained by our model.

Figure 1. Weighted Mean Scores for Each Factor Across Clusters



Acknowledgements: The authors thank the patients for their participation.

Disclosure of Interests: Betty Hsiao: None declared, Julie Downs: None declared, Mandy Lanyon: None declared, Jeffrey R. Curtis Consultant of: Gilead, Novartis, and Samsung. Grant/research support from: AbbVie, Amgen, BMS, Corrona, Eli Lilly and Company, Janssen, Myriad, Pfizer, Regeneron, Roche, and UCB, Susan Blalock: None declared, Carole Wiedmeyer: None declared, Shilpa Venkatachalam: None declared, W. Benjamin Nowell Grant/research support from: •William B. Nowell is the Principal Investigator on grants/contracts from AbbVie, Eli Lilly and Company, and PCORI, and an employee of the Global Healthy Living Foundation (GHLF). GHLF receives grants, sponsorships and contracts from pharmaceutical manufacturers and private foundations. A full list of GHLF funders is publicly available here: <https://www.ghlf.org/our-partners/>, Liana Fraenkel: None declared

DOI: 10.1136/annrheumdis-2022-eular.2964

AB1585-PARE DO PATIENT AND PHYSICIAN ASSESSMENTS OF A HEALTH CARE VISIT MATCH FOR HISPANIC/LATINX PATIENTS WITH RHEUMATOID ARTHRITIS IN THE UNITED STATES AND PUERTO RICO?

D. Hernandez¹, J. Bravo², J. J. Maya³, O. Soto-Raices⁴, A. Tapia¹, G. Valenzuela⁵, W. B. Nowell¹, S. Venkatachalam¹. ¹Global Healthy Living Foundation, Medical Affairs and Hispanic Outreach, Nyack, United States of America; ²Novant Health Westbrook, Rheumatology & Arthritis, Winston-Salem, United States of America; ³Rheumatology Center of Palm Beach, PLLC., Rheumatology, Lake Worth, United States of America; ⁴Soto-Raices Mindful Rheumatix and Medical Research Group, Rheumatology, San Juan, Puerto Rico; ⁵Integral Rheumatology and Immunology Specialists, Rheumatology, Plantation, United States of America

Background: Nonlinear associations in rheumatoid arthritis (RA) prevalence and sociodemographic indices suggest social determinants of health affect RA.¹ RA screening tools have lower sensitivity and specificity for Hispanic/Latinx individuals compared with white individuals (77% vs 85% sensitivity and 45% vs 87% specificity).² Hispanic/Latinx people also present to physicians later and with more severe RA.³ There is little research in this population to explain these differences or how they can be addressed. Because it is known the Hispanic/Latinx population has lower English-language proficiency, we hypothesized this is in part because of the lack of validated Spanish-language educational materials and research tools for RA.

Objectives: To validate a Spanish-language patient-provider questionnaire (PPQ) for Hispanic/Latinx patients with RA that had previously been validated as concordant for primary care visits in Sweden.⁴ To understand if rheumatologist and patient assessments for Hispanic/Latinx people with RA are concordant when using a Spanish-language digital PPQ. To determine if a Spanish-language rheumatologist-completed PPQ could be a proxy for patient impressions in a prospective clinical study.

Methods: A Spanish-language PPQ for RA was created by translating 9 of 13 questions previously validated in the Swedish study,⁴ and adding a question

about treating to target specific to RA. The survey was made available on tablet devices in 4 rheumatology clinics in the U.S. and Puerto Rico. Clinic staff obtained patient consent and gathered demographic information to generate a unique confidential identifier code for each visit, which was inputted into surveys on tablet devices. After the visit ended the patient and rheumatologist were each given the PPQ coded for that visit to complete independently of one another. The PPQs were submitted electronically to a secure database in which the visit code was the only identifier recorded.

Results: Across 114 clinical visits, 96.75% of possible answers were recorded and were almost invariably positive with scores of 5 (strongly agree; 88%), 4 (agree; 12%), or 3 (neither agree nor disagree; 0.09%). Physicians responded with 4 (agree) more often than patients (18% vs 6% of responses). Responses from both patient and physician were available for (96.64%) of answered questions. Within these paired answers, 80.67% were concordant (same answer from both patient and physician). Physicians answered 4 when patients answered 5 in 76.5% of discordant responses (different ratings from patient and physician). Most physician ratings of 4 came from 1 of the 4 physicians involved and only 12.5% of patients were responsible for 75% of the patient responses of 4.

Conclusion: Hispanic/Latinx patients with RA and their rheumatologist rated their communication, goal setting, and relationships extremely positively, making it difficult to evaluate true concordance and not possible to use rheumatologist-completed PPQs as proxy for patient assessments. Notably, ratings were substantially different from what is typically seen on Likert scales, which normally skew positively but with a normal distribution. This finding may reflect social determinants of health or cultural differences such as a social-desirability bias toward positive statements about physician-patient interactions. Heterogeneity within the participants is also a plausible explanation, considering that a distinct subset of respondents account for almost all responses below the 5 rating. Further research is needed to identify best practices for measuring treatment to target and patient-rheumatologist interactions in the Hispanic/Latinx population with RA.

REFERENCES:

- [1] Safiri S, et al. *Ann Rheum Dis.* 2019;78(11):1463-71. doi:10.1136/annrheumdis-2019-215920
- [2] Potter J, et al. *J Rheumatol.* 2008;35(8):1545-9. PMID: 18597406
- [3] Riad M, et al. *J Clin Rheumatol.* 2019. doi:10.1097/RHU.0000000000001085
- [4] Ahlén GC, et al. *Fam Pract.* 2007;24(5):498503. doi.org/10.1093/fampra/cmm043

Acknowledgements: We wish to acknowledge the important contributions of our HOPE CAPE RA participants, including the patients and providers and Anne Sydor, PhD for her invaluable advice and help throughout the project. This project was funded by the Bristol Myers Squibb Foundation.

Disclosure of Interests: Daniel Hernandez Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, Julio Bravo Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, Juan Jose Maya Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, Oscar Soto-Raices Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, Angel Tapia Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, Guillermo Valenzuela Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation, W. Benjamin Nowell Grant/research support from: This research was supported by the Bristol Myers Squibb Foundation, Shilpa Venkatachalam Grant/research support from: This project is supported by the Bristol Myers Squibb Foundation

DOI: 10.1136/annrheumdis-2022-eular.4857

Innovations in arthritis health care

AB1586-PARE MULTI-CENTER, RANDOMIZED, OPEN-LABEL, 2-ARM PARALLEL STUDY TO COMPARE THE PHARMACOKINETICS, SAFETY AND TOLERABILITY OF AVT02 ADMINISTERED SUBCUTANEOUSLY VIA PREFILLED SYRINGE OR AUTOINJECTOR IN HEALTHY ADULT VOLUNTEERS

C. Wynne¹, H. Stroissnig², R. Dias³, J. Sobierska³, E. Guenzi³, H. Otto², A. Sattar⁴, H. N. Haliduola², E. Edwald⁵, F. Berti³. ¹New Zealand Clinical Research, Clinical Research, Christchurch, New Zealand; ²Alvotect Germany GmbH, Clinical and Medical Affairs, Jülich, Germany; ³Alvotect Swiss AG, Clinical and Medical Affairs, Zürich, Switzerland; ⁴Alvotect UK Ltd, Clinical and Medical Affairs, London, United Kingdom; ⁵Alvotect hf., Combination Products & Devices, Reykjavik, Iceland