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SHARED DECISION MAKING ON SUBCUTANEOUS METHOTREXATE OPTIONS FOR RHEUMATOID ARTHRITIS PATIENTS, WHAT DOES THIS LOOK LIKE FOR PATIENTS AND HEALTHCARE PROFESSIONALS?

Keywords: Disease-modifying drugs (DMARDs), Rheumatoid arthritis, Best practices

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Background: Methotrexate (MTX) is the most commonly used rheumatoid arthritis (RA) drug and will often be the first drug prescribed to treat RA [1]. Enhanced bioavailability of subcutaneous (SC) administration of MTX and improved tolerability compared to oral MTX may make this route of administration preferable to the oral route in certain patients [2]. RA patients with ‘dexterity’ issues have physical challenges impacting their ability to use their SC MTX device, therefore making the need to offer choice of device to the individual patient to suit their needs are important. Single device policy within hospitals is a major issue as it results in an inability for health care professionals (HCP) to offer a choice, deliver shared decision making and limits the ability to provide optimal disease management [3].

Objectives: The aims of this study were to quantify the cohort of UK RA patients with impairments affecting their ability to self-administer SC MTX, to explore whether such patients are treated any differently or experience inequity of care due to restrictions in device choice, and to identify the challenges facing prescribing professionals and patients of only having one device available for RA patients.

Methods: A 30-minute computer-assisted telephone interview (CATI) was performed during 16 May-24 June 2022. Twenty-nine UK HCPs (22 rheumatology nurses and 7 consultant rheumatologists) were included. CATI included questions categorised in 4 sections including how to choose a device and importance of patient choice (both RA and non-RA), impairments (7 questions), impairment management (5 questions), and challenges and progression (4 questions). Data was further validated using a virtual expert panel meeting with another group of HCPs working within rheumatology on 11 June 2022.

Results: 31% of HCPs feel there are significant challenges for some patients using a SC device specifically, those with reduced hand function or with active or significant disease, which results in being unable to self-inject leading to non-adherence to treatment. It was estimated that 23% of RA patients have impairment (mostly reduced manual dexterity) impacting their ability to self-administer. HCPs feel patients with impairments have different needs which are mostly identified during the patient assessment or device observation. 90% of HCPs stated they rely on patients telling them of any issues, however patients do not always raise their challenges with their device to their HCP. 90% of HCPs defined patient choice in terms of facilitating patients to make an informed decision. 83% of HCPs mentioned ability to use a device as the most important factor for choosing a device. ~70% of hospitals only have one SC MTX device available (Figure 1), and this is due to formulary restraints. To be able to offer patient choice, HCPs believed >1 device should be available (76%), and patients should be informed on benefits of different devices (55%). HCPs consider single device policy is a big issue in the ability to offer a choice (59%) and to manage the disease (50%). Main challenges are difficulties physically using the device and accurately administrating drug. 31% of HCPs feels that the impaired patients have poorer compliance and progress to biologics more quickly (8.5 vs. 11.5 months) and 52% of HCPs feel these patients require more frequent visits. The subsequent expert panel meeting essentially confirmed the results.

Conclusion: A significant number of patients (23%) have challenges using SC MTX devices impacting both clinical and non-clinical outcomes. These patients have different needs, thus different devices may offer different benefits. Most rheumatology units in hospitals (69%) have only one SC MTX device on their formulary. Current perception of ‘one device fits all’ is inconsistent with the Royal College of Nursing guidelines on SC MTX and the NHS Long Term Plan (regarding patient choice) [3].


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How many SC MTX devices are available (>1, only one) for RA patients within the hospital/clinic

Acknowledgements: NIL.

Figure 1. Distribution of the number of branded SC MTX devices available (>1, only one) for RA patients within the hospital/clinic

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SUPPORT NEEDED BY PEOPLE WITH SYSTEMIC SCLEROSIS TO REMAIN IN THE WORKFORCE

Keywords: Work-related issues, Systemic sclerosis

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