

Table 1

	Resident		MRC		COPCORD	
	n	%	n	%	n	%
RA	1776	28,28	35	15,28	307	5,93
OA	1061	16,90	9	3,93	2017	38,98
SLE	800	12,74	27	11,79	13	0,25
Soft tissue	554	8,82	10	4,37	2230	43,10
FM	476	7,58	5	2,18	0	0,00
Sjögren S	357	5,69	7	3,06	0	0,00
Osteoporosis	307	4,89	5	2,18	0	0,00
SSc	170	2,71	11	4,80	4	0,08
APS	111	1,77	10	4,37	0	0,00
Spondyloarthritis	111	1,77	5	2,18	27	0,52
Miositis	99	1,58	10	4,37	0	0,00
Juvenile Arthritis	87	1,39	3	1,31	0	0,00
PsA	86	1,37	5	2,18	0	0,00
Vasculitis ANCA	79	1,26	5	2,18	0	0,00
Raynaud	61	0,97	5	2,18	0	0,00
Crystal arthropaties	58	0,92	15	6,55	576	11,13
Connective tissue	45	0,72	0	0,00	0	0,00

the OSCE, we observed a moderate correlation. We considered it is important to enhance the knowledge and improve the OSCE according to the most prevalent diseases to prepare the future rheumatologists.

References:

- [1] Pascual Ramos V, et al. *Reumatol Clin* 2014; doi: 10.1016/j.reuma.2014.10.007.
 [2] Peláez-Ballestas I, et al. *J Rheumatol Suppl* 2011;86:3–8.

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THU0582 2-YEAR ADHERENCE TO THE TREATMENT OF OSTEOPOROSIS FOLLOWING A THERAPEUTIC PATIENT EDUCATION PROGRAM

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Background: The management of osteoporosis requires drug treatment and changes in lifestyle. Adherence to medication does not exceed 50% at one year. Changes in lifestyle are rarely explored. Therapeutic requires a relay to continue the follow-up over several years

Objectives: To improve the follow-up of the patient, we have created cooperation between the attending physician and the pharmacy pharmacist initiated by the patient himself

Methods: We proposed a therapeutic patient education for patients treated for osteoporosis to participate in two half-day ETP sessions a year apart. Educational objectives are: The treatment of osteoporosis requires at least 5 years of treatment, and must be associated with the absorption of three dairy products per day, maintaining physical activity and preventing falls. Each patient participating in a therapeutic education session receives a follow-up notebook containing six doctor questionnaires and six pharmacist questionnaires. The patient remains the owner of the notebook. We were able to study the results of the 2-year questionnaires for 72 patients included in 2013 and 2014.

Results: 53/72 patients continue their treatment at 2 years. 4 patients died, 1 had an atypical fracture of the femoral shaft, 6 stopped treatment due to dental treatment, 3 had contraindications to any anti-osteoporotic treatment, 1 decided to discontinue treatment due to d Multiple Sclerosis, 11 decided to leave the program. 3 patients were lost to follow-up, ie 14/72 patients of whom we no longer have any news. Of the 53 patients who continued treatment, 24 sent back a doctor and pharmacist questionnaire to 2 years. 4 doctors and 2 pharmacists refused to complete the questionnaires. The study of pharmacist questionnaires received at 2 years shows that 83% of patients continue to consume 3 dairy products per day compared to 73% at 6 months, 65% maintained physical activity, 17% improved it, 9% decreased. The ground balance was satisfactory for 78% of patients compared with 71% at 6 months. 71% never forget their treatment, compared with 69% at 6 months. 8% wanted to stop their treatment, stable figure compared to questionnaires received at 6 months. All patients knew what their treatment was for at one year and 96% met the conditions for taking the medication. 69% do not forget it at two years against 86% at one year, thanks to the intervention of the pharmacist. Only 6% wanted to stop the treatment at two years due to side effects, 17% to 1 year, but did not stop after consultation with the doctor and/or pharmacist.

