a change of ≥5 points on the FACT-Lym, with 57 of the 80 “responders” who had a post-baseline FACT-Lym, achieving a clinically meaningful level of improved quality of life. CONCLUSIONS: Single-agentibrutinib was highly efficacious in this study with a majority of patients responding to therapy and achieving long, durable remissions. Moreover, patients with clinical responses toibrutinib also tended to show clinically-meaningful improvements in patient-reported outcomes.

PSY54
CORRELATION BETWEEN PAIN CATASTROPHIZING SCALE AND DISEASE CHARACTERISTICS IN CHRONIC LOW BACK PAIN PATIENTS

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OBJECTIVES: Psychosocial and environmental factors might have a potential causal relationship with pain intensity and the number of related symptoms. Psychometric environments, socioeconomic factors, socioeconomic status (SES), mediate the relationship among pain, disability, and can cause the morbidity and mortality among various conditions. Factor analyses of the Pain catastrophizing Scale (PCS) have shown that catastrophizing comprises three components: rumination, magnification and helplessness. The purpose of this study was to investigate the correlation between catastrophizing and the level of pain intensity, disability, in patients with chronic low back pain (CLBP). METHODS: An observational study was conducted. Participants were recruited from pain clinic of a public tertiary care hospital. Patients of either gender, aged 18–75 years with CLBP for ≥3 months, were eligible for study. Data regarding pain intensity, disability using MSK-modified Oswestry Disability Questionnaire (MDQ), coping behaviour using FCS, socioeconomic status using Kuppuswamy scale, demographic and disease details were collected. Multiple correlation analysis was performed among the clinical variables and the three subscales of 0.05 level of significance of 0.001 were included in the study. Mean age and duration of low back pain was 46±14yrs and 36±32 months respectively. The mean helplessness, magnification and rumination scores were 1.39 ±0.99, 1.50 ±0.86, and 1.45 ±0.72 respectively. Correlation between total PCS and pain intensity (r = 0.66, P = 0.001), disability (r = 0.67, P = 0.001), Socioeconomic status (r = 0.15, P = 0.09) and duration of low back pain (r = 0.06, P = 0.3) was not significantly correlated with total PCS score. A similar trend was seen among the subscales of PCS. Treatment aimed at reducing pain intensity and disability can improve patients coping behaviour.

PSY55
A REVIEW OF PATIENT-REPORTED OUTCOMES (PROs) IN PATIENTS WITH CUTANEOUS LUPUS ERYTHEMATOSUS (CLE)

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OBJECTIVES: To identify patient-reported outcome (PRO) instruments used in patients with cutaneous lupus erythematosus (CLE). METHODS: A literature search was conducted to identify PROs used in CLE patients. We searched PubMed, and Web of Science/MEDLINE databases to identify studies using “CLE/cutaneous lupus erythematosus,” in combination with PRO-related keywords such as “quality of life,” “well-being,” “satisfaction,” “health of life,” “functioning,” “quality of life,” “well-being,” “instruments.” English language articles published between 2002 and 2018 were identified. RESULTS: A total of 452 citations were identified in the initial search. After removing duplicates and applying inclusion/exclusion criteria, 92 citations were included as the studies were not conducted in CLE patients, or did not use PRO instruments. After reviewing the remaining 173 abstracts, 12 studies were included in the final review. These non-PRO studies were excluded. Twenty-three potential disease-related instruments that have been used in CLE patients include SkinScore (16 and 29 items). Dermatology Life Quality Index (DLQI), Body Image Quality of Life Inventory (BILIQ), and global assessments of pain and pruritus using Visual Analog Scales (VAS). CONCLUSIONS: An overview of PROs used in CLE is a limited number of studies examination. Conclusion (91%), and 50 years old average. SDM respondents were more likely to be female (79%) vs. 62%) and have rheumatoid arthritis (62% vs. 43%), 1 or 2 comorbidities (70% vs. 42%) higher mean health status (mean GSRH score, 46 vs 55), on long-term disability (13% vs. 2%), and discussed more biologic treatment options (mean number, 3 vs 2) than non-SDM respondents. Non-SDM respondents were more likely to have psoriasis (25% vs. 8%) and no comorbidities (48% vs. 23%) than SDM respondents (p<0.05 for all comparisons). The proportion of patients who participate in SDM for biologic therapy initiation differ clinically and demographically in comparison to those who do not, however these findings need to be confirmed in the final study data.

