HPR Patients perspectives, functioning and health (descriptive: qualitative or quantitative)

AB1391-HPR PASSIVE COPING STRATEGIES BUT NOT PHYSICAL FUNCTION ARE ASSOCIATED WITH WORSE MENTAL HEALTH, IN WOMEN WITH CHRONIC WIDESPREAD PAIN– A MIXED METHOD STUDY

Katarina Aili[1,2,3], [1,2]Stefan Bergman[4], [1,5]Ann Bremander[6], Emma Haglund[1,7], Ingrid Larsson[1,2]. *[1]RandD Spenshult, Halmstad, Sweden; [2]Halmstad University, School of Health and Welfare, Halmstad, Sweden; [3]Karolinska Institutet, Institute of Environmental Medicine, Stockholm, Sweden; [4]University of Gothenburg, Institute of Medicine, Gothenburg, Sweden; [5]University of Southern Denmark, Department of Regional Health Research, Odense, Denmark; [6]Lund University, Department of Clinical Sciences, Lund, Sweden; [7]Halmstad University, School of Business, Engineering and Science, Halmstad, Sweden*

Background: Chronic widespread pain (CWP) is a common condition (approximately 10% prevalence), that affects women twice as often as men. There is a lack of knowledge in how different coping strategies relates to health status during CWP development in a general population.
Objectives: To explore different ways of coping with CWP and to relate the different coping strategies to health-related factors, before and after developing CWP.
Methods: A sequential explorative mixed methods study including 19 women 45-67 of age, who had reported CWP in a survey 2016, but not in 1995. Individual interviews were analysed with a phenomenographic approach, and resulted in four categories of coping strategies. These categories were further explored with regard to four dimensions of health status (physical function, bodily pain, vitality and mental health) as measured by SF-36 (0-100, a lower score indicates more disability) and sleep problems measured both in 1995, and 2016.
Results: The qualitative analysis revealed four categories representing different coping strategies, where each woman was labelled by the most dominant category; the mastering woman, the persistent woman, the compliant woman and the conquered woman. The first two categories emerged as being active coping strategies, and the latter two as passive. Women with passive strategies reported significantly lower vitality (median 57.5 vs 75, p=0.007) and worse mental health (median 54 vs 93, p=0.021) in 1995, before they had developed CWP compared with those with active coping strategies. No differences were seen between the groups on physical function, bodily pain or sleep.
In 2016, there were still a difference between the passive and active group regarding mental health (median 56 vs 80, p=0.022), but not for vitality (median 35 vs 40, p=0.707). No differences were seen between the groups on physical function or bodily pain. All eight women with passive strategies reported problems with sleep in 2016, as compared to 6 of the 11 women with active strategies (p=0.045).
Conclusion: Women that reported CWP in 2016, but not in 1995, described both active and passive coping strategies. The qualitative findings were associated with differences in vitality and mental health already in 1995, before they had developed CWP. Further, those with passive coping strategies reported worse health with regard to mental health and sleep problems in 2016. Interestingly, the groups did not differ in bodily pain or physical function neither in 1995 nor in 2016, which implicates the importance for the clinician to take the typical coping strategy into consideration, when meeting these patients in clinical settings.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2019-eular.5393

AB1392-HPR GO-BEYOND: A REAL-WORLD PERSISTENCE STUDY WITH GOLIMUMAB IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS AND RHEUMATOID ARTHRITIS IN TURKEY

Servet Akar[1], Umut Kalyoncu[2], Ediz Dalkılıç[3], Hakan Emmungil[4]. *[1]İzmir Katip Celebi University, Rheumatology, İzmir, Turkey; [2]Hacettepe University, Rheumatology, Ankara, Turkey; [3]Uludağ University, Rheumatology, Bursa, Turkey; [4]Trakya University, Rheumatology, Edirne, Turkey*