During the two-year follow-up, all patients were phone called at least once by a secretary, mostly several times. The notebook is driven by the patient himself, many of them report to the nurse that it give them an active role which afford them to continue the treatment

Conclusions: 58% of the patients enrolled continue treatment at two years, 15% have stopped the treatment as a side effect. An active role given to the patient and a collaboration between physicians and pharmacists thus promote adherence to treatment and also changes in lifestyle

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THU0583 EFFECT OF AN ONLINE EDUCATIONAL INTERVENTION IN THE KNOWLEDGE OF PATIENT REGISTRIES AND PATIENT-REPORTED OUTCOMES AMONG RHEUMATOLOGISTS

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Background: Patient-reported outcomes (PROs) have evolved into an essential element in managing rheumatoid arthritis (RA), working in concert with physician-based tools to assess disease activity and health-related quality of life [1].

Objectives: A study was conducted to determine whether an online educational intervention could effectively address a knowledge gap and an underlying educational need in applying data from patient registries including PROs in the management of patients with RA.

Methods: An online educational intervention focusing on advances in RA patient registries was developed and made available online. The intervention consisted of a 30-minute video-based roundtable discussion between 3 experts in treatment of RA. The intended audience was rheumatologists who treat patients with RA. The educational impact was assessed by comparing participants' responses to 4 identical paired pre- and post-assessment questions. Data representing a statistical sampling of the overall learner population was collected from 5/29/2015 through 8/13/2015. Statistical analysis comprised a paired (within-physician) 2-tailed t-test comparing mean pre-intervention and post-intervention scores, McNemar's χ^2 statistic for measuring changes in responses to individual. Cramer's V determined the overall effect of the intervention.

Results: Analysis of pre- versus post-activity responses by rheumatologists (n=36) demonstrated a significant improvement ($P<0.05$) in overall knowledge with a robust effect size ($V=0.339$). This activity resulted in increased knowledge surrounding several specific areas of RA management, such as drug safety, alternative means of collecting PRO data, and issues surrounding pregnancy in women with RA. The absolute percentage increases in correct individual responses to these topics (all $P<0.05$ except where noted), included:

- 33% increase (36% vs. 69%) in rheumatologists who recognized the results from pooled registries in Europe – 11 registries from 9 countries – regarding the safety of tumor necrosis factor-alpha inhibitor therapy,
- 28% increase (36% vs 64%) in rheumatologists who recognized that biosensor-based devices can provide passive data regarding patient outcomes,
- 14% increase (47% vs 61%, $P=.237$) in rheumatologists who identified the connected CORONA-OTIS registries that provide information on patients with RA who become pregnant,
- 62% increase (19% vs 81%) in rheumatologists who identified that patient registry data can be used to support a risk mitigation strategy for prescribing a specific DMARD in patients who may become pregnant during therapy.

Conclusions: An online educational intervention was associated with significant improvement in knowledge levels of rheumatologists in several important aspects of RA management, including interpretation of data from patient registries and adverse effect profiles of approved therapies. Future directions for education include additional reinforcement regarding the roles for PROs in patient management, and assessing the impact of improved rheumatologists' knowledge on care delivery and patient outcomes.

References:

- [1] van Tuyl LH, Michaud K. Patient-Reported Outcomes in Rheumatoid Arthritis. *Rheum Dis Clin North Am*. 2016 May;42(2):219–37. Epub 2016 Mar 17.

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THU0584 FIVE YEARS OF EXPERIENCE WITH THE LUPUS ACADEMY: AN EFFECTIVE MODEL FOR BUILDING A ROBUST COMMUNITY OF PRACTICE FOR GEOGRAPHICALLY DIVERSE LEARNERS

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Background: Systemic lupus erythematosus (SLE) is a complex yet low prevalence disease. Without a community of lupus specialists to establish consensus and guide best practices, rheumatologists have limited opportunities to develop skills and maintain competence in SLE care.

