

Table 1. Clinical and sociodemographic characteristics of axSpA patient group

Variables	n=121	Patients with CS n:35	Patients without CS n:86	p value
Age, year ^a	43.9 (10.6)	41 (11)	44 (19)	0.109
Gender, female ^a	47 (38.8)	22 (62.9)	25 (29.1)	0.001
Disease duration, year ^a	4.5 (9)	10 (11)	13.9 (8.2)	0.022
Peripheral arthritis, ever ^a	54 (45.1)	10 (28.6)	25 (71.4)	0.049
Joint limitation, ever ^a	40 (33.6)	6 (15.4)	33 (84.6)	0.028
LEI ^a	0 (0)	7 (20.6)	4 (4.7)	0.012
BASDAI ^a	2 (2.1)	3.9 (2.9)	1.5 (1.4)	<0.001
BASFI ^a	1.9 (3.1)	3.8 (3.9)	1.5 (2.4)	<0.001
ASDASCRP ^a	1.8 (1.2)	2.7 (1.8)	1.6 (0.9)	<0.001
ASQOL ^a	4 (8)	11 (7)	1 (5)	<0.001
ASASHI ^a	5 (6)	9 (5)	3.5 (4)	<0.001
ASASHI_env ^a	0 (1)	4 (2)	3 (2)	0.010
HADS depression ^a n:117	9 (7.6)	5 (14.3)	4 (4.9)	0.125
FMS ^a n:117	9 (7.6)	9 (27.3)	0 (0)	<0.001
HADS anxiety ^a n:117	21 (17.9)	15 (42.9)	6 (7.3)	<0.001

^a:n(%) ^a:mean(SD) ^a:median (IQR)

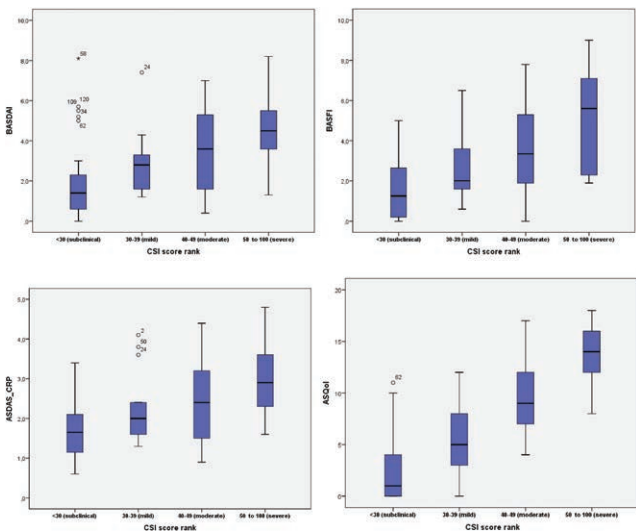


Figure 1. CS severity and disease activity and quality of life scores correlation

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Disclosure of Interests: None Declared.

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AB1803-HPR

EVALUATION OF THE FACTORS ASSOCIATED WITH THE BIOPSYCHOSOCIAL STATUS OF PATIENTS WITH AS WHO WERE DECIDED TO BE TREATED WITH ANTI-TNF THERAPY FOR THE FIRST TIME

Keywords: Spondyloarthritis, Patient reported outcomes, Cognitive Function

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Background: Ankylosing spondylitis (AS) is a rheumatic disease that affects patients in a biopsychosocial framework due to its chronic inflammatory nature. It is known that anti-TNF therapy is given to patients with persistently high disease activity despite conventional treatments according to the ASAS recommendations [1].

Objectives: The aim of this study was to examine the factors associated with the biopsychosocial status of patients with AS who were decided to be treated with anti-TNF therapy for the first time.

Methods: 76 AS patients who were decided to treated with anti-TNF therapy included in the study. Socio-demographic informations of patients were collected. The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) values were recorded for disease activity levels. Biopsychosocial status of the patients was evaluated by the BETY-Biopsychosocial Questionnaire (BETY-BQ). The Bath Ankylosing Spondylitis Functional Index (BASFI) and Health Assessment

Questionnaire (HAQ) were used to assess functional and daily living activities. The Hospital Anxiety and Depression Scale (HADS) was used to assess anxiety and depression levels.

Results: The mean age of the patients was 39.99 ± 10.0 years. The mean BASDAI scores indicated active disease and were 5.98 ± 1.78. There was a statistically significant moderate correlation between the BETY and the anxiety and depression subscales of HADS and BASDAI, in the positive direction (r= 0.692, p<0.001 and r= 0.685, p<0.001 and r= 0.552, p<0.001). A statistically significant, strong correlation was found between the BETY, HAQ and BASFI scores in the positive direction (r= 0.834, p<0.001 and r= 0.747, p<0.001) (Table 1). It was observed that patients showed anxiety and depression characteristics according to HADS cut-off values (>10 and >7).

Conclusion: It was concluded that the biopsychosocial status of anti-TNF naive patients with AS was affected by anxiety-depression levels, functionality, and disease activity score. In addition to anti-TNF therapy, it was interpreted that the treatment of biopsychosocial characteristics of patients should also be taken into consideration in disease management.

REFERENCE:

- [1] Braun Jv, Van Den Berg R, Baraliakos X, Boehm H, Burgos-Vargas R, Collantes-Estevez E, et al. 2010 update of the ASAS/EULAR recommendations for the management of ankylosing spondylitis. *Annals of the rheumatic diseases*. 2011;70(6):896-904.

Table 1. Patients characteristics and correlation of outcome measures

Patients Characteristics (n=76)						
Age (year)		39.99 ± 10.0				
BMI (kg/m ²)		27.81 ± 5.51				
Duration of disease (year)		4.21 ± 5.65				
BETY-BQ (0-120)		60.0 ±23.7				
BASDAI (0-10)		5.98 ± 1.78				
BASFI (0-10)		5.16 ± 2.31				
HADS						
anxiety		10.43 ± 4.92				
depression		8.53 ± 4.34				
HAQ		15.70 ± 9.48				
Correlations						
BETY-BQ		BASDAI	BASFI	HAQ	HADS-a	HADS-d
	r	0.552 [*]	0.747 [*]	0.834 [*]	0.692 [*]	0.685 [*]
	p [*]	0.000	0.000	0.000	0.000	0.000

^{*} Pearson test

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HPR Service developments, innovation and economics in healthcare

AB1804-HPR

IMPROVING PATIENT SAFETY THROUGH THE ESTABLISHMENT OF A PHARMACIST-LED BLOOD MONITORING CLINIC FOR JAK INHIBITORS IN RHEUMATOLOGY

Keywords: Safety

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Background: Janus kinase inhibitors drugs (JAKi) are novel small molecule medications known to cause abnormalities such as elevations in hepatic transaminases, decreases in neutrophil and lymphocyte counts and elevations in cholesterol and creatinine kinase. Blood monitoring is recommended and dose adjustments are advised if abnormalities arise. Recent warnings by the EMA and MHRA have highlighted the importance of monitoring these medications. Timely review and management of patients on JAKi drugs is difficult to maintain with increasing workload amongst the rheumatology team. A baseline audit (2020) demonstrated that hospital blood monitoring guidelines for JAKi drugs were not being followed. The rheumatology multidisciplinary team met and utilised Quality Improvement methodology including fish and driver diagrams to address this. This led to the creation of a pharmacist-led JAKi blood monitoring clinic.