Background: Axial spondyloarthritis (ax-SpA) and rheumatoid arthritis (RA) are chronic inflammatory diseases and associated with substantial health and economic burden since these conditions affect individuals in their productive years[1,2]. Adherence to treatment is a major problem for inflammatory rheumatic diseases[3].
Objectives: In the present study, we aimed to evaluate rates of persistence with golimumab (GLM) therapy in ax-SpA and RA patients using real-world data.
Methods: This multicenter, non-interventional, retrospective study enrolled 329 patients diagnosed with ax-SpA (n=269) and RA (n=60) who currently receive or have received golimumab therapy for at least 3 months either as first-line treatment (biologic nave group) or as second-line treatment after failure to another anti-TNF or biologic agent (biologic-experienced group). In addition to the patients demographic and clinical characteristics, data on drug continuation and disease activity scores such as ASDAS/BASDAI and DAS-28 scores were retrieved from the patient records. A regression analysis was conducted to determine the factors associated with drug discontinuation including age, gender, smoking status, disease duration, presence of comorbidities, disease activity measures, concomitant csDMARD use.
Results: Only 28 (10.4%) axSpA and 7 (11.6%) RA patients were biologic-experienced. The changes in disease activity scores of RA and axSpA patients on therapy during 2-years of follow-up are presented in figure a and b.
Golimumab therapy provided good and long-term improvement in the disease activity scores in both RA and ax-SpA patients. At 6, 12 and 24 months treatment persistence rates were 86.4%, 74.5% and 65.5% for RA and 93.5%, 81.9% and 75.5% for axSpA patients, respectively. Persistence with GLM was similar between biologic-nave and -experienced patients. GLM persistence was also similar in RA and axSpA groups (figure c). Regression analysis revealed that smoking (HR 0.523; p= 0.006), presence of comorbidity (HR 2.731, p<0.001) and disease duration (HR 0.957, p=0.036) were significant predictors of drug persistence in GLM treated patients.
Conclusion: Our results show that GLM therapy is an effective treatment option with high drug retention rates in both RA and ax-SpA patients independent of previous biologic exposure. Smoking, co-morbidities and disease duration may affect the continuation of golimumab treatment in inflammatory rheumatic diseases.

