with SLE not confounded by FM. Further studies are needed to study the responsiveness to change in self-reported fatigue with change in SFI status.
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FRI0219 OPTIMISATION OF INTERFACE MANAGEMENT BETWEEN GENERAL PRACTITIONERS AND RHEUMATOLOGISTS - RESULTS OF A SURVEY

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Objectives: We aimed to assess the views of general practitioners (GPs) and rheumatologists in Austria on how to optimize their cooperation in handling rheumatic patients.
Methods: A questionnaire covering aspects of collaboration between GPs and rheumatologists, was sent to all 4016 GPs and 180 internal rheumatologists in Austria. Topics covered were (i) examinations and interventions to be performed by GPs before referral, (ii) the spectrum of diseases to be referred, and (iii) the role of GPs in prescribing drugs and follow-up of patients.
Results: 1229 GPs and 110 rheumatologists responded to the questionnaire.
In cases of suspected arthritis, 99% of the GPs and 92% of the rheumatologists recommended laboratory tests and 92% and 70%, respectively required X-rays of affected joints before referral. Beyond rheumatoid arthritis and spondyloarthritis, psoriatic arthritis and connective tissue disease were seen unanimously as indications for presentation to a rheumatologist in any case. Only 22% of rheumatologists felt responsible for treatment of hand osteoarthritis and fibromyalgia.
Some 80% of GPs and 85% of rheumatologists agreed that treatment with synthetic or biological disease modifying drugs should be initiated by a specialist. Subsequent drug prescription and administration by GPs was supported by a majority of GPs and rheumatologists, with concomitant rheumatologist follow-up every three to six months.
In case of disease flare 87% of the GPs and 50% of the rheumatologists recommended the GP to be seen first, in case of drug toxicity, 77% and 48% respectively.
Conclusions: The results of the survey show a substantial need to clearly define shared roles between rheumatologists and GPs in care of patients with rheumatic diseases.
Disclosure of Interest: None declared
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FRI0220 PREVALENCE OF COMORBIDITES AMONG PATIENTS WITH PSORIASIS WITH AND WITHOUT PSORIATIC ARTHRITIS IN EUROPEAN UNION

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Background: Psoriasis (PsO) and Psoriatic Arthritis (PsA) imposes significant burden among patients with these disease conditions. Patients with both of these conditions may experience an even higher disease burden, warranting a multi-faceted approach to patient management.
Objectives: Assess the prevalence of comorbidities among Psoriasis patients with Psoriatic Arthritis (PsO+PsA) and without PsA (PsO-alone) treated with biologics in European Union (EU).
Methods: A multi-country multi-center medical chart-review study of PsO patients was conducted in 4Q2012 among physician (mainly-dermatologists) in hospitals and private practices in UK, Germany, France, Italy & Spain (5EU) to collect de-identified data on patients who were recently treated with a biologic as part of usual care. Physicians were screened for duration of practice (3-30 yrs) and patient volume (incl. $\geq$2 PsO biologic patients/month) and recruited from a large panel to be geographically representative in each country. Physicians abstracted charts of next five consecutive patients within each center/practice, and collected patient diagnosis/symptomatology, disease-severity (physician-judgment), comorbidities and treatment patterns/dynamics. Prevalence of comorbidities among PsO+PsA and PsO-alone patients was evaluated.
Results: 1064 eligible Psoriasis patients were included in the analysis (UK:19%, Germany:21%, France:21%, Italy:18%, SP:22%). Prevalence of PsA among PsO patients was: 13% (UK:13%, Germany:16%, France:15%, Italy:9%, SP:13%), thereby defining PsO+PsA (13%) and PsO-alone (87%) cohort size. Patient characteristics differed between patient groups (All/PsO+PsA/PsO-alone)- age:48/49/47yrs; female: 38%/46%.37%; in-remission: 42%/48%/41%; mild-disease-severity: 23%>each; moderate-disease-severity: 23%/18%/23%; severe-disease: 13%/11%/13%; UK (20%) and Germany (30%) had disproportionately more severe patients within PsO+PsA and PsO-alone groups respectively. Comorbidities ($\geq$1) were observed in 55% of patients (UK: 55%, Germany: 52%, France: 63%, Italy: 44%, SP: 59%); top-10 comorbidities observed were (All/PsO+PsA/PsO-alone): obesity (20%/27%/19%), dyslipidemia (19%/21%/19%), diabetes (12%/19%/11%), anxiety (8%/10%/8%), heart disease (7%/6%/7%), depression (6%>per-group), liver disease (4%/8%/3%), migraine/headache (2%/4%/2%), asthma (2%/3%/2%), osteoarthritis (2%/2%/1%). Skin cancer, IBD, ankylosing spondylitis and other respiratory conditions were ~1% each per group. Key comorbidity outliers were (country:All/PsO+PsA/PsO-alone): dyslipidemia (Spain:28%/40%/27%), obesity (Spain:24%/43%/21%), diabetes (France:16%/21%/15%), anxiety (France:17%/24%/15%), heart disease (Germany:15%/14%/15%) and liver-disease (Spain:7%/17%/5%).
Conclusions: Burden of comorbidities among Psoriasis patients is high, and significantly more so among subset of patients with PsA. This burden varied within 5EU. A multi-faceted approach to patient management is warranted to manage these patients optimally and alleviate disease burden.
Disclosure of Interest: None declared
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FRI0221 MORE HEALTH FOR LOWER COSTS – DATA FROM TWO CLINICS TREATING RA IN 2012-13

