

AB1402

FACILITATORS AND BARRIERS OF VACCINE UPTAKE IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASE: A SCOPING REVIEW

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Background: Patients with chronic inflammatory rheumatic diseases (CIRD) remain underrepresented in receiving vaccinations despite being disproportionately affected by infectious complications.

Objectives: To systematically review the literature regarding vaccination willingness and vaccination hesitancy in CIRD patients with focus on the perspective of patients and physicians.

Methods: A scoping review was conducted in PUBMED, EMBASE and the Cochrane Library through 2021. Study selection was performed by two independent reviewers, data were extracted using a standardized form and risk of bias was assessed using instruments from the McMaster University. Identified barriers and hurdles were synthesized by categorizing them into the WHO's Measuring Behaviour and Social Drivers of Vaccination (BeSD) conceptual model.

Results: The search yielded 1,644 hits, of which 30 were included (cross-sectional studies (n=27) based on interviews and 3 intervention studies). The majority of studies reported barriers to influenza and pneumococcal vaccination (n=11), or influenza vaccination only (n=9) from the patients perspective. Two studies assessed the attitudes towards COVID-19 vaccinations. Only one study assessed the view of rheumatologists. Patients mainly mentioned behavioral and social factors that negatively influence their willingness to be vaccinated while physicians see deficits in the organization and lack of time as a major barrier. Coverage of domains matched to the BeSD model suggests a lack of awareness of infection risk by both patients and physicians (Figure 1).

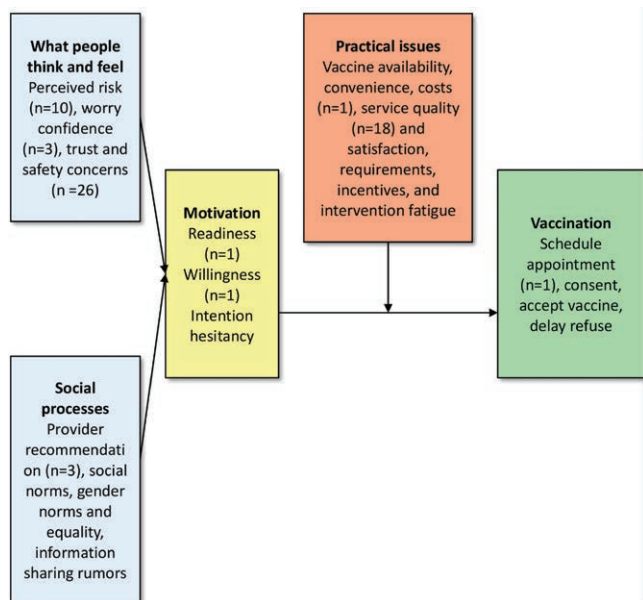


Figure 1. Coverage of domains matched to the WHO BeSD Model

Conclusion: The view of vaccination in CIRD patients diverges between patients and rheumatologists. Our results show that in-depth counseling on vaccines is important for patients, whereas physicians need support in implementing specific immunization recommendations. The themes identified provide a starting point for future interventions to improve vaccine rates in CIRD patients.

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AB1403

IMPACT OF THE SARS-COV 2 PANDEMIC AND RELATED EPIDEMIOLOGICAL RESTRICTIONS ON THE CARE OF PATIENTS WITH OSTEOPOROSIS – EXPERIENCES OF A HUNGARIAN CENTRE

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Background: Treatment of patients with osteoporosis was inadequate even before the COVID-19 pandemic. Not only patients without fracture, but only a small proportion of patients with osteoporotic fracture have treated. In Hungary only 30% of patients with osteoporosis received adequate antiprotic treatment before the pandemic. Almost 90% of whom were women, less than 10% of men. The incidence of fractures is increasing dramatically worldwide. In 2010, the vertebral fracture rate was 3.5 million in Europe but it is expected to reach 4.5 million by 2025. In 1990, osteoporosis caused 1.26 million hip fractures and by 2025 this is estimated at 2.6 million worldwide. The care for patients with osteoporosis was further aggravated by the restrictions necessarily imposed due to the coronavirus.

Objectives: The aim of the study was to explore the extent and consequences of diagnostic and therapeutic failure in patients with osteoporosis.

Methods: I determined the number of osteoporosis examinations performed in our centre in 2019-2021 from the medical database. I surveyed how many patients were discontinued the antiprotic treatment during the pandemic according to the different drug groups in Hungary and also in our centre as well as the prevalence of wrist and hip fractures due to minor trauma in our county in the pre- and post-pandemic period.

Results: In our centre an average of 30 DEXA examinations were performed daily in the pre-pandemic period. From the end of October 2021 to the end of May 2021 there was not perform any ODM examinations. It means 3.980 missed exams and at least 1.000 missed osteoporosis diagnoses and therapy starts. More than 20% of patient were lost from the antiprotic care in Hungary. Drop-out was mainly seen in patients treated with bisphosphonates. There were 20730 bisphosphonate-treated patient in 2019, 19813 in 2020 and 17315 in 2021. Antiprotic treatment was discontinued in 30% of patients treated with bisphosphonate+vitamin-D (7849 in 2019, 6950 in 2020, 5484 in 2021) or bisphosphonate+calcium+vitamin-D fixed combination products (3256-2876-2289). In our centre, the prescribing of bisphosphonates has also decreased more than half. Patients treated with iv. bisphosphonates were interrupted or switched to oral formulations. Denosumab therapy was continuous: 581 injections were prescribed in the 12 months before and 579 during the pandemic. However, no new treatment started. In case of teriparatide, the initiated therapies were continued and even the number of prescriptions increased. As a consequence, an increase in the occurrence of fractures due to minor trauma is expected. Although epidemiological restrictions in this regard, the curfew has had some positive effects. According to international data, the number of wrist fractures has almost halved, while the data for hip fractures are controversial. The decrease of wrist fractures can also be verified in our county. The number of wrist fractures was 598 in April-May 2019, 393 in the same period in 2020, and 372 in 2021. After a significant reduction in hip fractures in 2020, there is already an upward trend in 2021 (470 in 2019, 358 in 2020, 393 in 2021). The real consequences of failure to treat osteoporosis are expected only after years.

Conclusion: Missed doctor-patient appointments were associated with missed diagnoses and interruptions of ongoing treatments. Fear of the virus, immobilisation due to home office and curfews, lack of exercise, sun exposure, caused depressive symptoms, increased alcohol consumption and caloric intake are all increase the risk of osteoporosis. Thus, traditional risk factors for osteoporosis expanded with the direct effects and the introduced restrictions because of the pandemic.

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AB1404

ELECTRONIC CONSULTATION: A USEFUL TOOL TO OPTIMIZE THE ON-SITE MEDICAL CONSULTATION IN RHEUMATOLOGY

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Background: Electronic consultation (e-Consults) is a form of telemedicine. It permits communication between primary health care (PHC) and hospital care (HC). It is proving to be a helpful tool to reduce waiting times in consultations, to prioritize those pathologies that require an on-site consultation and also to avoid unnecessary travel for the patients (1).

Objectives: To evaluate the efficacy of e-Consults to avoid on-site consultations To evaluate the usefulness of e-Consults as a screening tool for on-site consultations To analyze the most frequent reasons for consultation To evaluate the evolution of e-Consults from the first to the second year of its implementation