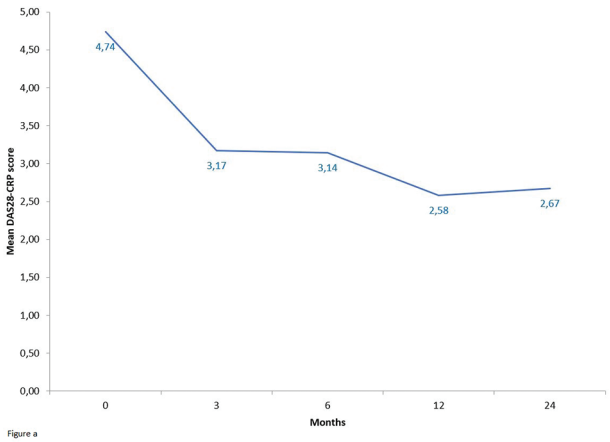

Figure a

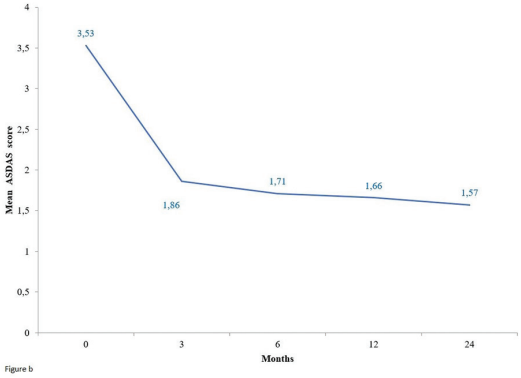

Figure b

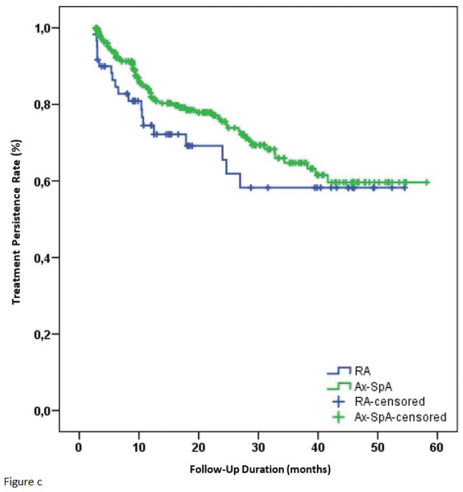

Figure c

REFERENCES

[1] Strand V, Singh JA. Patient Burden of Axial Spondyloarthritis. J Clin Rheumatol. 2017 Oct;23(7):383-391.

[2] Scott DL, Wolfe F, Huizinga TW. Rheumatoid arthritis. Lancet. 2010 Sep 25;376(9746):1094-108.

[3] Anghel LA, Farcaş AM, Oprean RN. Medication adherence and persistence in patients with autoimmune rheumatic diseases: a narrative review. Patient Prefer Adherence. 2018 Jul 3;12:1151-116

Disclosure of Interests: Servet Akar Grant/research support from: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer, Amgen, Speakers bureau: Pfizer, Umut Kalyoncu Grant/research support from: MSD, Roche, UCB, Novartis and Pfizer, Consultant for: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Speakers bureau: MSD, Abbvie, Roche, UCB, Novartis, Pfizer and Abdi Ibrahim, Ediz Dalkılı Grant/research support from: MSD and Abbvie, Consultant for: MSD, Abbvie,Roche, UCB, Pfizer and Novartis, Speakers bureau: MSD, Abbvie,Roche, UCB, Pfizer and Novartis, Hakan Emmungil Grant/research support from: MSD, Roche, Pfizer, Abbvie, Consultant for: Novartis, Roche, Speakers bureau: MSD, Roche, Pfizer, Abbvie,Celltrion, Novartis

DOI: 10.1136/annrheumdis-2019-eular.5674

AB1393-HPR COMPARISON OF THE QUALITY OF LIFE, FUNCTIONAL AND EMOTIONAL STATUS OF INPATIENTS AND OUTPATIENTS WITH RHEUMATIC DISEASES

Gamze Arın[1], Aybüke Seven[1], Yasemin Özel Aslıyüce[1], Aykut Özçadırcı[1], Fatma Birgül Kumbaroğlu[1], Şule Apraş Bilgen[2], Edibe Ünal[1]. *[1]Hacettepe University Faculty of Physical Therapy and Rehabilitation, Ankara, Turkey*; *[2]Hacettepe University Faculty of Medicine, Department of Rheumatology, Ankara, Turkey*

Background: Quality of life, function and emotional status of inpatients with rheumatic diseases may be estimated worse than outpatients. Previous studies had shown that there was a worsening in the emotional state of inpatients (1).

Objectives: The aim of this study is to compare the quality of life, functional and emotional status in inpatients and outpatients with rheumatic diseases.

Methods: The study included 78 patients (inpatient, n = 31; outpatient, n = 47) with rheumatic disease. The Health Assessment Questionnaire (HAQ) (2) and SF-36 (3) were used to evaluate the functionality and quality of life, and the Hospital Anxiety and Depression Scale (HADS) (4) was used to determine their emotional status. The variables were investigated using visual and analytical methods to determine whether or not they are normally disturbed. Since physical function, mental health and general health perception values of SF-36 and HADS-Anxiety were normally distributed, the Students T-test was used to compare these parameters between two groups. Physical role limitation, pain, social status, emotional difficulty, energy viability of SF-36, HAQ and HADS-Depression were not normally distributed. Thus, Mann-Whitney U test was used to compare these scores between two groups.

Results: The mean age of the subjects (n = 78) included in the study was 46.09 13.89 years and the mean BMI was 27.59 15.08. There was a significant difference in depression, anxiety and pain and social functioning sub-parameters of SF-36 (p <0.005) but there was no significant difference in other parameters (p> 0.005).

