OBJECTIVES: The aim of this study was to investigate the impact of chronic autoimmune rheumatoid arthritis (RA), on functional status among patients in Slovakia. METHODS: Patients were prospectively recruited in the National Institute for Rheumatic Diseases in Slovakia during 2014 and data from patients on disease impact on their life were collected by consulting physicians through a specifically designed questionnaire (HAQ). The study was conducted among patients with RA using the Stanford Health Assessment Questionnaire (HAQ). RESULTS: The sample (100 respondents) was predominantly female (82%) with a mean disease duration of 16 years. The prevalence of high HAQ score (1.5 or more) was significantly lower (1.17) than in patients with the disease duration of 20 years and more (1.61). CONCLUSIONS: Results indicate that chronic autoimmune diseases, mainly rheumatoid arthritis (RA), have negative impact on activities of daily living and the most commonly reported symptoms are fatigue and pain. Functional status is worsening with the duration of the disease.

PMS65

SOCIO-ECONOMIC STATUS AND WORK DISABILITY AMONG PATIENTS WITH RHEUMATOID ARTHRITIS IN THE SLOVAK REPUBLIC

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OBJECTIVES: To evaluate the relationship between medication adherence, disease severity and employment status in patients with rheumatoid arthritis. METHODS: A list of 3000 patients (18-65 years) were identified from a Specialty Pharmacy database. 1,041 patients with a diagnosis of rheumatoid arthritis (RA) were identified from the list and were invited to participate in a survey. The patients were mailed a cover letter, the survey, and a demographic questionnaire. Additionally, Work Productivity and Activity Impairment (WPAI) questionnaire (assesses productivity losses), Health Assessment Questionnaire (HAQ, disease severity), Modified Morisky Scale (MMS; medication adherence) were administered. Survey responses were linked to clinical measures obtained from the specialty pharmacy data-base. Descriptive and logistic regression analyses were conducted using employment status as input variables. The statistical analyses were conducted using SPSS version 22.0. RESULTS: The response rate was 30.45% (n=317). Based on WPAI results, 57.4% (n=174) identified themselves as being employed. Differences in mean age and number of years employed between employed from patients in comparison with unemployed was not statistically significant (p>0.05). CONCLUSIONS: Our results confirm the lack of significant differences between employed and unemployed respondents. Further studies are needed to identify the specific strategies that could improve medication adherence and employment status among rheumatoid arthritis patients.

PMS66

PREFERENCES FOR NEW TREATMENTS DIMINISH IN THE FACE OF AMBIGUITY

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OBJECTIVES: Using an example of a new drug for rheumatoid arthritis which offers comparable effectiveness and side-effect point estimates to older drugs, we explore preferences for treatments labelled ‘new’ or ‘old’. METHODS: Using an example of a new drug for rheumatoid arthritis which is ‘new’, or qualify the implications of a ‘new’ treatment in terms of ambiguity in the evidence base, these preferences for ‘new’ treatments diminished. Newness of the drug was combined with ambiguity in the evidence base, these preferences for ‘new’ treatments diminished. Early adopters (n=173) had a significant preference for ‘newer’ treatments relative to old treatments (B=0.59, p<0.001). Later adopters (n=173) had no preference for a treatment labelled ‘new’ or ‘old’. CONCLUSIONS: With increasing time since its approval, the confidence in the evidence was included instead, or 3) both the length of time available and confidence in evidence was provided. We collected self-reports of respondent innovativeness, numeracy, and risk attitude. RESULTS: Overall, all 6 consistent attributes influenced preferences for treatment. A preference for less ambiguity and higher side-effect expectations, but no preference for a treatment labelled ‘new’ or ‘old’. Early adopters (n=173) had a significant preference for ‘newer’ treatments relative to old treatments (B=0.59, p<0.001). Later adopters (n=173) had no preference for a treatment labelled ‘new’ or ‘old’. CONCLUSIONS: Preferences for innovation have changed over time, and may reflect changes in the evidence on the drug’s effectiveness and side-effect profile.