Background: The Covid-19 pandemic has meant a modification of the patterns of the doctor-patient relationship, favoring online visits and reducing face-to-face visits. Likewise, the implementation of Patient-Reported Outcomes (PROs) that do not require the intervention of the doctor in our clinical practice and that given their close relationship with the clinical activity of chronic inflammatory joint diseases (CIJD) has favored an empowerment of patients and can allow the development of the online visit.

Objectives: Know the use and acceptance of patients with CIJD: rheumatoid arthritis (RA), psoriatic arthritis (PsA) and spondylarthropathies (SpA) of a non-face-to-face online visit, through a digital environment.

Methods: Patients were included in a platform called Rheumanet for access by username and passwords (https://www.laconsolidatederoad.com). At the time of inclusion, demographic variables were collected: date of birth, sex, level of education (primary education, secondary education, vocational training, further education and higher education), distance from the hospital to the patient’s home, and clinical variables such as diagnosis: RA, PsA or SpA, as well as the duration of the disease. Prior to the appointment, patients were encouraged to complete a PRO survey to assess their clinical situation: Routine Assessment of Patient Index Data 3 (RAPID3) for RA, Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) for SpA and Rapid3 and/or BASDAI for the PsA. Both the RAPID3 and BASDAI were scored for the patient’s knowledge and assigned to a color scale based on disease activity in green (remission or low activity), orange (moderate activity) or red (severe activity). Likewise, they were ordered to express through a free text what they would tell us as if they were in a face-to-face consultation. Complementary tests (analytical, radiological studies and others) are obtained simultaneously from the medical records and a joint assessment of the visit is carried out.

Results: Between September 1, 2020 and January 31, 2022, a total of 248 patients (113 RA, 53 SpA and 82 PsA) were included in the platform. 172 (69.3%) patients used the digital platform and made at least one non-face-to-face visit during follow-up. The number of online visits made by each patient ranged from 1 to a maximum of 13 visits. 80 patients (70.7%) suffered from RA, 40 (75.4%) from SpA and 52 (63.4%) from PsA. The number of patients who made non-face-to-face visits was 38 (72.3%) for a disease duration of <5 years and 137 (64.5%) for >5 years. When the ages of the patients were analyzed, the number of patients who made visits was 75 (73.5%) between 18 and 30 years old, 50 (67.7%) between 30 and 50 and 47 (66.4%) from 50 years. According to the degree of activity of the disease, 75 patients were in remission or low activity at some point during the visits, 63 patients with moderate activity and 34 with severe activity. The distribution according to the level of education was: 11 (6.3%) primary education, 21 (12.2%) secondary education, 37 (21.5%) vocational training, 63 (36.6%) further education and 40 (23.2%) higher education. The number of online visits was higher in patients who lived at a distance of 50 km or more from the hospital, reaching 100% of the visits in this subgroup of patients.

Conclusion: The online visit through a digital platform through PROs is well accepted by our population with CIJD, especially in the young population, with a higher cultural level and whose home is far from the hospital. The online visit was made by patients regardless of the severity of their disease activity. Speed and ease of use using PROs already known to the patient and clinician is an important consideration for rheumatologists working in healthcare systems where patient contact time is limited. It would be interesting to obtain this information in non-pandemic situations such as COVID-19, which would make it possible to assess actual acceptance and its use in this type of patient in circumstances in which fear of contagion is not a variable to consider.

Disclosure of Interests: None declared


Crystal arthritis

Background: Urate-lowering therapy (ULT; allopurinol: ALLO and febuxostat: FBX) are recommended to treat gout on the long term, but gout management is often suboptimal. Colchicine can reduce the rate of gout flares upon ULT initiation, and several randomized clinical trials suggest that this drug is also associated with a decreased risk of cardiovascular events.

Objectives: The objectives of this study were to analyze in a real-life setting 1) ULT trajectories and maintenance following initiation and 2) the long-term impact of co-prescribing colchicine on the cardiovascular (CV) risk.

Methods: The LRx database contains the dispensing data of nearly 45% of French pharmacies. Patients who initiated ULT in 2016 (no dispensing in the previous year) and who received regular dispensing (any drug/device) from the LRx pharmacy network until the end of 2020 were included. A multivariate Cox model investigated the factors associated with ULT maintenance over time. In the same cohort, the maintenance of ULT was compared with that of other treatments for chronic diseases. The therapeutic trajectory (continuation, change of dose or type of ULT, discontinuation) was also evaluated. The impact of co-prescribing colchicine on CV risk was studied in the subgroup of patients over 50 years of age without previous delivery of CV treatment (antidiabetics, antiinflammatory, antihypertensives, diuretics, statins) in the year prior to ULT initiation. The incidence of CV treatments prescription (≥ 2 deliveries) was compared between patients who initiated ULT with or without colchicine and those treated with colchicine without ULT using logistic regression.

Results: In 2016, 74,665 patients (mean age ± SD: 70 ± 13 years, 64% men) had initiated ULT, mainly in primary care by a general practitioner (GP) (77%), ALLO was initiated in 68% of patients (100mg/d: 56%, 200mg/d: 32%, 300mg/d: 8%); FBX in 32% (80mg/d: 85%). Colchicine was co-prescribed in 34% of patients. Factors associated with better ULT maintenance were male sex, age < 70, initial prescription by a GP, and co-prescription of colchicine. Conversely, initiation in a hospital setting was associated with poorer ULT maintenance (all p<0.0000001). Half of the patients had stopped ULT after 316 days. This time was shorter than that observed in the same population with anti-diabetics (894 days), ACE inhibitors/sartans (725 days), antiinflammatories (718 days). A change in the dose or type of ULT, discontinuation or ≥ 2 deliveries) was compared between patients who initiated ULT with or without colchicine and those treated with colchicine without ULT using logistic regression.

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Conclusion: This study illustrates that gout management with ULT remains largely suboptimal in France, especially in comparison with other chronic conditions. In addition, our results suggest that flare prophylaxis with colchicine might lower CV risk in gout patients.

Disclosure of Interests: None declared