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Introduction

Patient Reported Outcome Measures (PROMS) are key tools in the management of chronic rheumatic diseases and are often used as adjuncts to objective clinical assessments. In the current COVID pandemic, with significantly reduced clinic capacity, PROMs are central in identifying those with active disease who require face-to-face appointments from those with stable disease.

Aim

To investigate the reliability and usefulness of PROMS in lieu of face-to-face clinical assessments in managing patients with chronic rheumatic diseases.

Methods

We reviewed PROMS returned by 2 groups of patients: those with a primary vasculitis diagnosis and those with rheumatoid arthritis (RA). Patients with a vasculitis diagnosis were given a vasculitis activity questionnaire and those with RA were sent a modified RAPID3.

We compared the patient's self-reported disease activity with that most recently documented. We then reviewed how these patient reported outcomes resulted in any changes to treatment or further review via virtual or face-to-face clinics.

Results

Health assessment questionnaires were analysed for 45 patients with a primary systemic vasculitis (figure 1). Fourteen reported active disease, despite previous remission, with the involvement of 1 - 4 new systems. These systems had not been previously involved – at last clinic appointment or at onset of disease. The most common systems reported were MSK and ENT symptoms.

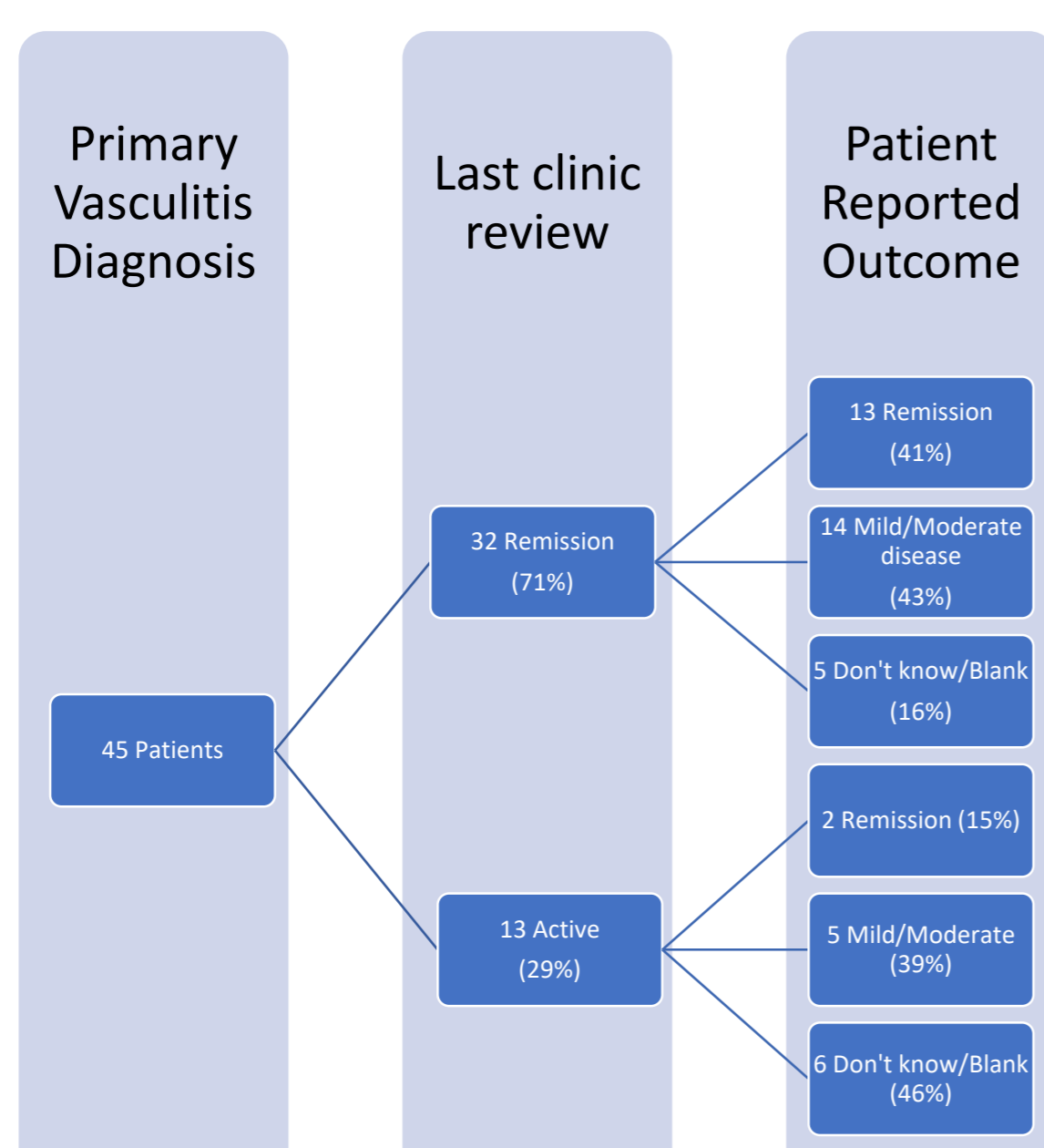


Figure 1

Of the vasculitis group, 9 individuals reported new system involvement or worsening of pre-existing symptoms and were face-to-face clinics. Three had subsequent treatment changes. All individuals who reported 'no disease activity' were assigned routine follow-up appointments.

