Gulia Region: The database of Regional Potential health care Beneficia-
ries, the Hospital Discharge Database, the Ambulatory Care Database,
the Pharmaceutical Prescription Database, the Emergency Department
Database, the Mortality Database, the Anatomical Pathology Database,
the Database of Exemptions from Medical Charges, and the Regional
Rare Disease Registry. All the databases were integrated at the individual
patient level using a univocal stochastic key.

Results: From 2001 to 2017, 208 patients with GCA were registered.
The mortality identification rate of patients identified with GCA until 2017
in the population >45 years of age was 3.8/100,000 person-years (95% CI:
2.5-5.5). The maximum incidence rate was observed in the age group
70-74 years. The prevalence of GCA in the population >45 years of age
as of December 31st, 2017 was 27.2/100,000 (95% CI: 23-5-31.4).
The mean medical observation was 4.5±5.6 years per patient, totaling
940.8 years of observation.
192 patients had at least one ambulatory specialist visit, resulting in a
total of 3182 specialist visits (338 per 100 patient-years). The most fre-
cquent medical specialties involved were Rheumatology (N=610, 19.2%),
Internal Medicine (N=564, 17.7%), Ophthalmology (N=292, 9.2%),
and Orthopedics (N=191, 6%).
108 (52%) patients had at least one hospitalization, resulting in 287 hos-
pitalizations (30 per 100 patient-years). Circulatory Cardiovascular
diseases were the most common discharge diagnoses, followed by musculoskeletal
conditions.
199 subjects were prescribed medications for a total of 9588 prescriptions
(1019 per 100 patient-years). Notably, an immunosuppressive drug, usu-
ally methotrexate, was prescribed in more than half of the patients. Car-
diovascular medications were prescribed to 154 (74%) patients: bisphosphonates or other anti-osteoporotic drugs to 123 patients (59%).
The average annual direct cost of GCA was 2374 Euros per patient-year
(61 for outpatient visits, 1661 for hospitalizations, 312 for prescribed med-
cations and 340 for medications directly dispensed by the hospital phar-
macies). The overall estimated direct healthcare cost for 940.8 patient-
years was 2,234,070 Euros.

Conclusion: Novel epidemiologic data in GCA are reported after a very
long-term observation, and by integrating data from multiple databases
with clinical data from a Regional network of specialists (Rheumatology
being the major contributor to disease clinical follow-up).
Cost of illness is high in GCA. Both the diseases itself and cardiovascular
manifestations, and, possibly, the complications of glucocorticoids, may
contribute to the healthcare burden of GCA. Despite a high use of
immunosuppressors in our Region, new drugs (2) and novel treatment
strategies are required.

REFERENCES

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SA0581 POOR HEALTH-RELATED QUALITY OF LIFE (HRQOL) AND FATIGUE ARE ASSOCIATED WITH A HIGHER WORK PRODUCTIVITY IMPAIRMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS

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Francisco Zevallos Miranda1, Paola Alejandra Huancas, Claudia Elera-Prasser1,2, Victor Pimentel Quiroz3, Jose Alfaro Lozano3, Cesar Francisco Zevallos Miranda1, Paola Alejandra Zeña Huancas1, Claudia Elerea-S. Alarcon5,6, Manuel F. Ugarte-Gil1,3.

Background: Because most patients with SLE are in their productive-age
years, the ability to maintain a gainful employment is fundamental for
both, the patient and society at large. It is thus quite important to
determine the work and non-work factors that are associated with work
productivity impairment in these patients.

Objectives: To determine factors associated with absenteeism (per-
centage of the time missed from scheduled work-time over the preceding
7 days, due to SLE), presenteeism (percentage of time from scheduled
work-time where productivity was impaired while patient was at work,
over the preceding 7 days, due to SLE) and overall work impairment
(combination of absenteeism and presenteeism) in patients with SLE.

Methods: A total of 133 consecutive (1997 American College of Rheuma-
tology (ACR) criteria) working patients with SLE were assessed between
October 2017 and December 2018, using a standardized data collection
form. Sociodemographic, disease and work-related variables were col-
lected. Disease activity was ascertained with the Systemic Lupus Erythe-
matosus Disease Activity Index (SLEDAI); disease damage with the Systemic Lupus International Collaborating Clinics/ACR Damage Index
(SDI); health-related quality of life was assessed with the LupusQoL and
fatigue with the FACIT-Fatigue (Functional Assessment of Chronic Illness Therapy-Fatigue). Work Productivity and Activity Impairment (WPAI)
was assessed with the respective questionnaire; absenteeism and presentee-
ism due to overall health and symptoms during the past 7 days were
scored. Linear regression models were performed to determine the factors
associated with absenteeism, presenteeism and overall work impairment.
Potential factors included were age at diagnosis, gender, socioeconomic
status, educational level, SLEDAI, SDI, FACIT- Fatigue and the compo-
nants of the LupusQoL.

Results: The mean age at diagnosis was 32.2 years (11.8); 121 (91.7%)
were female. Nearly all patients (98%) were Mezloz. Mean years of education
was 14.1 (2.6). The mean disease duration was 11.9 (7.5) years. Mean
SLEDAI was 2.9 (4.0), and mean SDI was 1 (1.4). The mean percent of
time for absenteeism was 5.0 (12.9), it was 28.5 (26.4) for presenteeism,
and it was 31.3 (27.2) for overall work impairment. In the multiple regres-
sion analysis, factors associated with absenteeism were disease duration
(B=0.34; SE=0.12; p=0.007); pain (B=-0.4; SE=0.06; p=0.046); fatigue
with the FACIT-Fatigue (Functional Assessment of Chronic Illness
Therapy-Fatigue). Work Productivity and Activity Impairment (WPAI)
was assessed with the respective questionnaire; absenteeism and presentee-
ism due to overall health and symptoms during the past 7 days were
scored. Linear regression models were performed to determine the factors
associated with absenteeism, presenteeism and overall work impairment.
Potential factors included were age at diagnosis, gender, socioeconomic
status, educational level, SLEDAI, SDI, FACIT- Fatigue and the compo-
nants of the LupusQoL.

Disclosure of Interests: None declared

SA0582 THE LATIN AMERICAN RHEUMATOLOGIST SURVEY: LARS STUDY

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Background: Currently, Latin America does not have detailed information of rheumatologists in the region based on: education, working conditions,
productivity, distribution of time between work activities and job
satisfaction.

Objectives: The purpose of this survey was to provide more information
on the rheumatology community in Latin America

Methods: A digital survey was created using the Google Forms platform,
it was approved and endorsed by the scientific committee of PANLAR
and later sent to the different rheumatology associations of the region.
The data was analyzed in the statistical program SPSS v.23.

Results: 456 surveys of rheumatologists from 23 countries were received.
The majority were female (64%). The mean age was 47.18 ± 11.75
(25-78) years, with a majority of mixed race 58%. 63% are married, 23%
are single, 8% are divorced, 5% in free union and 2% are widowed.
The mean number of children was 2 [0-7]. Birthplaces included Argentina
(27%), Brazil (18%). The setting of the professional practice after obtain-
ing the title of specialists was: public hospital (35%), private (25%), pri-
vate/teaching in a university hospital (12%), public/teaching in a university
hospital (14%), and industry (1%). The main place of work was in public/

government hospitals by 30% followed by private practice 31%, private
hospital 23%, university hospital 15% and nonprofit organizations 1%
The average of weekly working hours was 39.12 ± 27.53. 89% of the sample
practices adult rheumatology, 17% pediatric rheumatology, 2% immunology