

# The IMPACT of a referral strategy for axial spondyloarthritis: A twelve month follow-up of patient reported outcomes

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## INTRODUCTION

Early recognition of axial spondyloarthritis (axSpA), a chronic disabling axial rheumatic disease, is difficult for general practitioners (GPs).<sup>1</sup> To aid GPs the CaFaSpA digital referral strategy has been developed and validated<sup>2</sup>, but required an impact on outcomes before implementation in daily clinical practice<sup>3</sup>.

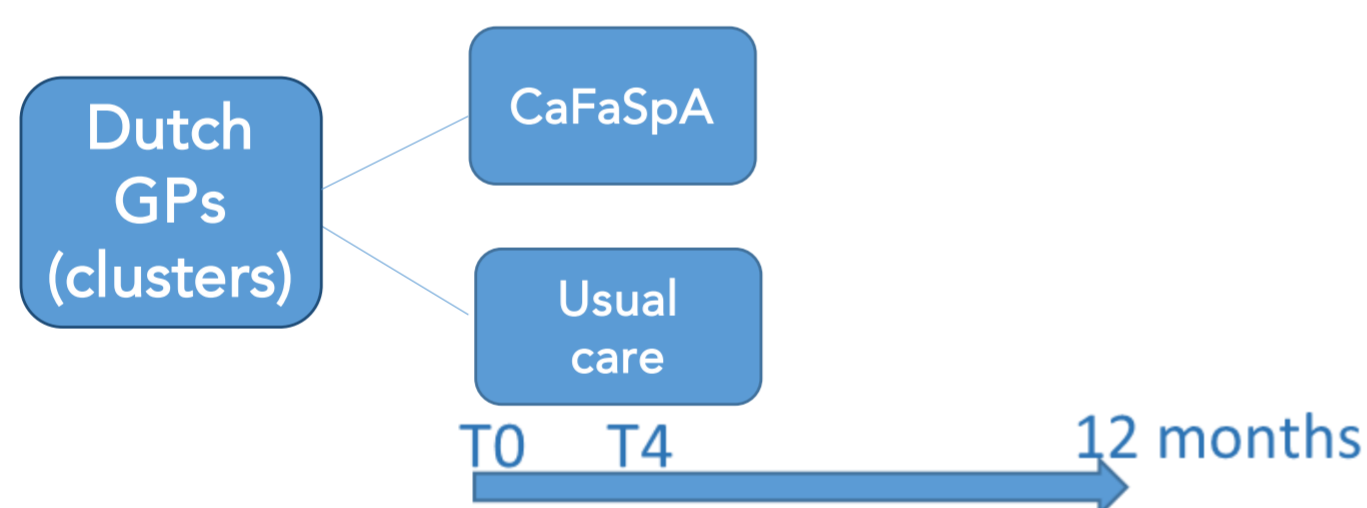
## OBJECTIVES

To assess the impact of the CaFaSpA referral strategy after 12 months on patient reported outcome measures (PROMs).

## METHODS

**Study population:** CLBP patients in primary care.

**Design:** A clustered randomized controlled trial.



Patients in the usual care group also received a referral advice to the rheumatologist based on the CaFaSpA strategy after 4 months due to ethical considerations.

**Primary outcome:** Disability caused by CLBP, measured with the Roland Morris Disability Questionnaire (RMDQ) at baseline, after 4 and 12 months.

**Secondary outcomes:** Quality of life (EQ-5D), pain (VAS) and fatigue (VAS) measured at baseline, after 4 and 12 months.

## RESULTS

In total 679 patients were included within 93 GP clusters. Patients characteristics are shown in **Table 1**. RMDQ scores during 12 months are shown in **Figure 1**. EQ-5D, VAS-pain and VAS-fatigue scores are shown in **Table 2**. Among the 76 referred patients in the intervention group, the percentage of axSpA diagnosis was 8%. Only eight patients in the usual care group

