

P117 NAILFOLD CAPILLAROSCOPY: A SURVEY OF CURRENT UK PRACTICE AND 'NEXT STEPS' TO FACILITATE GENERALISED UPTAKE

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Background/Aims

Nailfold capillaroscopy has a key role in the assessment of patients with Raynaud's phenomenon (RP) providing a window of opportunity for the early diagnosis of systemic sclerosis (SSc). Anecdotal evidence indicates that this opportunity is not being fully realised across UK rheumatology centres. Reasons for apparent discrepancies in use of capillaroscopy may relate to a lack of expertise, confidence or equipment. Exploratory work has demonstrated the potential for an internet-based standardised system for clinical reporting of nailfold capillaroscopy images to mitigate current inequities in care provision. The overall aim of this study was to understand current practices in the diagnosis of SSc in UK rheumatology centres with specific reference to identifying barriers to the use of nailfold capillaroscopy. A secondary aim was to understand rheumatologists' views on a standardised system to facilitate the timely diagnosis of SSc.

Methods

An online survey comprising closed and free-text questions was developed using expert (n=7) opinion from clinicians, scientists and health service researchers. The survey was piloted (n=5) and sent to UK-based rheumatologists using established electronic mailing lists between 2nd October 2020 and 8th March 2021. Respondents were asked to describe workloads and practices typically seen before the COVID-19 pandemic. Data were analysed using descriptive statistics and thematic analysis.

Results

Survey responses were received from 104 rheumatologists representing centres across the UK. Wide variation in terms of workloads and practices were described (See Table 1). Only 41% (n=43) of respondents reported using nailfold capillaroscopy provided at their centres. Key barriers were access to equipment and a lack of expertise in terms of acquiring and analysing images. Respondents indicated that a centralised internet-based system for storing images and

sharing diagnoses would provide access to expertise and the possibility of timely diagnoses.

P117 TABLE 1: Use of nailfold capillaroscopy (NFC) across UK centres

	Number (n = 104)	%
Do you use nailfold capillaroscopy at your site?		
No	61	59
Yes	43	41
Total	104	100
In what context are nailfold capillaroscopy images taken?		
At the general clinic appointment	22	51
At a separate hospital appointment	16	37
Other	1	2
Either general clinic or separate hospital appointment	2	5
Missing/unclear	2	5
Is there a dedicated room where imaging is done?		
No	23	54
Yes	18	42
Unclear/missing	2	5
What type of equipment do you use for NFC?		
Video microscope	9	21
Stereomicroscope	1	2
USB microscope	12	28
Dermatoscope	13	30
Ophthalmoscope	1	2
Stereomicroscope & dermatoscope	1	2
Don't know	6	14
Who usually does NFC imaging in your centre?		
I do it myself	20	47
Another consultant or SpR	9	21
Nurse/AHP	3	7
Technician/medical physics	6	14
Medical photography	4	9
Clinical scientist	1	2
Who usually interprets the NFC imaging in your centre?		
I do it myself	25	58
Another consultant or SpR	8	19
Nurse/AHP	2	5
Technician/medical physics	5	12
other	1	2
Clinical scientist	1	2
Technician & consultant/SpR	1	2
From how many RP patients do you obtain NFC images?		
0	3	8
1 to 5	3	8
6 to 10	9	23
11 to 20	6	15
21 to 30	4	10
more than 30	9	23
Not sure	5	13
How many of those patients imaged were diagnosed with SSc?		
0	4	10
1 to 5	16	41
6 to 10	8	21
11 to 20	3	8
21 to 30	2	5
more than 30	2	5
Not sure	4	10
How are results of NFC reported to the patients?		
Face-to-face at imaging session	11	26
Face-to-face at clinic appointment	14	33
Letter / as part of treatment plan	13	30
No specific nailfold capillaroscopy reporting	2	5
Other	2	5
Letter / face-to-face	1	2
Do you (also) refer patients to other centres for NFC?		
No	62	60
Yes	42	40
How many patients per year do you refer to other centres?		
1 to 5	26	63
6 to 10	11	27
11 to 20	1	2
21 to 30	2	5
more than 30	1	2

*participants asked to base answers on the situation in 2019 before the COVID-19 pandemic

Conclusion

Substantial variation in approaches to the diagnosis of SSc across the UK was identified. Potential benefits of a standardised system were described by respondents including the improved diagnosis and management of SSc, realising potential patient benefits and reducing current health inequalities. Survey findings provide evidence to help develop future studies to develop and evaluate the proposed new system.

Disclosure

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