Disclosure

The risk of major infections in juvenile SLE is significant and associated worse in those who had an episode of major infection. Major infection-free survival at 1 year and 5 years was 82.5% (95% CI 76.8-88.7) and 72.5% (95% CI 65-80.9) respectively. There were eight gastrointestinal involvement (OR 4.98, 1.05-23.65) were significant predictors of a major infection. On multivariate analysis, only higher daily doses of corticosteroids (OR 1.09, 95% CI 1.05-1.14) and use of cyclophosphamide (OR 7.63), higher baseline SLEDAI (16.1 vs 11.5-21.10) vs 12.87-16.25) and a higher daily dose of prednisolone (15.1mg vs 6.1 5.8mg) at the time of the infection were included in the model.

Results

From December 2013 to April 2019, 31 patients were identified with an axSpA diagnosis (comparator group), who were subsequently followed-up in the axSpA clinic. The ‘active group’ comprised patients referred to the clinic with suspected axSpA from May 2019 to December 2020. The performance analysis looked at time from GP referral to outpatient appointment (OPA), time from OPA to MRI examination, time from MRI scan to follow-up appointment and time to biologic disease-modifying anti-rheumatic drug (bDMARD) therapy. Statistical analysis was performed using unpaired t-tests.

Methods

A retrospective case note review was performed for patients diagnosed with axSpA prior to the establishment of the axSpA clinic in April 2019 (comparator group), who were subsequently followed-up in the axSpA clinic. The ‘active group’ comprised patients referred to the clinic with suspected axSpA from May 2019 to December 2020. The performance analysis looked at time from GP referral to outpatient appointment (OPA), time from OPA to MRI examination, time from MRI scan to follow-up appointment and time to biologic disease-modifying anti-rheumatic drug (bDMARD) therapy. Statistical analysis was performed using unpaired t-tests.

Results

From December 2013 to April 2019, 31 patients were identified with an axSpA diagnosis (comparator group), and 65 patients were identified post-audit (active group). The mean time from referral to initial OPA was unchanged between the two groups, at 37 days. While the time from OPA to MRI scan was significantly shorter prior to set-up of the axSpA clinic (34.9 vs. 76.7 days; \( p = 0.0014 \)), at least nine patients had delayed MRI owing to COVID-19. Excluding these patients from the analysis, the mean wait time from MRI scan in the active group reduced to 35.2 days, which was not statistically different from the comparator group (\( p = 0.9600 \)). Time from MRI to follow-up OPA and time from a patient meeting the criteria for bDMARD therapy to first prescription of bDMARD reduced following set-up of the axSpA clinic, although differences were not significant (93.1 vs. 50.0 days; \( p = 0.1400 \) and 35.3 vs. 21.0 days; \( p = 0.0510 \), respectively). Time from first OPA to bDMARD therapy prescription reduced significantly (288.4 vs. 116.7 days; \( p < 0.0500 \)).

Conclusion

The set-up of the axSpA clinic did not make any difference to the early part of the axSpA pathway (the diagnostic phase); however, there was a notable difference for follow-up times and starting treatment after the diagnosis had been made, which most likely reflects the importance of the role of a nurse specialist in the clinic.

Disclosure

L.A. Newdick: None. M.P. Sykes: None.