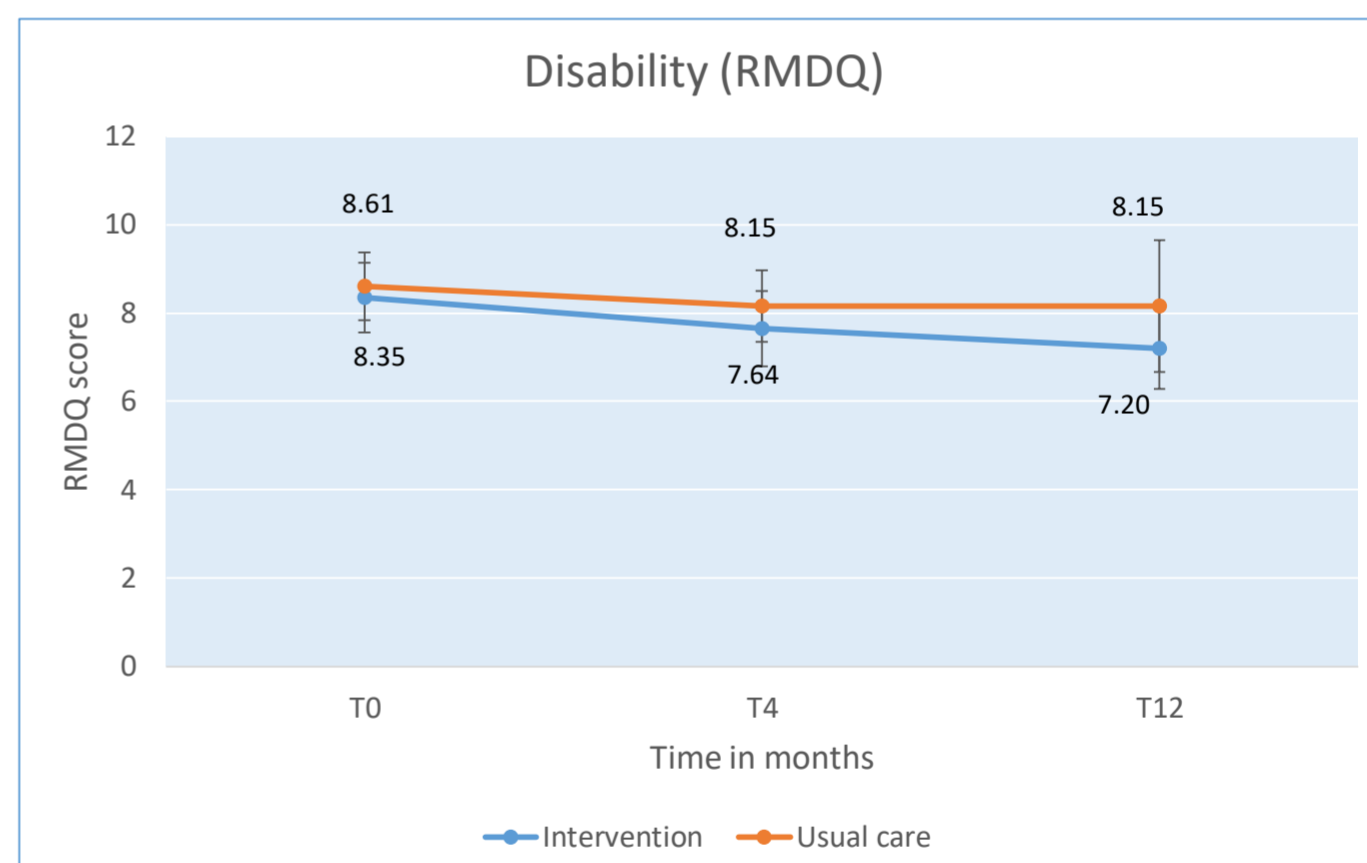
were referred to the rheumatologist, one patient received the axSpA diagnosis.

**Table 1:** Baseline patient characteristics.

|                                  | CaFaSpA (n=333) | Usual care (n=346) |
|----------------------------------|-----------------|--------------------|
| Age, year mean ± SD              | 36.7 ± 7.1      | 35.8 ± 7.8         |
| Male sex, n (%)                  | 115 (35)        | 130 (38)           |
| CLBP duration, year median (IQR) | 10 (4-15)       | 9 (4-15)           |
| VAS pain, median (IQR)           | 5 (3-7)         | 6 (3-7)            |
| Positive referral model, n (%)   | 192 (58)        | 216 (62)           |
| NSAID use, n (%)                 | 88 (53)         | 87 (49)            |
| Number of clusters               | 47              | 45                 |
| Cluster size, mean ± SD          | 7.1 ± 4.9       | 7.7 ± 5.5          |

CLBP: chronic low back pain. IQR: interquartile range. RMDQ: Roland Morris Disability Questionnaire. VAS: visual analog scale. Cluster size: number of patients.

**Figure 1.** Mean RMDQ scores over time in the intervention and usual care group.



**Table 2.** Mean change in PROMs after 12 months in the intervention and usual care group.

| PROMs                 | Intervention |             |         | Usual care  |             |         |
|-----------------------|--------------|-------------|---------|-------------|-------------|---------|
|                       | Baseline     | 12 months   | p-value | Baseline    | 12 months   | p-value |
| EQ-5D mean (SD)       | 0.69 (0.26)  | 0.72 (0.27) | 0.14    | 0.72 (0.24) | 0.73 (0.25) | 0.53    |
| VAS-pain mean (SD)    | 5.03 (2.42)  | 4.68 (2.69) | 0.07    | 4.96 (2.42) | 4.55 (2.69) | 0.02    |
| VAS-fatigue mean (SD) | 5.19 (2.50)  | 5.01 (0.21) | 0.35    | 5.23 (2.45) | 4.86 (2.73) | 0.04    |

## CONCLUSION

The digital CaFaSpA referral tool efficiently identifies axSpA patients without a negative effect on PROMs.

**DISCLOSURES:** None.

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## REFERENCES:

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2. van Hoeven L et al. PLoS One 2015; 22;10(7):e0131963.
2. Moons KG et al. Heart. 2012;98(9):691-8.