

PMS29

RELIABILITY, VALIDITY AND RESPONSIVENESS OF A NEW MEASURE OF NECK DISABILITY (ND10)

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OBJECTIVES: To develop and evaluate a new measure of neck disability. **METHODS:** WE conducted developmental work evaluating current measures including a systematic review and cognitive interviews. The following revealed problems occurred with respect to the most commonly used measure: lack of unidimensionality (focus on function), challenges in readability, lack of clarity/relevance of some items. We generated items through this literature review and patient interviews, while retaining some legacy concepts. A simple, consistent 0-10 response and low burden item responses was devised for the new Neck Difficulty outcome measure, with 10-items. Reliability was assessed on 40 patients who completed ND10 twice within one week; tested by intraclass correlation coefficients (ICC 2,1). Construct validity was assessed by comparing the ND10 and NDI and DASH in 55 English-speaking patients and 40 Hindi-speaking patients (cross-cultural translation). Responsiveness was determined by administering the ND10 at a baseline physical therapy visit and at 6-weeks or a preceding discharge visit. SRM and ES were calculated for responders. **RESULTS:** Patients found the items of ND10 easy to understand. Construct validity indicated high correlation between the ND10 and the NDI >0.72 and the DASH >0.81 in both English and Hindi versions. The ND10-H displayed very high internal consistency (alpha = 0.96) and test-retest reliability (ICC = 0.93; 95% CI: 0.90-0.95). The ND10-H was strongly correlated with the NDI (r = 0.78; 95% CI: 0.68-0.85) and the DASH (r = 0.86; 95% CI: 0.74-0.92), and was weakly correlated with the Single Assessment Numeric Evaluation (r = -0.23; 95% CI: 0.01-0.42). The responsive indices indicate high responsiveness. **CONCLUSIONS:** The ND10 performed as well or better than the DASH or NDI. ND10 advantages were simplicity and focus on function, whereas the other options include both symptoms and function in one index.

PMS30

ASSESSING THE ECONOMIC AND HUMANISTIC BURDEN OF PSORIATIC ARTHRITIS IN BRAZIL

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OBJECTIVES: To assess the economic and humanistic burden of psoriatic arthritis (PsA) among psoriasis (PsO) patients in Brazil, and draw descriptive analyses between the two cohorts. **METHODS:** This analysis used data from the GfK Disease Atlas multinational real-world evidence program. The sample included dermatologists (n=50) and their systemic therapy eligible PsO patients (n=497); data was captured into a retrospective database through surveys. **RESULTS:** Among PsO patients, 18% (n=90) had PsA; of which, 52% were male. Patients with PsA were older than those without PsA (53.7 vs. 43.6 years), and had a greater disease duration (11.9 vs. 6.6 years). Patients with PsA reported a higher number of exacerbations in the last 12 months; 33% (n=30) reported currently exacerbating, compared to 14% (n=16) of those without PsA. The most bothersome symptom for patients with PsA was joint pain (27% vs. 0% for non-PsA patients), while those without PsA reported scaling as the most bothersome (30% vs. 27% for PsA patients). Nearly 20% of PsO patients (n=88) reported suffering from anxiety or depression, while nearly 30% (n=25) of PsA patients did. The overall SF-12 physical and mental health composite scores for patients with PsA were 43.7 and 41.9 respectively, versus 52.2 and 46.8 respectively for those without. Work productivity loss was 31.9% for patients with PsA, versus 19.5% for those without. Absenteeism and presenteeism were 10% and 25.6% respectively for patients with PsA, versus 5.1% and 16.3% respectively for those without. The number of PsO consultations with a dermatologist was higher for patients with PsA, specifically 16% (n=14) versus 8% (n=31) for those without PsA. Further, 36% (n=32) of PsA patients sought care from a rheumatologist, while only 3% (n=11) of patients without PsA did. **CONCLUSIONS:** Results from this real world survey showed that the economic and humanistic burden in psoriasis patients with concomitant PsA is substantial.

PMS31

ASSESSING THE BURDEN OF DISEASE IN PERIPHERAL AND AXIAL SPONDYLOARTHRITIS IN MEXICO AND BRAZIL

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OBJECTIVES: To assess the burden of disease in peripheral Spondyloarthritis (SpA) – Psoriatic Arthritis (PsA), and axial SpA – non-radiographic axial SpA (nr-axSpA) and Ankylosing Spondylitis (AS), in Mexico and Brazil. **METHODS:** Data was gathered from the Adelphi Real World 2015 DSP. Rheumatologists and dermatologists completed patient record forms (PRF) on consulting SpA patients. Patients completed questionnaires (PSC) and assessments of quality of life (SF-36, EQ-5D). **RESULTS:** Health Services: Specialist-completed (n=103) PRF data on 565 patients showed that the mean number of specialist consults in the last year was 6.3 per patient, and 2.7% (n=15) of patients had been admitted to hospital to treat SpA-related complications. Approximately 4% reported having received an injection/infusion while in hospital; while 24.2% of patients reported an injection/infusion in an outpatient setting. Patient Costs: PSC cohort data (n=162) revealed that patients spent 9.2% of their quarterly household income on SpA drugs. Societal: PSC data (n=428) showed that 59% of patients were employed. Additionally, 132 patients reported a mean of 1.8 unscheduled days off in the last 3 months due to SpA. WPAI (n=215) outcomes revealed a 35.5% overall work impairment, and 425 patients reported a 39.6% activity impairment due to SpA. Humanistic: 430 respondents had an EQ-5D mean of 0.72, and the SF-36 (n=279) physical and mental component summary scores were 41.4

and 41.9 respectively. SF-36 bodily pain, social functioning, and emotional domain mean scores were 57.5, 62.9, and 63.2 respectively. Of the PSC cohort, 57% (n=157) reported that SpA has been or currently is a major problem in their life, and 74% (n=204) were concerned about possible medication side-effects. **CONCLUSIONS:** This analysis shows that SpA represents a considerable burden to both patients and society overall in Mexico and Brazil. It further highlights the need for effective therapies to control both peripheral and axial Spondyloarthritis.

