BSR Annual Conference 2021 Highlights

Following the conference, rheumatology nurses Julie Begum and Leah Irungu caught up to share some of their highlights on a range of topics around rheumatoid arthritis (RA).

This meeting was organised and funded by Galapagos. Opinions expressed by the speakers are their own and not necessarily shared or endorsed by Galapagos.

Assist RA
Enabling patients to achieve better outcomes in RA

- Therapeutic advances in RA
- RA and COVID-19
- The patient impact of COVID-19
- Guidelines and frameworks
- Hot topics

Speaker session Abstract

Galápagos

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Therapeutic advances in RA

Baricitinib in the BSRBR-RA registry: characteristics and status of patients at first follow-up

In a study of 409 patients in the BSRBR-RA registry initiating baricitinib:

Most **(76%)** were female

Mean disease duration was **13 years**

63% had received a prior biologic

- First follow-up data were available for 163 patients, of whom 122 **(75%)** remained on baricitinib.
- **DAS28-ESR** was lower at first follow-up than at baseline both overall and in the following subgroups: without prior b/tsDMARD experience; with prior b/tsDMARD experience; and receiving baricitinib monotherapy.

Study details

Discontinuation of baricitinib within 12 months: real-world data

In a study of 83 RA patients from University Hospital Southampton who started baricitinib:

25.3% of patients discontinued baricitinib within the first 12 months of use

The reasons for discontinuation were:

Lack of efficacy **(64%)**

Adverse events **(29%)**

- Patients who discontinued were more likely to be **younger** and **male**. However, there was no significant difference regarding mono- or combination therapy, disease duration or seropositivity (p>0.05).

Study details

Safety profile of baricitinib for RA up to 8.4 years: an updated integrated safety analysis

In an update to the safety profile over up to 8.4 years of treatment, baricitinib maintained a similar safety profile to that previously reported.

Event	n/NAR (IR)
TEAE	3,391/3,770 (25.8)
SAE (including death)	940/3,770 (7.2)
Temporary discontinuation due to AE	1241/3,647 (9.5)
Permanent discontinuation due to AE	644/3,770 (4.8)
Death	70/3,770 (0.52)
Serious infection	344/3,770 (2.7)
Opportunistic infection*	61/3,770 (0.46)
Herpes zoster	384/3,770 (3.0)
Tuberculosis	20/3,770 (0.15)
MACE†	63/3,251 (0.50)

Study details

*Excluding tuberculosis and including multidermatomal herpes zoster. †Studies with positive adjudication.
AE = adverse event; bDMARD = biologic DMARD; DAS28-ESR = disease activity score for 28-joint count with erythrocyte sedimentation rate; DMARD = disease-modifying anti-rheumatic drug; IR = incidence rate; MACE = major adverse cardiovascular event; NAR = number of patients at risk; RA = rheumatoid arthritis; SAE = serious adverse event; TEAE = treatment-emergent adverse event; tsDMARD = targeted synthetic DMARD.

Variation in immunosuppressant impact on severe COVID-19: SCAR-19 data

In a Scottish-wide registry of 69 ARD patients with a confirmed diagnosis of COVID-19:

Most conventional and biologic DMARDs did not appear to confer a higher risk for severe outcome. In fact, **anti-TNF therapy** was associated with a non-serious outcome (p=0.04).

Leflunomide was associated with a serious outcome (p=0.04), as was **prednisolone >5 mg** (p=0.08).

Rheumatologists should be aware of these possible risk factors and continue to contribute to registries to help establish whether these putative signals are clinically relevant.

Study details

Establishing a remote therapy clinic using video-calling technology and a disease-tracking app

A session featuring Emily Rose-Parfitt, Philip Hamann and Wouter Bos looked at real-world experiences of setting up remote therapy clinics and monitoring outcomes remotely.

"The overarching theme for this session is that we do need to change the way we are delivering outpatient care. COVID has made it an urgent reality, but the NHS long term plan 2019 does specify we do need to cut face to face appointments by a 1/3 by 2023."

– Julie Begum

"It's looking at the next generation that's coming up. It's painting out the [...] future, how we're going to map out the [future of] rheumatology services, because they are outdated."

– Leah Irungu

Harnessing the opportunities of patient-reported data in the post-COVID-19 world

A session by Trish Cornell looked at a topic that's become increasingly important over the past year: patient self-examination of joints as a way of assessing disease activity.

"We do want our patients to engage with digital technology and use apps to help monitor their condition, but do we really want lots of different apps for different conditions? In the future will there be one app that encompasses everything?

– Julie Begum

"[Patient-reported data] has its downfalls. You have to be careful about which kinds of patients you choose [to select for self-reporting]."

