

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.6290

AB1274

THE EFFECT OF IMPLEMENTING AN ONLINE PATIENT HEALTH RECORD AIMING TO PROMOTE PATIENT PARTICIPATION IN RHEUMATOID ARTHRITIS PATIENTS ON THE USE OF DISEASE-MODIFYING ANTIRHEUMATIC DRUGS AND OUTCOME IN DAILY CLINICAL PRACTICE

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Background: Current guidelines say that there should be a prominent place for patient participation and shared decision making in rheumatic care.

To achieve this Bernhoven introduced an online patient health record (OPHR) for patients with rheumatoid arthritis (RA) aiming to facilitate self management and giving insight in the individual disease course in April 2014. This platform enables patients to monitor their disease by completing questionnaires about for instance pain, fatigue and quality of life. It also gives access to their medication history and offers patients information in the form of an online library.

Objectives: This study analyses how the introduction of an OPHR, aiming to promote patient participation, influences the prescription of DMARD's and the disease activity (DAS28) in daily clinical practice. A distinction was made between the effects of the PHR on patients recently diagnosed with RA (study A) and the RA population as a whole (study B).

Methods: In April 2014 anan OPHR for patients with RA was introduced at the rheumatology department of Bernhoven.

Using data from the rheumatology department registry, two analyses were performed to evaluate this implementation.

Study A compared the treatment and course of DAS28 of patients diagnosed in the period three years prior to the implementation ("prior group") with those diagnosed in the period three years after the implementation ("after group").

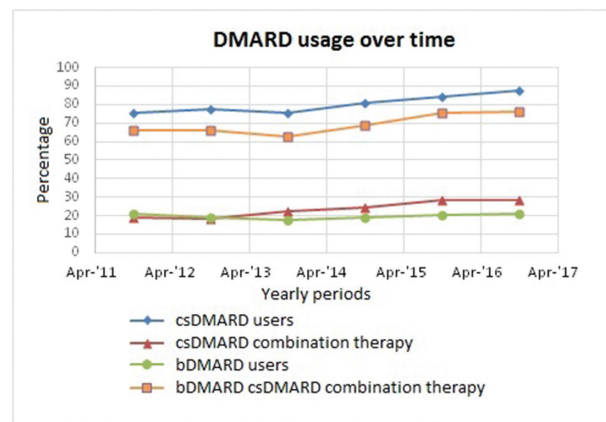
Study B was an observational study that examined yearly trends for DMARD use and DAS28 for the whole RA population between April 2011 and April 2017

Results: Study A

A total of 287 patients were diagnosed with RA of which 127 were in the prior group and 171 in the after group. CsDMARD's were given 160 days [95%>CI 123–198] after diagnosis in the "prior group" versus (vs.) 32 days [95%>CI 22–43] in the after group. Next to that there was an increase in cumulative time csDMARD's were used during follow-up, 54% vs. 74% (p-value<0.001). Also, more patients received csDMARD combination therapy, 49% vs. 64% (p-value=0.001). There was no difference in number of patients that started a bDMARD, 7% vs. 14% (p-value=0.059). However, a significant larger group started with a bDMARD in the first year after start of csDMARD therapy in the after group, 3.1% vs. 9.9% (p-value 0.024). 39% of the prior group vs. 69% in the after group achieved either remission or LDA within the first year of DMARD therapy (p-value<0.001).

Study B

The trend analysis of DMARD use in the RA population is plotted in figure 1. Between 2011 and 2017 a change in trend can be observed for the use of csDMARD's, the use of csDMARD combination and the use of bDMARD csDMARD combination therapy. The usage of bDMARD therapy did not change.



Abstract AB1274 – Figure 1. Trends in DMARD prescription, per yearly period

Conclusions: After the introduction of the OPHR patients recently diagnosed with RA got earlier and more intense treatment, with a more prominent role for biologicals. Next to that a bigger proportion of patients recently diagnosed with RA achieved remission and LDA within the first year of DMARD therapy. When looking for trends in the total RA population, an increase of the use of csDMARD's, the use of csDMARD combination and the use of bDMARD csDMARD combination therapy was observed after April 2014.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.2401

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RESEARCH CONTRIBUTION TO THE JOURNAL OF ANNALS OF THE RHEUMATIC DISEASES FROM 2012 TO 2016: A BIBLIOMETRIC ANALYSIS

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Background: Rheumatology, a subspecialty of medicine, is devoted to diagnosis and therapy of rheumatic diseases, including clinical problems in joints, soft tissues, and autoimmune diseases. "Annals of the Rheumatic Diseases" is one of the most read and prestigious journals in the field of rheumatology. Bibliometric studies concerning the quantity and quality of articles published in rheumatology journals are scarce. The scientific production in the field of rheumatology from 1996 to 2010 was compared by Cheng.¹ On the other hand, as to our knowledge, there is no study investigating research contribution to Annals of the Rheumatic Diseases since 2012.

Objectives: This study aims to investigate countries' research contribution in the field of rheumatology by classifying scientific papers according to their countries between 2012 and 2016 in Annals of the Rheumatic Diseases, official journal of EULAR.

Methods: All scientific papers which were published from 2012 to 2016 in Annals of the Rheumatic Diseases were screened. Some scientific papers such as editorial, viewpoint notes, or letters were excluded. In addition, supplementary issues were excluded as well. Rest of the papers were separated in two different part: "clinical and epidemiological research" and "basic and translational research". The papers were investigated one-by-one to determine their countries. All papers were classified according to their corresponding author.

Results: A total of 1616 scientific papers were investigated. Totally 1092 papers were included. While *clinical and epidemiological research* included 753 articles, *basic and translational research* contained 339 articles. There are 211, 188, 260, 235, 198 published articles in 2012, 2013, 2014, 2015, 2016, respectively. In 2012, 2014 and 2015 the top countries to publish articles in Annals of the Rheumatic Diseases are England, Netherlands and USA. In 2013 and 2016, France is in the list of top countries instead of Netherlands. While, 46, 37 and 37 articles were published from England, Netherlands and USA, respectively in 2012, 53, 35 and 18 articles were published from England, USA and France, respectively in 2016.

Conclusions: According to our results, Western Europe and USA clearly dominate the production of scientific papers in Annals of the Rheumatic Diseases, official journal of EULAR. Our results are in accordance with the literature. We conclude that research resources, financial and other some issues may contribute the publishing process.

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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.6856

AB1276

ECONOMIC IMPACT OF NON-MEDICAL SWITCHING FROM ORIGINATOR BIOLOGICS TO BIOSIMILARS – A SYSTEMATIC LITERATURE REVIEW

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Background: Biosimilars, often priced at a discounted rate of originator biologics, may prompt switching patients from originator biologics to biosimilars for non-medical reasons. However, other relevant costs (e.g., non-medical switching (NMS) program setup, costs of concomitant therapies, additional healthcare resource utilisation (HRU)) associated with NMS are not well understood.