PMS32

CALIDAD DE VIDA EN SALUD EN PACIENTES AMPUTADOS DE EXTREMIDAD INFERIOR CON PROTESIS DE UN HOSPITAL DE ESPECIALIDAD PÚBLICO CHILENO

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OBJECTIVES: Evaluar la calidad de vida relacionada a la salud (CVRS), en la población de pacientes amputados con prótesis del Instituto Nacional de Rehabilitación Pedro Aguirre Cerda, caracterizándolos e identificando su calidad de vida previo y posterior al uso de prótesis. **METHODS:** Estudio descriptivo, longitudinal y con un diseño antes-después, que identificó la calidad de vida relacionada a la salud en 30 pacientes amputados de extremidad inferior con prótesis, a través del instrumento SF-12v2. **RESULTS:** Edad promedio 57,8 años, fluctuando entre los 28 y 84. Según origen de la amputación, el 56,7 corresponde a pie diabético, seguido por enfermedad vascular y traumatismos con un 28,6%, respectivamente. La medida de resumen del componente físico, presenta mejorías en su CVRS en todos los pacientes, con un aumento promedio de un 31,2%. La medida de resumen del componente mental, experimentó una mejoría promedio de un 47,5%, no obstante en un solo caso, no se observan cambios. **CONCLUSIONS:** En ambas medidas de resumen, se generan cambios positivos en la puntuación de CVRS, no obstante, dichos índices siguen siendo bajos. En cuanto a cada una de las dimensiones obtenidas, en siete de ellas se muestra una tendencia a la mejoría: función física; rol físico, función social, rol emocional, salud mental, vitalidad y salud general. Solo en la dimensión dolor corporal, se mantienen un alza discreta, y en 13 casos los mismos índices pre y post prótesis. Asimismo, la mayor variación se observa en la dimensión rol emocional. Esto daría cuenta de una posible adaptación a la situación de discapacidad. Igualmente es necesario un estudio nacional, que permita obtener indicadores de la calidad de vida en personas amputadas con prótesis, no obstante, este trabajo puede considerarse como una primera aproximación a la realidad país.

PMS33

LONG-TERM WORK PRODUCTIVITY IMPROVEMENT FROM PHASE 3 BARICITINIB RA-BEAM STUDY: LATIN AMERICAN SUBGROUP ANALYSIS

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OBJECTIVES: Evaluate effect of baricitinib (BARI) on work productivity in Latin American (LA) patients with moderately to severely active rheumatoid arthritis (RA) and inadequate response to methotrexate (MTX). **LA countries:** Argentina and Mexico. **METHODS:** In the double-blind RA-BEAM study, 1305 patients with active RA on established methotrexate treatment were randomized in 3:3:2 to receive 4 mg BARI orally once daily, 40 mg adalimumab (ADA) subcutaneously once every 2 weeks, or matching placebo (PBO) for up to 52 weeks; the latter were switched to BARI at Week 24. Rescue treatment was offered to all nonresponders from Week 16/subsequent visits. Work productivity was assessed using Work Productivity and Activity Impairment-Rheumatoid Arthritis (WPAI-RA) at Week 4 and every 4 weeks thereafter. Treatment differences were compared using ANCOVA after adjusting baseline, baseline joint erosion status (1-2 erosions plus seropositivity, ≥3 erosions) and treatment group. Data from LA subgroup (N=380) of patients are presented here. **RESULTS:** Among the 380 randomized LA patients (143 BARI, 96 ADA, and 141 PBO), 35% on BARI, 32% on ADA, and 38% on PBO were employed at baseline. Significant (p<0.05) improvement was observed in patients receiving BARI at Week 24 when compared to PBO but not to ADA with respect to presenteeism (mean change: -25, -10 and -20), activity impairment (mean change: -34, -18 and -30), and productivity loss (mean change: -27.4 -4.1 and -19.9). Significant improvement was observed in patients receiving BARI compared to ADA at Week 52 in presenteeism (mean change: -27 vs. -22) and productivity loss (mean change: -31.6 vs. -18.8). **CONCLUSIONS:** Significant improvements in most work productivity scores were observed for BARI in comparison to PBO and ADA at different time points in this subgroup analysis of LA patients with moderate to severe RA. The results from this subgroup of LA patients are consistent to those observed in the global RA-BEAM study.

MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

PMS34

OUTCOMES OF DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS AND HEALTH INSURANCE: RESULTS FROM REAL WORLD

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OBJECTIVES: The aim of this study is to establish an association with organizational factors related to the health insurance and outcomes of disease activity of RA in Colombia. **METHODS:** The real world observed results of DAS28 were estimated using the number of patients with a diagnosis of RA obtained in the period or earlier, who were cared for in the national health system between 2015 and 2016 receiving treatment with DMARD in the period, available in the High-Cost disease office. Using an ordered logit regression model, we used administrative records of days since symptoms to diagnose, use of Rheumatoid Factor (RF) and anti-citrullinated