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Background: Biologic drugs have improved outcomes of RA. However, many health care systems do not afford biologic drugs, and conventional DMARDs have to be used effectively including combinations. It was demonstrated in 2010 that good clinical outcomes of RA did not require wide use of biologics (Sokka et al CER 2013).
Objectives: To compare clinical outcomes, medications, and medication costs of patients with RA in two rheumatology clinics with different traditions of DMARD use.
Methods: Cross sectional observational clinical data of all patients with RA seen in 2012-13 in two rheumatology clinics, which both served a population of about 275,000. Clinical characteristics, disease activity, patient self-reported outcomes, and medications of the most recent visit were compared between the clinics using student's T-test, Chi Square, and nonparametric tests. Annual costs of medications to the society were calculated per 100 patients, using an assumption that a patient is taking current medications for one year.
Results: Patient populations (n=1230 in Clinic1=C1 and 1495 in Clinic2=C2) were similar according to age (63 vs 62yr), gender (68-70%F), disease duration, and prevalence of seropositivity (Table 1); smoking habits were different (22% vs 13%). Disease activity was low and patients' functional status well reserved in both clinics. Remission criteria were met by 51% and 64% of patients. Biologic drugs were used more frequently in Clinic1 by 32.8% vs Clinic2 by 19.6% of patients while a combination of conventional anti-rheumatic drugs was used by <1% and 41%, respectively. Estimated annual costs of medications per 100 patients were €501,000 and €270,000.
Conclusions: Data are confirmatory to previous observations that remission/low disease activity and good functional status can be reached in RA using expensive and less-expensive anti-rheumatic drugs, in 2012-13. Therefore, treating 1000 RA patients a year leads to 2.3 million Euros expenses/savings in medications, depending of what medications are used, without compromising outcomes including disease activity and patient reported outcomes.
Disclosure of Interest: None declared
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Abstract FRI0221 – Table 1

Disease variables, activity and PROs				Medications and medication costs			
	C1	C2	p		C1	C2	p
Disease duration, years, median	8.2	9.4	ns	Biologics now, % (excl rituximab)	22.5%	13.5%	<0.001
CCP or RF positive, %	73%	76%	ns	Rituximab now, %	10.3%	6.1%	<0.001
ESR, median	14	9	<0.001	MTX now, %	49.6%	67.4%	<0.001
CRP, median	3	2	0.021	Prednisolone now, %	54.8%	48.9%	0.003
MDglobal (0–100), mean	9.6	10	ns	HCQ now, %	2.0%	43.1%	<0.001
DAS28 (0–9.4), mean	2.7	2.3	<0.001	SSZ now, %	3.3%	24.0%	<0.001
DAS28-remission, %	51%	64%	<0.001	Leflunomide now, %	5.7%	7.7%	0.04
MHAQ (0–3), mean	0.49	0.41	<0.001	Combin: MTX+other DMARD,%	0.8%	41.0%	<0.001
Pain (0–100), mean	34	29	<0.001	Biologics ever, %	42.0%	25.0%	<0.001
PatGlobal (0–100), mean	35	31	<0.001	Costs per 100 patients per year/€	501.497	269.860	<0.001