Abstract AB1393HPR Table 1. Comparison of the scores of inpatients and outpatients

	INPATIENTS (XSD)	OUTPATIENTS (XSD)	p
HAQ	0,930,82	0,890,68	0,152
HADS-Anxiety	9,873,8	8,215	0,022
HADS-Depression	9,935,02	7,474,34	0,006
SF-36 Physical Function	47,9428,42	48,3623,81	0,669
SF-36 Physical Role Limitation	27,533,7	27,6336,2	0,869
SF-36 Pain	33,6632,28	54,0721,42	0,011
SF-36 Social Status	39,5828,63	55,0627,09	0,032
SF-36 Mental Health	6121,8	62,7316,08	0,761
SF-36 Emotional Difficulty	31,1038,08	33,3243,83	0,717
SF-36 Energy Vitality	30,8320,63	43,2820,86	0,317
SF-36 General Health Perception	36,1621,68	47,4716,15	0,393

Conclusion: It was thought that during the period of admission to the hospital, inpatients should be supported in terms of pain management, social functioning and anxiety and, depression as well as taking medication. Besides, caregivers in hospitals should encourage inpatients with regard to maintaining physical activity.

REFERENCES

[1] Lambert, C. M., Hurst, N. P., Forbes, J. F., Lochhead, A., Macleod, M., & Nuki, G. (1998). Is day care equivalent to inpatient care for active rheumatoid arthritis? Randomised controlled clinical and economic evaluation. Bmj, 316(7136), 965-969.

[2] Fries JF, Spitz PW, Young DY: The dimensions of health outcomes: the Health Assessment Questionnaire, Disability and Pain Scales. J Rheumatol 9:789-793, 1982

[3] Brazier, J. E., Harper, R., Jones, N. M., O'cathain, A., Thomas, K. J., Usherwood, T., & Westlake, L. (1992). Validating the SF-36 health survey questionnaire: new outcome measure for primary care. Bmj, 305(6846), 160-164.

[4] Zigmond, A. S., & Snaith, R. P. (1983). The hospital anxiety and depression scale. Acta psychiatrica scandinavica, 67(6), 361-370.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.7315

AB1394-HPR CAN SUPPORT FROM SIGNIFICANT OTHERS RECUDE SICKNESS ABSENCE IN EARLY RHEUMATOID ARTHRITIS?

Maria Bergström[1], Örjan Dahlström[2], Ingrid Thyberg[3,4], Mathilda Bjork[1,4]. *[1]Linkping university, Department of social and welfare studies, Division of occupational therapy, Norrkping, Sweden*; *[2]Linkping university, Department of behavioural sciences and learning, Division of psychology, Linkping, Sweden*; *[3]Linkping university, Department of clinical and experimental medicine, Division of neuro and inflammation science, Linkping, Sweden*; *[4]Region stergtland, Department of rheumatology, Heart and medicine center, Linkping, Sweden*

Background: Persons with rheumatoid arthritis (RA) are at higher risk of sickness absence, and the probability of returning to work is lower compared to the general population [1]. In order for persons with RA to continue working, support from the social environment is claimed to be of importance [2]. However, this relation needs to be further investigated.

Objectives: To analyze how support from significant others affects the associations between disease related variables (medication, disease activity and activity limitations) at time for RA diagnosis and sickness absence one year after diagnosis.

Methods: Data were collected from 326 (71% women) patients in working age (18-63 years) included in the Swedish early RA cohort TIRA-2 [3] during 2006-2009. At time of inclusion, mean age was 50 years (SD=11), 89% were prescribed disease modifying anti-rheumatic drugs (DMARDs), mean disease activity score 28 joint count (DAS28) was 4.73 (SD=1.34), and mean score for activity limitation reported by Health Assessment Questionnaire (HAQ) was 0.91 (SD=0.60). The number of days with sickness absence during the first year after diagnosis and inclusion was retrieved from the Swedish Social Insurance Agency. Perceived support from significant others, family and friends separately, were self-reported