– Leah Irungu

ARD = autoimmune rheumatic disease; DMARD = disease-modifying anti-rheumatic drug; RA = rheumatoid arthritis; TNF = tumour necrosis factor.

The patient impact of COVID-19

Impact of COVID-19 lockdown on mental health and QoL in patients with inflammatory arthritis

In an online questionnaire of 338 people with inflammatory arthritis in the UK:

- **49%** had moderate to severe depressive symptoms
- **58%** said their mental health had worsened* during lockdown
- **37%** were concerned about loneliness

Emotional distress VAS and depression were significantly associated with PGA, pain and fatigue.

Study details

COVID-19 first wave and shielding among Black, Asian and Minority Ethnic patients with rheumatological conditions in the UK

In an audit of 79 patients contacting rheumatology helplines or having routine consultations in Wolverhampton, Leicester or Oxford:

- BAME patients were less likely to understand the reasons for shielding (39%, p=0.10), to follow shielding advice (32%, p=0.26) and more likely to change their medications, thereby risking a flare (74%, p=0.16), vs Caucasian patients.

Study details

Impact of COVID-19 on patient access to rheumatology services, medication and future care

In a survey of 2,054 patients attending rheumatology clinics in the UK:

- **Only 33%** were satisfied with their care during the pandemic
- **Only 45%** continued their medication with no access problems
- **57%** expressed worries about their future care

Overall, patients have experienced significant disruption and express high levels of concern about future care, indicating the importance of maintaining services during the pandemic.

Study details

Initial impact of COVID-19 on HRQoL in patients with rheumatic diseases

In a survey of 1,727 rheumatology patients from one Trust, significantly worse mental health scores were found in:

- Female patients
- BAME patients
- Patients who had had COVID-19
- Clinically extremely vulnerable patients

Study details

*Worsened by more than 10 points on the emotional distress VAS.

BAME = Black, Asian and Minority Ethnic; HRQoL = health-related quality of life; PGA = patient global assessment; QoL = quality of life; VAS = visual analogue scale.

Guidelines and frameworks

Improving quality and developing uniformity in UK rheumatology services

In this session, Lesley Kay and Liz Price discussed what we've learnt so far from GIRFT and how we're moving towards Service Accreditation in future.

"What they have tried to do with Service Accreditation is put it in line with other quality checks so we are enhancing quality and not just creating extra work for staff."

– Julie Begum

More info about GIRFT

National Early Inflammatory Arthritis Audit data – what does it tell us?

Although there has been an improvement in early arthritis care over the last 3 years, the NEIAA reveals there are still many areas for improvement, including addressing the mental health burden, increasing accessibility for ethnic minority groups, and assessing the optimal time to give self-management advice.

Disease management

With an increasing number of treatment options for PsA and RA, this session explored how to make the right choices for our patients.

"With so many medications available now to treat inflammatory arthritis, we need people to think about getting the right drug for the right patient at the right time and consider all modes of action."

– Julie Begum

BSR guidelines in practice

This session explored current and topical BSR guidelines, such as those on vaccination and retinal monitoring with hydroxychloroquine.

"This was a BSR-led session, trying to encourage rheumatology staff to be more engaged with the organisation and their processes. It highlighted the importance of having guidelines how you can influence what they decide to build guidance around."

– Julie Begum

Guidelines

One size doesn't fit all...

This session explored how we can ensure post-pandemic rheumatology services meet the needs of all patients, not just those who are digitally enabled.

"When deciding on using apps and remote consultations we have to consider if our patients can engage with the service in this way? Does the digital world work for everyone?"

– Julie Begum

Framing the future of rheumatology specialist nurses and allied health professionals

A big point of discussion in this session, the new Competency Framework for Rheumatology Nurses maps out the future of the specialism.

"What we tried to showcase that there are now professional competency standards that we can apply to rheumatology nursing to benchmark practice."

– Julie Begum

Competency Framework

BSR = British Society for Rheumatology; GIRFT = Getting It Right First Time; NEIAA = National Early Inflammatory Arthritis Audit; PsA = psoriatic arthritis; RA = rheumatoid arthritis ; TNF = tumour necrosis factor.

Hot topics

Cannabis in rheumatic disease

Featuring speakers Philip Gardiner, David Finn, Georg Pongratz and Steve Alexander, this session covered the science behind cannabinoids for pain therapy, the potential benefits of cannabis to joints, and the ethical issues surrounding medical cannabis use.

According to a recent systematic review from IASP Taskforce:[1]
“The evidence neither supports nor refutes claims of efficacy and safety for cannabinoids, cannabis or CBM in the management of pain.”