PSY56
SYSTEMATIC REVIEW OF THE PATTERNS OF USE, CHARACTERISTICS, AND QUALITY OF PATIENT REPORTED OUTCOME MEASURES IN CELIAC DISEASE

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OBJECTIVES: To identify patient-reported outcome (PRO) measures which were used in patients with type 1 myotonic dystrophy (DM1) and to examine the disease burden on function and health-related quality of life (HRQoL). METHODS: A systematic literature review was conducted through PubMed and MEDLINE for PRO measures in DM1 as of July 19, 2014. Search keywords were: myotonic dystrophy, patient-reported outcome, PRO, outcomes, quality of life, and HRQoL. English language articles published between 2000 and July 2014 were reviewed. We examined the PRO burden in DM1 patients, with a focus on longitudinal studies. We searched for additional PRO measures through clinical trial databases including clinicaltrials.gov and clinicaltrialregister.eu. RESULTS: A total of 118 studies were identified in the initial literature search. From these, we found 20 PRO measures and prioritized them. Additionally, we identified two other PRO measures through clinical trial databases. Most of the 22 PRO measures identified were generic and covered one or two functional or HRQoL domains. The Myotonic Dystrophy Health Index (MDHI) is the only PRO measure that was specifically developed for DM1. Based on the literature, DM1 patients experienced impairment in several domains, including pain, fatigue, and sleep disturbances. Only three longitudinal studies were identified and they all indicated significant deterioration in the HRQoL in DM1 patients over time, marked with decreased ambulation and increased dependence on others. CONCLUSIONS: There is limited number of studies examining PROs in patients with DM1, which represents a missed opportunity to understand this complex disease from the patients’ perspective. Most validation work is needed for existing PRO measures in the DM1 population to allow use in future drug development. In addition, our study highlights the high unmet need for an effective treatment, as prior studies consistently reported a substantial PRO burden for DM1.

PSY57
PATIENT-REPORTED OUTCOMES (PRO) IN PATIENTS WITH TYPE 1 MYOTONIC DYSTROPHY TYPE 1 & 2: A SYSTEMATIC LITERATURE REVIEW

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OBJECTIVES: To identify patient-reported outcome (PRO) measures which were used in patients with type 1 myotonic dystrophy (DM1) and to examine the disease burden on function and health-related quality of life (HRQoL). METHODS: A systematic literature review was conducted through PubMed and MEDLINE for PRO measures in DM1 as of July 19, 2014. Search keywords were: myotonic dystrophy, patient-reported outcome, PRO, outcomes, quality of life, and HRQoL. English language articles published between 2000 and July 2014 were reviewed. We examined the PRO burden in DM1 patients, with a focus on longitudinal studies. We searched for additional PRO measures through clinical trial databases including clinicaltrials.gov and clinicaltrialregister.eu. RESULTS: A total of 118 studies were identified in the initial literature search. From these, we found 20 PRO measures and prioritized them. Additionally, we identified two other PRO measures through clinical trial databases. Most of the 22 PRO measures identified were generic and covered one or two functional or HRQoL domains. The Myotonic Dystrophy Health Index (MDHI) is the only PRO measure that was specifically developed for DM1. Based on the literature, DM1 patients experienced impairment in several domains, including pain, fatigue, and sleep disturbances. Only three longitudinal studies were identified and they all indicated significant deterioration in the HRQoL in DM1 patients over time, marked with decreased ambulation and increased dependence on others. CONCLUSIONS: There is limited number of studies examining PROs in patients with DM1, which represents a missed opportunity to understand this complex disease from the patients’ perspective. Most validation work is needed for existing PRO measures in the DM1 population to allow use in future drug development. In addition, our study highlights the high unmet need for an effective treatment, as prior studies consistently reported a substantial PRO burden for DM1.
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