many health care systems. To optimize diagnostic and therapeutic approaches for axSpA patients, 9 quality standards (QS) were developed by ASAS (Assessment of SpondyloArthritis International Society) [1]. These international QS have been recently adapted in Germany [1, 2].

Objectives: To determine the status of quality of care delivered to axSpA patients in 2021 across Germany, with special reference to the new ASAS QS.

Methods: As part of a multicentre study, the Continuous Outcome Benchmarking in Rheumatology (KOBRA) project in Germany, patients with axSpA were surveyed regarding the 9 ASAS QS: Q51 - time until referral; Q52 - time to specialist; Q53 - time span of diagnostic work-up; Q54 - monitoring of disease activity; Q55 - discussion of biological treatment in case of insufficient NSAID therapy; Q56 - benefit of regular exercise; Q57 - offers for disease educational courses; Q58 - time to contact with the rheumatologist in case of flare or drug adverse events; Q59 - annual review.

Results: A total of 417 axSpA patients on an in-patient basis in 27 rheumatology clinics were surveyed; mean age 50.7 years; mean symptom duration 14.6 years; 53.4% had psoriasis; 71.4% BASDAI<4, and 81.2% ASDAS<2.1. Regarding the 9 ASAS QS, 31.7% of the patients received a referral to a rheumatologist within 3 working days after initial suspicion of an axSpA (Q51). 36.0% of referred patients received an appointment with the rheumatologist within 3 weeks (Q52). The diagnostic work-up by the rheumatologist was completed within 2 months in 63.2% of the patients (Q53). Monitoring of the disease activity with validated scores at least once every 6 months was performed in 50.2% (Q54). 62.9% of patients were treated with NSAIDs, of whom 66.2% described therapy as insufficient. In 14.6% of patients, rheumatologist did not discuss a potential treatment escalation to biologics despite the insufficient response to NSAIDs (Q55). About ¼ of patients (72.6%) reported being informed about the positive effects of regular exercise (Q56). Only 33.7% received an offer for an educational course including disease management within 2 months after diagnosis (Q57). In case of flare or adverse events, urgent contact to the rheumatologist within 2 business days took place in only 35.1% of patients (Q58). 51.4% of patients have undergone an annual assessment of life circumstances and disease influencing cofactors (Q59). Of note, relevant gender differences were identified: the waiting time for an appointment with a rheumatologist was longer for women (/>3 months, 32.3% vs. 18.0%), and female patients reported more often an insufficient NSAID therapy than males (71.3% vs. 59.8%) despite similar rates of NSAID use. In patients insufficiently treated with NSAIDs, of whom 66.2% described therapy as insufficient. In 14.6% of patients, rheumatologist did not discuss a potential treatment escalation to biologics despite the insufficient response to NSAIDs (Q55). About ¼ of patients (72.6%) reported being informed about the positive effects of regular exercise (Q56). Only 33.7% received an offer for an educational course including disease management within 2 months after diagnosis (Q57). In case of flare or adverse events, urgent contact to the rheumatologist within 2 business days took place in only 35.1% of patients (Q58).

Conclusion: This is the first project to assess the quality of care according to the ASAS QS among axSpA patients in Germany. The quality of care was acceptable in many health care systems. To optimize diagnostic and therapeutic approaches for axSpA patients, 9 quality standards (QS) were developed by ASAS (Assessment of SpondyloArthritis International Society) [1]. These international QS have been recently adapted in Germany [1, 2].


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AB0988

QUALITY STANDARDS FOR PATIENTS WITH AXSAP – STATUS QUO OF DIAGNOSTIC AND THERAPEUTIC MANAGEMENT OF AXSAP PATIENTS IN GERMANY

Keywords: Spondyloarthritis, Quality of care

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Background: Despite the availability of national and international recommendations for management of patients with axial spondyloarthritis (axSpA), short-comings in the delivery of high level quality of care in daily practice likely exist in many health care systems. To optimize diagnostic and therapeutic approaches for axSpA patients, 9 quality standards (QS) were developed by ASAS (Assessment of SpondyloArthritis International Society) [1]. These international QS have been recently adapted in Germany [1, 2].

Objectives: To determine the status of quality of care delivered to axSpA patients in 2021 across Germany, with special reference to the new ASAS QS.

Methods: As part of a multicentre study, the Continuous Outcome Benchmarking in Rheumatology (KOBRA) project in Germany, patients with axSpA were surveyed regarding the 9 ASAS QS: Q51 - time until referral; Q52 - time to specialist; Q53 - time span of diagnostic work-up; Q54 - monitoring of disease activity; Q55 - discussion of biological treatment in case of insufficient NSAID therapy; Q56 - benefit of regular exercise; Q57 - offers for disease educational courses; Q58 - time to contact with the rheumatologist in case of flare or drug adverse events; Q59 - annual review.

Results: A total of 417 axSpA patients on an in-patient basis in 27 rheumatology clinics were surveyed; mean age 50.7 years; mean symptom duration 14.6 years; 53.4% had psoriasis; 71.4% BASDAI<4, and 81.2% ASDAS<2.1. Regarding the 9 ASAS QS, 31.7% of the patients received a referral to a rheumatologist within 3 working days after initial suspicion of an axSpA (Q51). 36.0% of referred patients received an appointment with the rheumatologist within 3 weeks (Q52). The diagnostic work-up by the rheumatologist was completed within 2 months in 63.2% of the patients (Q53). Monitoring of the disease activity with validated scores at least once every 6 months was performed in 50.2% (Q54). 62.9% of patients were treated with NSAIDs, of whom 66.2% described therapy as insufficient. In 14.6% of patients, rheumatologist did not discuss a potential treatment escalation to biologics despite the insufficient response to NSAIDs (Q55). About ¼ of patients (72.6%) reported being informed about the positive effects of regular exercise (Q56). Only 33.7% received an offer for an educational course including disease management within 2 months after diagnosis (Q57). In case of flare or adverse events, urgent contact to the rheumatologist within 2 business days took place in only 35.1% of patients (Q58).

Conclusion: This is the first project to assess the quality of care according to the ASAS QS among axSpA patients in Germany. The quality of care was acceptable in many health care systems. To optimize diagnostic and therapeutic approaches for axSpA patients, 9 quality standards (QS) were developed by ASAS (Assessment of SpondyloArthritis International Society) [1]. These international QS have been recently adapted in Germany [1, 2].


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AB0987

FEMALES WITH AXIAL SPONDYLOARTHRITIS REPORT HIGHER BURDEN OF DISEASE AND WORSE PATIENT-REPORTED OUTCOMES. RESULTS FROM THE INTERNATIONAL MAP OF AXIAL SPONDYLOARTHRITIS (IMAS)

Keywords: Gender/diversity issues, Patient reported outcomes, Spondyloarthrits

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