“It’s just now knowing what to tell when patients ask: am I doing CBD? There’s no evidence that it helps, and prescribing it doesn’t mean it’s going to change anything. There’s no evidence to back up that it does help your arthritis.”

– Leah Irungu

“The rheumatologists have not seen any convincing evidence to support the use in inflammatory arthritis. We are considering whether this education for patients aligns better with the pain specialists.”

– Julie Begum

Feet are important to your patients – are they important to you?

In this session featuring Anthony Redmond, Lindsey Cherry and Louise Warburton, the focus of the discussion was how foot health is often a significant unmet need in rheumatology, and how we can do better for our patients by incorporating foot health pathways into our services.

“It is one of the under-represented healthcare professionals we have access to but patients need this service. We know that for RA hands and feet are really important. We know it’s such a big part of the disease process, but when we don’t include it in any of our assessments and we don’t have access for patients its as if as healthcare professionals are ignoring it.”

– Julie Begum

“Sometimes I have escalated DMARDs or to biologics purely on the erosions on the X-ray. So it’s very important to remind ourselves that feet matter too.”

– Leah Irungu

““Imagine the amount of damage that is still being done when inflammatory symptoms present to the feet. We must not ignore it we must continue to treat the patient as a whole.”

– Julie Begum

1. Fisher E, Moore RA, Fogarty AE, et al. Cannabinoids, cannabis, and cannabis-based medicine for pain management: a systematic review of randomised controlled trials. Pain. 2021;162(Suppl 1):S45-S66.

CBD = cannabidiol; CBM = cannabimovone; DAS = disease activity score; DMARD = disease-modifying anti-rheumatic drug; IASP = International Association for the Study of Pain; MDT = multidisciplinary team; RA = rheumatoid arthritis.

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O33

A study of patients in the BSRBR-RA registry which aimed to describe baseline characteristics and status (continuation with baricitinib and disease activity) at first follow-up after initiating baricitinib. Analysis was performed independently of the register study team at BSRBR-RA. The study included 409 patients initiating baricitinib and registered in the BSRBR-RA cohort between 1 January 2018 and 31 March 2019. Continuation with baricitinib and DAS28-CRP were assessed in those completing first follow-up at 6 months in the overall population and in the following subgroups: without prior b/tsDMARD experience; with prior b/tsDMARD experience; and receiving baricitinib monotherapy. Continuation was summarised as N (%) remaining on baricitinib at first follow-up (interruptions ≤28 days were permitted).

bDMARD = biologic DMARD; BSRBR-RA = British Society for Rheumatology Biologics Register – Rheumatoid Arthritis; DAS28-ESR = disease activity score for 28-joint count with erythrocyte sedimentation rate; DMARD = disease-modifying anti-rheumatic drug; tsDMARD = targeted synthetic DMARD.

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A real-world retrospective observational study of baricitinib use in RA patients at University Hospital Southampton using local advanced therapy database for data collection. The aim was to observe the frequency of discontinuation in a real-world setting, the characteristics of patients who stop taking baricitinib, and the reasons for discontinuation. From October 2017 to July 2020, a total of 83 patients started baricitinib and were recorded in the database. The authors described the characteristics of patients discontinuing baricitinib therapy and divided patients into two groups: group 1 (those who discontinued therapy within the first 12 months of use) and group 2 (those who continued therapy beyond 12 months).

RA = rheumatoid arthritis.

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Study details

Study details

O09

Long-term safety of baricitinib was assessed from 9 completed randomised trials and 1 ongoing long-term extension. Incidence rates per 100 patient-years were calculated for all RA patients treated with ≥1 dose of baricitinib through 1 September 2019. 3,770 patients received baricitinib for 13,148 patient years, with median and maximum exposure: 4.2 and 8.4 years, respectively.

RA = rheumatoid arthritis.

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Study details

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A Scottish-wide registry was rapidly developed in March 2020. Clinical characteristics and outcomes of infected cases were collated across all Scottish health boards, leveraging the Scottish Systemic Vasculitis Network and Scottish Society for Rheumatology. Eligible patients included any adult ARD patients with a confirmed (clinically or PCR) diagnosis of COVID-19. Simple descriptive statistics were employed to evaluate associations between ARD therapies and a serious COVID-19 disease outcome, as defined by a requirement of invasive or non-invasive ventilation, and/or death. A total of 69 patients were recruited to the registry, 92% of which required hospitalisation. Cases were most commonly diagnosed with RA (n=32, 46.4%), followed by spondyloarthritis (n=19, 27.5%) and systemic vasculitis (n=9, 13.0%).

