Background: Dynamic grip endurance in psoriatic arthritis is one of the affected functional parameters during the disease process. However, there are limited studies about dynamic grip endurance related factors.

Objectives: To investigate the relationship between disease activity level and joint position sense and dynamic grip endurance in psoriatic arthritis.

Methods: A total of 27 PsA patients (age: 53.33 ± 11.85 years, women:men:16:5) who were classified by the Classification Criteria for Psoriatic Arthritis (CASPAR) criteria and followed in outpatient clinic were included in our study. The socio-demographic characteristic of all patients recorded. Disease activity level was assessed with the DAPSA score. Wrist joint position sense was evaluated by a goniometric re-position error test. Grip strength and endurance were examined by a hand dynamometer (Lafayette Professional Hand Dynamometer, USA). Data analysis was performed with Spearman Correlation Coefficient.

Results: Patients’ diagnosis year, tender joint on hand, and swollen joint on hand were 4.50 years, 23, and 18, respectively. DAPSA scores were 28.67 ± 4.85 and moderate-high level. There was no relationship between DAPSA scores and joint position error and dynamic grip endurance on both sides (p>0.05). A moderate level correlation was found between the DAPSA score and grip strength on both sides (p<0.05, r= -0.516 and -0.570 dominant and non-dominant side, respectively).

Conclusion: Our study showed that PsA patients had lower grip strength during the exacerbation period. Since joint position sense and grip endurance were low independent of disease activity, they may not be associated with disease activity in this study. We think that in cases where disease activity increases, approaches that protect grip strength can be added to the disease management process.

REFERENCES: NIL.

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Disclosure of Interests: None Declared.

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AB1761-HPR A TELE-MONITORING PROGRAM FOR TIGHT CONTROL OF TREATMENT SAFETY IN PATIENTS WITH RHEUMATIC DISEASES

Keywords: Health Services Research M. Fedeli1,2, J. Saini3, H. Ibsen4, M. James5, T. Hügle2.

Methods: In this quantitative and qualitative study, we explored a distance monitoring program including contactless optical vital sign measurement and tele-nursing in ambulatory rheumatic patients in Switzerland. System Usability Scores (SUS) and semi-structured interviews were performed with patients, tele-nurses, and rheumatologists. Patients collected weekly PROs and vital signs via an app (Vtulis, Switzerland) after instruction by tele-nurses. Vital sign deterioration triggered automated notification (categorized in yellow, green, and red) allowing corrective actions. Rheumatologists received monthly summaries of PRO and vital signs in PDF form.

Results: 15 patients with rheumatoid arthritis or spondylarthritids with a mean age of 43.9 years (32-79) were included and monitored up to three months with regular controls of mobility and disease activity. However, it is unclear how such telemedicine services integrate into the clinical workflow.

Conclusion: Tight remote control of safety and efficacy through a combined app, biosensor and tele-nursing program was appreciated by all stakeholders, especially in patients with high comorbidity. A better integration of data and communication in the clinical workflow is required, ideally through the electronic medical record. A reduced workload in the rheumatology clinic was observed, but a complete reorganization of the processes was necessary.

REFERENCES: NIL.

Disclosure of Interests: Marco Fedeli: None declared, Jas Saini Shareholder of: Board of directors at Vtulis, Henrik Ibsen Shareholder of: Board of director Opentelehealth, Miriam James Employee of: Mediservice AG, Thomas Hügle Shareholder of: Scientific board member at Vtulis, Consultant of: GSK, Novartis, Medac., Grant/research support from: Fresenius Kabi, Eli Lilly, Abbvie.

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AB1762-HPR CAN PATIENT-REPORTED OUTCOMES BE USED TO TRIAGE PATIENTS WITH ANKYLOSING SPONDYLITIS TO MOBILITY MEASUREMENTS OR TESTING OF C-REACTIVE PROTEIN?

Keywords: Spondyloarthritis, Patient reported outcomes, Outcome measures C. Fouman McCarthy1,2, K. Hörnberg3, T. Weilt1,4, M. Björklund4, B. Sundström1,4, G. Ärve Hospital, Department of Rheumatology, Gävle, Sweden; 2Umeå University, Department of Community Medicine and Rehabilitation, Physiotherapy, Umeå, Sweden; 3Umeå University, Department of Public Health and Clinical Medicine, Umeå, Sweden; 4Uppsala University/Region Gävleborg, Centre for Research and Development, Gävle, Sweden

Background: Patients with Ankylosing Spondylitis are assessed by healthcare with regular controls of mobility and disease activity. If these controls can be replaced by valid patient-reported index, it would unburden both patients and healthcare providers.

Objectives: In this study we analysed associations between healthcare measured mobility and disease activity and patient-reported disease activity, physical function and well-being in patients with AS.

Methods: This register-based cross-sectional study used data from 1541 visits (of which 1093 visits were men and 448 women) in the Swedish Rheumatology Quality Register. Variables for healthcare measured spinal mobility and disease activity were Ankylosing Spondylitis Metrology Index (BASMI) and C-Reactive Protein (CRP). Variables for patient-reported disease activity, physical function and well-being were Bath Ankylosing Spondylitis Disease Activity Index (BASI), Bath Ankylosing Spondylitis Functional Index (BASFI) and Bath Ankylosing Spondylitis Global Score (BAS-G). First, associations were tested with Pearsons correlation. Secondly, discriminative ability to identify subnormal BASMI, or CRP defined as below the 2.5th percentile of healthy individuals, and >3, respectively [1,2], was determined by means of receiver operating characteristic (ROC) curve analysis for variables with coefficients r >0.4.

Results: Associations with r >0.4 was found only between BASMI and BASFI (r=0.49), resulting with an area under the curve (AUC) of 0.74 (95% CI: 0.72-0.76) in the ROC analyses. Among the subquestions of BASMI/BASFI, the highest association was seen between measured cervical rotation and the self-assessed ability to look over shoulder (r= -0.69), resulting in AUC of 0.85 (95% CI: 0.83-0.88) in the corresponding ROC analyses, using cervical rotation below 2.5th percentile of healthy individuals as discrimination value.

Conclusion: A significant association with r >0.4 was seen between BASMI and BASFI. The resulting AUC of 0.74 between BASMI and BASFI, and 0.85 between measured cervical rotation and self-assessed ability to look over shoulder, can be deemed as acceptable and excellent, respectively [3]. BASFI and its sub-questions may therefore be of interest for further evaluation if they could be used for screening and triaging patients to spinal mobility measurements with BASMI. Neither of the self-reported indices associated with CRP to any higher degree (r <0.4).


Disclosure of Interests: None Declared.

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AB1763-HPR RELIABILITY AND VALIDITY OF THE TURKISH VERSION OF SCLERODERMA SKIN PATIENT-REPORTED OUTCOME IN PATIENTS WITH SYSTEMIC SCLEROSIS

Keywords: Systemic sclerosis, Patient reported outcomes, Validation