VASCULITIS DISEASE ACTIVITY SCORES BEFORE AND DURING THE COVID-19 PANDEMIC: A COMPARISON OF FACE-TO-FACE CLINICIAN SCORING AND PROMS COLLECTED USING REMOTE MONITORING IN A SINGLE-CENTRE COHORT

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Background: During the COVID-19 pandemic, asynchronous consultations were introduced for patients with vasculitis. To assess disease activity without face-to-face clinical reviews and blood testing, patients submitted patient reported outcome measures (PROMs) via electronic survey forms, which were subsequently triaged by clinicians.

Objectives: 1. To investigate how patients’ vasculitis disease activity was affected by the COVID-19 pandemic through retrospective comparison of clinician-assessed scores recorded pre-pandemic with intra-pandemic self-reported patient reported outcome measures (PROMs) and disease scores submitted by patients remotely.

2. To assess patients’ clinical outcomes, including allocation of follow-up and further management or treatment escalation during this period.

3. To validate self-reported BVAS scores against an existing PROM.

Methods: This is a retrospectively study of patients with a known diagnosis of vasculitis under the care of the Nuffield Orthopaedic Centre, Oxford. For the purposes of this study, we included patients with all vasculitis diagnoses. Clinician-reported scores (Bristol Vasculitis Activity score v3, BVAS) were recorded during in-person clinical pre-pandemic (defined as on 01/01/2019-31/12/2019) [1]. Patients’ self-reported BVAS (SR-BVAS) and AAV-PRO (ANCA-associated vasculitis patient-reported outcomes) scores were submitted by patients via electronic forms containing the requisite questionnaires sent out during-pandemic (defined as 01/12/2020-30/03/2022) [2]. SR-BVAS has not been validated but was collected to allow clinical comparison to disease activity scores completed by clinicians. Response were stored and analysed in a secure database. Score comparison was performed using Wilcoxon Sign Rank testing. Clinical outcome data was collected from the local Electronic Patient Record. Data analysis was performed in Microsoft Excel and R (version 4.2.1).

Results: We noted a significantly higher overall level of patient-reported disease activity during the pandemic than was recorded in clinics prior. In the total cohort of all vasculitis patients for whom we had data, the median BVAS increased from 2-pre-pandemic (N = 335, range 0-21) to 6-intra-pandemic (N = 143, range 0-42) (p <0.001). The overall proportion of patients with severe/active disease (defined as BVAS ≥4) increased from 27% to 36% during the pandemic period. In a smaller cohort of 64 patients for whom we had paired pre- and during-pandemic scores, increased disease activity was reported (p <0.01). Notably, the number with a BVAS consistent with severe disease increased from 7 (11%) to 19 (30%). There was a significant positive correlation between SR-BVAS and AAV-PRO (r=0.61, p < 0.001) submitted by patients during-pandemic; however, at low BVAS (<3), the AAV-PRO ranged widely (28-87) follow-up data was available for all 64 patients in this cohort: 8/19 (42%) with a during-pandemic SR-BVAS ≥4 were seen in clinic within 3 months (telemedicine or face-to-face).

Conclusion: Patients reported worsening of vasculitis disease activity during the COVID-19 pandemic. This may be attributable to impacts on well-being or access to healthcare services. We note that disease activity scores in vasculitis may be limited in their ability to capture the whole picture disease activity in the absence of clinical assessment [3]. 42% of patients with self-reported high disease activity were seen within 3 months. There was a significant positive correlation between AAV-PRO and SR-BVAS, suggesting it has some use as a PROM.

REFERENCES:

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