ARD = autoimmune rheumatic disease; PCR = polymerase chain reaction; RA = rheumatoid arthritis.

ARD = autoimmune rheumatic disease; DMARD = disease-modifying anti-rheumatic drug; RA = rheumatoid arthritis; TNF = tumour necrosis factor.

The patient impact of COVID-19

Impact of COVID-19 lockdown on mental health and QoL in patients with inflammatory arthritis

In an online questionnaire of 338 pe

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Study details

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O25

An online questionnaire that aimed to explore the impacts of lockdown on mental health and well-being in people with inflammatory arthritis, and to determine which factors were associated with worse disease outcomes. 338 participants completed the questionnaire between June and July 2020. The questionnaire assessed various aspects of the impact of the pandemic on the quality of life of people with inflammatory arthritis, including their mental health. Self-reported VASs for PGA of disease activity, pain, fatigue and emotional distress were completed relating to the previous week, and retrospectively for pre-lockdown (March) and early lockdown (April). Specific mental health outcomes were further captured using the PHQ8 and short UCLA loneliness scale. Linear regressions were conducted to determine mental health factors associated with worse outcomes on physical health measures (PGA, pain and fatigue), controlling for fear of COVID-19 and COVID-19 status.

PGA = patient global assessment; PHQ8 = 8-item Patient Health Questionnaire; UCLA = University of California, Los Angeles; VAS = visual analogue scale.

*Worsened by more than 10 points on the emotional distress VAS.

BAME = Black, Asian and Minority Ethnic; HRQoL = health-related quality of life; PGA = patient global assessment; QoL = quality of life; VAS = visual analogue scale.

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An audit to understand experiences of shielding, particularly in rheumatological BAME patients in multi-ethnic communities in three centres: Wolverhampton, Leicester and Oxford. Patients contacting rheumatology helplines or having routine consultations were included. Each centre aimed to recruit at least 20 patients. A questionnaire was developed to capture important data on shielding. The study was conducted between May and June 2020 during the peak of the first wave of COVID-19. A total of 79 patients were recruited; of these, 54 were of BAME and 25 of Caucasian ethnicity, with 17 males and 62 females.

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A national study investigating how COVID-19 has: (1) reduced access to services; (2) altered treatment and drug monitoring; (3) impacted on clinic follow-up; (4) changed patient beliefs regarding ongoing/future care. An online survey of patients attending rheumatology clinics in the UK was conducted, with the survey hosted online between 8 September and 8 October 2020. In total, 2,054 patients completed the survey and the average number of rheumatic conditions each patient reported was 1.98 ± 1.38, with the most common being rheumatoid arthritis (48%), lupus (20%), Sjögren's syndrome (19%), fibromyalgia (15%) and vasculitis (8%).

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A web-based survey of a large cohort of rheumatology patients under secondary care follow-up at the Royal Wolverhampton Trust assessing HRQoL scores at the 4-week point following the introduction of lockdown measures. The survey was distributed via a linked mobile-phone SMS message, to all rheumatology patients with a validated mobile number. HRQoL was assessed by SF12. Of 7,911 active follow-up patients with linked mobile numbers, survey responses were received from 1,828 (23%), and of these, 1,727 completed all aspects of the SF12. Responders were mostly white British (94%) and female (70%); inflammatory arthritis was the predominant diagnosis (70%).

HRQoL = health-related quality of life; SF12 = Short Form-12 version 2.

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– Julie Begum

BSR guidelines in pract

This session explored current and topi guidelines, such as those on vaccination and retinal monitoring with hydroxychloroquine.

"This was a BSR-led session, trying to encourage rheumatology staff to be more engaged with the organisation and their processes. It highlighted the importance of having guidelines how you can influence what they decide to build guidance around."

– Julie Begum

Guidelines

ng the future of rheumatology ialist nurses and allied health professionals

A big point of discussion in this session, the new Competency Framework for Rheumatology Nurses maps out the future of the specialism.

"What we tried to showcase that there are now professional competency standards that we can apply to rheumatology nursing to benchmark practice."

– Julie Begum

Competency Framework

Guidelines

Click the links to explore the following guidelines:

- BSR Guidelines Homepage
- Green Book: COVID-19 vaccination
- Green Book: Influenza vaccination
- Green Book: Pneumococcal vaccination
- Green Book: Shingles vaccination

Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring (Royal College of Ophthalmologists)

BSR = British Society for Rheumatology; GIRFT = Getting It Right First Time; NEIAA = National Early Inflammatory Arthritis Audit; PsA = psoriatic arthritis; RA = rheumatoid arthritis ; TNF = tumour necrosis factor.