

**[AB0283] DOES HEALTH SATISFACTION AND PERCEPTION OF TREATMENT EFFICACY IN PATIENTS WITH INFLAMMATORY ARTHRITIS CORRELATE WITH DISABILITY AND GLOBAL HEALTH STATE?**

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**Background:** Patient satisfaction encompasses experiences of care quality and outcomes of treatment such as disability and perceived health state. Feedback should be used to develop services that correspond with patients' needs. Accurately capturing the different components that contribute to improved satisfaction levels is important and associated with better outcomes.

**Objectives:** To investigate patients' experiences and satisfaction levels regarding inflammatory arthritis care and whether this impacts on disability and self reported global health states.

**Methods:** 115 questionnaires were distributed randomly to patients with inflammatory arthritis who attended rheumatology outpatient clinics at University College Hospital, London between November 2014 and January 2015. 104 were returned giving a response rate of 90%. Questions were semi-structured using a Likert or visual analogue scale and focused on diagnosis, symptomatology, treatment history, health status and experiences of clinic attendance.

**Results:** Rheumatoid arthritis accounted for 69% of inflammatory arthritis patients, 64% were female. Mean age in years was  $50.44 \pm 17.98$ . 5.94% of patients had a disease duration of less than a year and 57% of patients had a duration greater than 10 years. Current treatment regime showed 23% to be on DMARDs alone, 33% on biologics alone and 44% on combination therapy. Mean number of drugs tried before current drug regime was  $3.06 \pm 2.13$ .

72% of respondents assessed their current treatment regime as effective (Mean HAQ  $1.28 \pm 0.82$ , Mean GVAS  $39.44 \pm 29.44$  (Global Visual Analogue Scale)). 31% of this perceived effective treatment group had a HAQ score  $< 1$  and 44% had a GVAS  $< 30$ . 71% of respondents were satisfied with their current rheumatological health state (Mean HAQ  $1.28 \pm 0.79$ , Mean GVAS  $33.34 \pm 29.29$ ). 30% of the satisfied group had a HAQ score  $< 1$  and 46% had a GVAS  $< 30$ . Significant differences were found between patients who had high and low levels of rheumatological health satisfaction and perceived treatment efficacy as presented in the table.

Table 1: Self-reported factors in association with satisfaction and treatment efficacy levels						
Self -reported factors	Satisfied (%)	Not Satisfied (%)	<i>p</i> value	Current treatment effective (%)	Current treatment not effective (%)	<i>p</i> value
Mean HAQ ( $\pm$ SD)	1.28 $\pm$ 0.79	1.41 $\pm$ 0.77	0.677	1.28 $\pm$ 0.82	1.43 $\pm$ 0.69	0.578
Mean GVAS ( $\pm$ SD)	33.34 $\pm$ 29.29	61.77 $\pm$ 24.43	<b>0.0001</b>	39.44 $\pm$ 29.55	57.17 $\pm$ 27.51	<b>0.009</b>
Presence of nocturnal joint pain	33.9	51.9	0.397	33.3	60	<b>0.039</b>
Sleep disturbance	50	55.6	0.416	45.3	68	0.164
Morning stiffness > 30mins	39.2	96.2	<b>0.00001</b>	36	75	<b>0.00007</b>
Fatigue	54.1	70.4	0.585	53.3	72	0.515
Low mood	8.1	37	<b>0.006</b>	10.7	28	0.116
Interested in self management	61.9	76.9	0.169	61.6	78.3	0.143
Self identify with having a disability	72.2	59.3	0.215	73.9	52	<b>0.041</b>
Feel listened to	97.2	77.8	<b>0.004</b>	93.3	88	0.128
Involved in decision making	97.2	85.2	<b>0.047</b>	93.3	40	<b>0.04</b>
Given emotional support	81.7	70.4	0.758	80.6	72	0.452
Coming to clinic helps manage arthritis better	95.9	92.3	0.464	96	95.8	0.971

**Conclusions:** Overall health satisfaction and perceived treatment efficacy levels are high despite elevated perceived disease activity and disability scores. Predictors of health satisfaction have been shown to include patient involvement in decisions made regarding care, patients being listened to and being given appropriate emotional support. We have found that low perception of efficacy of treatment and low satisfaction levels are significantly associated with degree of morning stiffness, joint pain at night, low mood, disability and perception of not being listened to or involved in decision making. Interestingly those who had low perceived efficacy levels were significantly less likely to view themselves as having a disability secondary to their arthritis despite there not being a difference in HAQ disability index scores between the two groups. This may reflect differing levels of acceptability regarding the loss of function that can be associated with arthritis and the stigma that it brings.

Physicians and patients often value different components of the outpatient clinic consultation. It is important to determine the factors that influence patients' satisfaction levels, and address them, especially when making management decisions.

**Disclosure of Interest:** None declared

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