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THE PATH OF A PATIENT WITH AXIAL SPONDYLOARTHRITIS TO DIAGNOSIS IN RUSSIA, DATA FROM THE EMAS SURVEY

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Background:

Scientific research in axial spondyloarthritis (axSpA) over the recent years has grown significantly. Early detection, diagnosis and treatment are critical to improve the functioning situation, reduce comorbidities and loss of quality of life of patients with axSpA. However, the diagnostic delay remains high.

Objectives:

To describe the path to diagnosis among Russian axSpA patients.

Methods:

The European Map of Axial Spondyloarthritis (EMAS) was a cross-sectional on-line survey of unselected patients with self-reported axSpA conducted in 13 European countries. Russian participants were recruited between December 2017 and February 2018 through the Russian Ankylosing Spondylitis Association and an online panel. Socio-demographics, age at symptom onset, age at diagnosis, diagnostic tests performed, HCPs visited prior diagnosis, and diagnosing HCP were collected. Diagnostic delay was calculated by subtracting the age at symptom onset from age at diagnosis.

Results:

233 Russian participants were enrolled. The mean age was 36.7±9.1 years, 51.9% were female. The average duration of the disease was 12.4±9.5 years. 54.9% patients visited more than one specialist before diagnosis. Russian respondents reported a low demand for GPs, physiotherapist and an orthopaedic specialist in contrast to the total of EMAS participants (table 1). AxSpA was most frequently diagnosed by a rheumatologist (87.5%).

Table 1. Health professional visited before being diagnosed with axSpA.

	Russian population N=233	Pan-European population N=2706
	%	%
GP	67.81	83.4
Rheumatologist	44.21	66.1
Other	37.34	13.6
Orthopaedic specialist	23.61	34.5
Physiotherapist	17.6	46.0
Osteopath	13.73	16.3

Most used medical test for diagnosis are similar to those used in the aggregated Pan-European sample (table 2).

Table 2. Medical tests made to diagnose axSpA.

	Russian population N=230	Pan-European population N=2661
	%	%
X-rays	80.87	72.3
MRI scan	70.00	64.3
HLA B27	62.61	65.4
CT scan	25.22	20.8
Ultrasound scan	17.83	21.0
Radionuclide scintigraphy	3.5	16.4
Other	9.13	4.2

Among those who underwent HLA-B27 test (n=144), 87.23% declared to be HLA-B27 positive. This percentage is higher than that found in the Pan-European aggregated sample (73.95% of HLA-B27 positive).

The mean age at symptom onset was 24.22±9.75 years. Consequently, the mean diagnostic delay calculated was 6.88±6.94 years without differences between males and females and the median was 5 years. More than half of the sample had a calculated diagnostic delay of higher than 5 years (55.39%).

Conclusion:

The results of the survey confirm the existence of a diagnostic delay. Although this aspect has been greatly improved in recent years, reducing diagnostic delay is one of the major challenges associated with the clinical management of axSpA and must be addressed with GPs and rheumatologists. We suggest that features in patient routing in other countries can be explained these differences: the survey did not include a neurologist, to whom patients with back pain have a visit in Russia. The most frequently performed medical tests are included in the ASAS criteria for axSpA, which indicates a good knowledge of doctors.

References:**Acknowledgments:**

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