In the RA cohort, 33 (80%) had previously documented disease remission – with either DAS28 <2.6 or documented 'disease remission' during their last clinic review (figure 2). Of these 41 patients, 20 (49%) reported DAS 28 scores indicating disease remission. None of these patients were further reviewed and all booked for routine follow up clinics.

In summary, of the 86 individuals included in this study, 24 (28%) were allocated a virtual or face-to-face clinic.

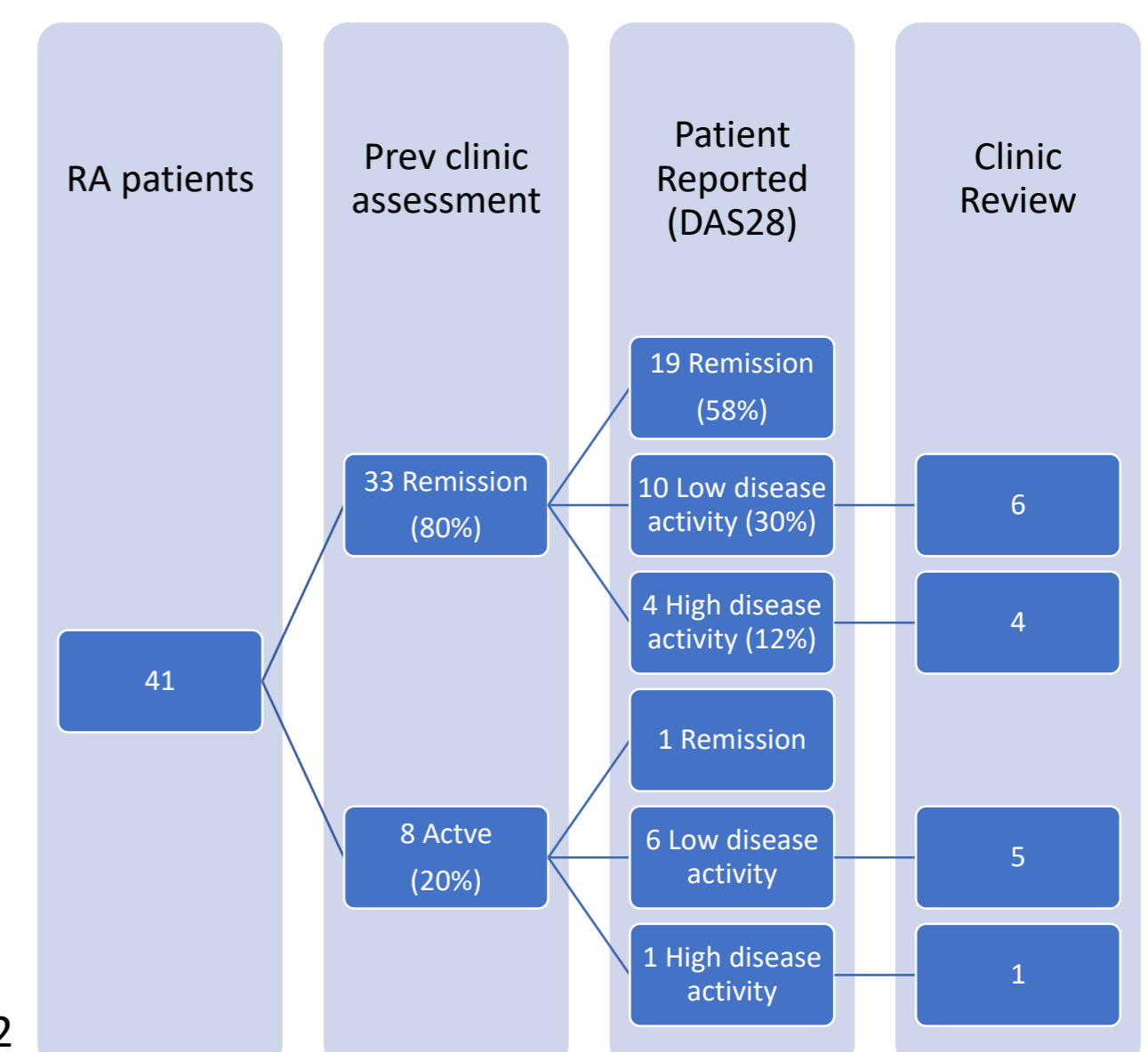


Figure 2

Conclusion

PROMS have been a useful tool in our clinical practice during the COVID pandemic. Patients in disease remission are easily identified and can be monitored remotely creating face-to-face capacity for those with active disease. One disadvantage was potential over reporting of symptoms. Amongst our vasculitis cohort, 25 individuals reported new active system involvement. To improve reliability with this and other patient reported outcome measures, patient education is required.