PATIENTS’ PERSPECTIVES OF OUTCOMES AFTER TOTAL KNEE AND TOTAL HIP ARTHROPLASTY: A NOMINAL GROUP STUDY

Susan Goodman1, Bella Mehta1, Serene Mirza2, Mark Figge3, Peter Sculco4, Michael Parks5, Jasvinder Singh6, Hospital for Special Surgery, Main Campus, New York, United States of America; UAB School of Medicine, Birmingham, United States of America

Background: Utilization rates of total joint replacements (TJR) are high and rising to treat advanced symptomatic arthritis, but there is little qualitative research to define the most important outcomes from the patient perspective.

Objectives: To assess the most important outcomes of TJR from the patients’ perspective using nominal group technique (NGT).

Methods: Recruited patients were ≥18 and had received total hip (THR) or total knee replacements (TKR). Participants completed a questionnaire including demographics and pain and function measures, and answered “What result/results matter the most to a patient undergoing/having a knee or hip replacement?”. Outcomes were independently selected, listed in a round robin, and ranked by the group using NGT.

Results: 36 patients participated in 6 nominal groups in January 2019. 42% were men (Table 1). For THR, 94% reported no/mild pain. For TKR, 81% reported no/mild pain/pivoting on or stairs, 1 patient reported severe pain. Satisfaction was high, 97% reported very/somewhat satisfied with pain relief. Of 216 total votes, A) pain received 98 votes, B) function 216 votes, the remainder 8 votes were distributed to post-op concerns including access to rehabilitation or education (Table 2).

Conclusion: Pain, function, quality of life, and adverse events are the outcomes ranked highest by patients, supporting their inclusion in TJR clinical trials.

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PRELIMINAR STUDY OF THERAPY ADHERENCE CONTROLLED BY PRESCRIPTION OF MEDICATION AND SELF-PERCEPTION ADHERENCE OF INFLAMMATORY CHRONIC DISEASE PATIENTS

Elena Grau García1, Jose Ivorra Cortés2,1, Emilio Monte Boqué3, Cristina Alcañiz Escandell4, Inmaculada Chalmeta Verdejo5, Marta De la Rubia Navarro1, Francisco Miguel Ortiz Sanjuan1, Cristobal Pávez Perales6, Elvira Vicenc Bernabéu1, Carmen Nájera Herranz1, Inés Cánovas Olmos1, Antonio Alvaro García Cebrían1, José Luis Poveda Andrés1, José Andrés Román Ivorra1,2,1, Rheumatology Department, HUP La Fe, Valencia, Spain; 2Medical School, UCV, Valencia, Spain; 3Pharmacy Department, HUP La Fe, Valencia, Spain

Background: The absence of therapy adherence is a public health problem and leads to negative consequences in inflammatory chronic diseases. The measurement of therapy adherence has demonstrated effectiveness or the improvement of compliance, but it is difficult to estimate because it is based on indirect measurements. With high probability there will be discrepancies between different measurements.

Objectives: To estimate the discrepancies between therapy adherence controlled by prescription of medication, Morisky-Green test and self-perception adherence patients under biological subcutaneous treatment or under JAKinhibs oral treatment.

Methods: Observational study including inflammatory chronic disease patients under biological subcutaneous treatment or under JAKinhibs oral treatment, selected consecutively. We performed a preliminary stage where patients were contacted by telephone and after that the questionnaire was sent to the email address they provided. The questionnaire included Morisky-Green test and a self-perception adherence scale (0-10). Data about dispensation of medication was collected from the pharmacy service. We defined as “adherent patient” a dispensation rate over 80%. Results: 54 patients were contacted, and 37 of them full-filled the questionnaire. Among the 37 surveyed patients a discrepancy between therapy adherence controlled by prescription of medication and Morisky-Green was observed (94.6% vs 72.97%, P<0.005). Moreover, 72.97% of patients considered easy or very easy to follow the prescribed therapy, and in the self-perception adherence scale the 54.05% of them scored 10, the 21.62% scored 9, the 21.62% scored 8 and the 2.7% scored 6. Among the analyzed factors which may affect the therapy adherence, the oral route of administration showed more adherence rate controlled by dispensation of medication (P=0.019) and with Morisky-Green adherence rate (P=0.016). No other association with other factors as age, gender or time of disease evolution was observed.

Conclusion: Younger patients and those with university studies preferred to fill the online questionnaire. A discrepancy between therapy adherence controlled by dispensation of medication and adherence by Morisky-Green was observed. Moreover oral route of treatment showed more therapy adherence than subcutaneous route of treatment.

Even if the patients are none self-considered as 100% adherents (Morisky-Green), a tendency to collect the medication on a regular basis was observed. This seems to indicate that instead of the controlled dispensation of medication by Pharmacy, patients with lower therapy adherence will collect all the medication.

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| AB1213 | PATIENTS’ PERSPECTIVES OF OUTCOMES AFTER TOTAL KNEE AND TOTAL HIP ARTHROPLASTY: A NOMINAL GROUP STUDY |
| AB1214 | PRELIMINAR STUDY OF THERAPY ADHERENCE CONTROLLED BY PRESCRIPTION OF MEDICATION AND SELF-PERCEPTION ADHERENCE OF INFLAMMATORY CHRONIC DISEASE PATIENTS |

1Hospital for Special Surgery, Main Campus, New York, United States of America 2UAB School of Medicine, Birmingham, United States of America

Table 1. Baseline Characteristics

|   | Mean (SD) | Median (Q1-Q3) | Range |
|---|-----------|----------------|-------|
| Age (mean, years) | 75.7(8.2) | 75 | 58-97 |
| Men, n(%) | 6 (31.6) | 6 | 3-9 |
| Black, n(%) | 3 (15.8) | 3 | 1-6 |
| Asian, n(%) | 1 (5.3) | 1 | 1-3 |
| Multi-race, n(%) | 1 (5.3) | 1 | 1-2 |
| Education | High school, n(%) | 1 (7.1) | 1 | 1-2 |
| Same college, n(%) | 1 (5.3) | 1 | 1-2 |
| College or above, n(%) | 18 (94.7) | 18 | 3-100 |
| Employment | Employed for wages, n(%) | 3 (15.8) | 3 | 1-9 |
| Self-employed, n(%) | 4 (21.1) | 4 | 1-7 |
| Out of work but not looking for work, n(%) | 1 (5.3) | 1 | 1-1 |
| Retired, n(%) | 11 (57.9) | 11 | 2-13 |
| Reason for surgery | Osteoarthritis, n(%) | 13 (68.4) | 13 | 2-100 |
| Rheumatoid arthritis, n(%) | 2 (10.5) | 2 | 1-3 |
| Other arthritis, n(%) | 3 (15.8) | 3 | 1-3 |
| Avascular necrosis of the bone, n(%) | 1 (5.3) | 1 | 1-1 |

Table 2. Theme: What result/results matter the most to a patient undergoing a hip or knee replacement?

| Question | NG1-6, 36 people, 14 Male, 22 Female; 8 African-American, 26 White, 2 Asian; 216 votes |
|---|---|
| A. Pain | No more pain/to be pain free |
| B. Function | Regaining range of motion/mobility/able to carry out ADL (activities of daily living) |
| C. Quality of life | Ability to have a normal life |
| D. Adverse events | Not feeling the fear of infection or set back/long term good outcomes |
| E. Revision | Longevity, no repeated replacement of joint in my lifetime |
| F. Optimization of post-operative care | Having a short recovery period |
| G. Education | What to expect with healing |

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