

Abstracts Accepted for Publication

Patient information and education

AB1250-PARE LOVE YOUR HEART – AN INTERACTIVE ON-LINE EDUCATION PROGRAMME TO ENABLE PEOPLE WITH RHEUMATOID ARTHRITIS TO ASSESS THEIR CARDIOVASCULAR RISK AND SET PERSONAL GOALS TO IMPROVE THEIR CARDIOVASCULAR HEALTH

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Background: Rheumatoid arthritis (RA) is associated with an increased risk of cardiovascular disease, akin to type 2 diabetes. However, screening for, management of, and education about co-morbidities is not always adequate and as a result, the co-morbid risks may be overlooked by the general public, some health professionals and policymakers alike. Dr. John originally developed and piloted a programme in group format in Dudley to educate RA patients about their cardiovascular risk and help them change their lifestyle to improve their health; it achieved promising results. The format however limited the number of people who could access it and NRAS wanted to make it as widely available as possible. The sad reality is that it is not unusual to meet someone with RA who does not realise that they are at an increased risk of heart disease, so they are far less likely to address factors such as smoking, weight and diet which are firmly within their control.

Objectives: Our aim was to create an engaging and interactive online programme to educate people with RA about heart disease and atherosclerosis. This programme should; explain in simple terms why they are at increased risk; include the opportunity to determine individual risk factors thereby allowing a QRISK2 score to be performed; provide a cognitive-behavioural framework to empower people to change their behaviours and achieve a healthier lifestyle, thereby reducing risk of premature death from heart disease.

Methods: The participant manual created for the group programme and working closely with Dr. John and other health professionals in Dudley (exercise physiologist, smoking cessation nurse, dietician, health psychologist) and patients who had attended the programme, we explored with our creative film production team the best way to adapt this to create a really engaging on-line experience which would allow participants to undertake the programme over time whilst working through the behaviour change goal-setting process. Two days of filming were done in Dudley and Maidenhead followed by a period of editing, additional recording and review. Beta testing of the programme will be conducted in February, piloting in March and launch anticipated for April 2017.

Results: Evaluation of both the programme and the potential to change health behaviours will be measured on completion of the programme and actual behaviour change will be measured at 6 months.

Quote from a patient who participated in the face to face programme: "Before I did this programme I thought that I was doing pretty well in terms of diet and exercise but it showed me that there was a lot I wasn't aware of, that my knowledge of lifestyle factors wasn't adequate and I needed to do more to help myself. I found it a valuable and life-changing experience to do this programme."

Conclusions: We are very excited about the launch of this programme as it is an important new resource addressing the major co-morbidity which shortens the lives of those with RA. It is unique in that not only does it provide patient education, but it also provides a structure through which patient can change their behaviour. Furthermore, it also illustrates what can be achieved when patient-led charity organisations work alongside healthcare professionals; we are hugely excited by its potential.

Disclosure of Interest: None declared

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AB1251-PARE THE NEEDS AND PRIORITIES OF YOUNG PEOPLE LIVING WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES IN ITALY: A SUB-ANALYSIS OF THE PARE YOUTH RESEARCH PROJECT

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Background: In 2014 EULAR Young PARE conducted a research (PARE Youth Research) to gather information about how young people (aged 18–35) living with rheumatic and musculoskeletal diseases (RMDs) are organized in different European countries and to explore their specific needs, obstacles, preferences and priorities. The research was developed through a survey launched in countries

with EULAR members organizations and a total of 2,329 validated responses from the target population were obtained. In 2015 ANMAR Young, Italian National Association for people with RMDs' (ANMAR) youth group, was born aimed to create a network of young people with RMDs living in this country.

Objectives: Taken the socio-economical and cultural differences across countries, as well as the need to tailor interventions, activities and projects of national youth groups accordingly, the purpose of this study was to map out specific insights about Italian young people living with RMDs.

Methods: Data from Italian responders to the survey of the PARE Youth Research Project survey were extrapolated and answers were encoded to be analyzed using SPSS 21.0 software. Descriptive statistics were calculated in the whole group as well in subgroups of subjects as needed.

Results: 81 young Italian people living with RMDs responded to the survey: 75 females and 6 males. The conditions reported most often are rheumatoid arthritis (36%), juvenile idiopathic arthritis (23%), ankylosing spondylitis (15%). The work on PARE Youth Research's Italian data shows some important insights, among which we highlight that 84% report a delay in their studies due to the rheumatic condition, 92% report that the condition has affected their ability to work; 90% report the impact of RMD on social life, 70% report an impact on sexual life and 83% on mental health. Focusing on mental health issues, we highlight that 69% express the need for psychological support while only 43% have the possibility to access psychological support. Although all patients reported that after being diagnosed with an RMD they have access to a rheumatologist for regular follow-up visits, an average 3-year diagnostic delay is reported.

Conclusions: The results from the analysis of Italian responders to the survey represent a crucial starting point to put in light the unmet needs of Italian young people living with RMDs. These findings will be of great help to develop a fruitful national network of young people with RMDs on one hand and a focused collaboration with patient representatives, physicians, and health professionals (HPs) on the other. We believe that the awareness of physicians and HPs working in the field of rheumatology about the needs and priorities of young people with RMDs will ensure a better management of the disease and therefore lead to the reduction of the RMD burden in this subgroup of patients.

References:

[1] EULAR Young PARE - Final Report PARE Youth Research Project (2014).

[2] http://www.youngpare.org/wp-content/uploads/2015/05/Final-report_PARE_Youth.pdf.

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Best practice campaigning

AB1252-PARE TO RAISE AWARENESS OF RHEUMATIC AND MUSCULOSKELETAL DISEASES AND TO PROVIDE THE OPPORTUNITY TO THE FINANCIALLY LESS ABLE TO RECEIVE TIMELY DIAGNOSIS AND INTERVENTION IN RMDs

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Background: The timely and accurate diagnosis in most rheumatic diseases is still a big issue for patients as the choice of the appropriate doctor's speciality is still at the discretion of the patient, mainly due to the poor organized health care services. Furthermore, the success of our campaign two years ago, when we gave the opportunity to people suspecting they might have an RMD but who could not afford a rheumatologist to be examined for free, prompted our organization to offer not only free consultations but free lab tests as well.

Objectives: To raise awareness of RMDs and at the same time to enable people of lower income who may have the early warning signs of rheumatic diseases to be examined by a rheumatologist and have lab tests done at no cost.

Methods: Firstly, we found a sponsor who embraced our initiative and was willing to cover the cost of the whole campaign. Secondly, we contacted various medical laboratories to give us low estimates on the RMD tests and then we chose to collaborate with the ones offering us the lowest prices. Then we came into contact with all the rheumatologists in all the prefectures of the island and asked them to offer consultations free of charge according to their availability. On WAD, 12 October, we erected four stands in four central locations of our island with our logo, a banner, informative leaflets and a large number of well-informed volunteers to answer queries. Prior to WAD we had promoted this special event in the mass and social media. A lot of people visited our stands, told us their problem and their signs and we wrote down the names and phone numbers of those we deemed needed a rheumatologist. As last time, there were people who had already been seeing a rheumatologist who wanted to take advantage