Objectives: The objectives of this initiative were to 1) create an independent community of physicians interested in the pathogenesis, diagnosis, and management of patients with SLE and related conditions; 2) share insights and practical guidance for implementing evidence-based care; 3) develop needs-driven contin-

using medical education (CME) relevant to different levels of clinical expertise; 4) promote collaboration models with publishers to create space for dialogue and community building; and 5) involve patient advocacy groups to steer physician education and incorporate the patient voice into educational activities.

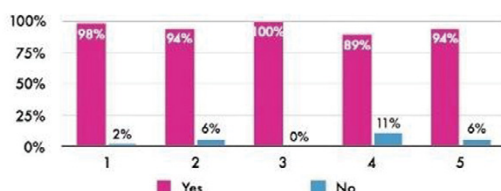
Methods: The Lupus Academy (<http://lupus-academy.org>) was established in 2011 as an independent CME initiative led by a Steering Committee of international experts in SLE. [1] Educational activities are designed around unmet clinical needs identified by the Steering Committee, learner survey data, and feedback from patient advocacy groups (including Lupus Europe).

Results: As of February 2017, the Lupus Academy has grown to a global community of >2,500 committed learners with an interest in SLE. The Steering Committee has guided the development and delivery of 5 2.5-day annual meetings; 4 1-day regional meetings; a meeting toolkit for learner-advocates to host meetings in their home regions; and 3 e-learning courses, with 2 additional courses in production. The 5th Annual Meeting of the Lupus Academy (6–8 May 2016) hosted 101 attendees from Europe, North and South America, and Asia. Learners reported that the learning objectives of the meeting were met (Figure). An assessment of educational effectiveness demonstrated improvements in clinical knowledge and competence (Moore's Outcomes Levels 3/4) as a result of meeting participation: 67% of learners reported a commitment to implementing changes in clinical practice, 11% reported that the educational content reinforced their current practice, and 20% reported a willingness to modify their current practice with additional training.

The most recent regional meeting, the Lupus Academy Middle East Summit Conference (9–10 December 2016), hosted 153 attendees from 13 countries representing diverse specialities: rheumatology (53%), internal medicine (13%), nephrology (11%), clinical immunology (5%), and other (18%). The majority of learners agreed or strongly agreed that the meeting provided an effective platform for the discussion of new ideas in SLE (96%) and challenged the current thinking around lupus care (96%).

Having attended this meeting, I am better able to:

1. Apply novel developments in scientific research around SLE in their clinical practice
2. Implement optimal diagnostic methods and optimal disease management of refractory lupus nephritis patients and of those patients with both SLE and rheumatoid arthritis
3. Increase competence in identifying difficult clinical cases from the broad spectrum of lupus patients and effectively manage them - including patients displaying manifestations involving lungs, GI, liver and CNS, as well as paediatric and pregnant patients
4. Implement new therapeutic options inherited from other therapeutic specialities
5. Apply learnings from other disease areas to achieve optimal treatments outcomes in patients with SLE



Conclusions: The Lupus Academy serves as an effective model for building a consortium-led, evidence-based educational resource and community of practice for rheumatologists, other physicians with an interest in SLE, and patient advocacy groups.

References:

- [1] Ball J, Cervera R, Elzebroek N, Levy RA, Pozniak E. Developing an appropriately supported CME-accredited programme in Europe. *J Euro CME*. 2013;2:37–44.

Acknowledgements: Lupus Academy Steering Committee (<http://lupus-academy.org/home/lupus-academy-steering-committee/>).

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THU0585 THE PATIENT'S UNIVERSITY - AN INNOVATIVE CONCEPT IN THE EDUCATION OF PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is a chronic, inflammatory autoimmune disease of unknown etiology, it is a long term condition that causes pain, disability

and affects the quality of life (1). In another countries has been demonstrated how patient education can empower the individual giving as a result a better decision making between the practitioner and patient in order to obtain better health care outcomes compared to patients that are not involved in educational activities (1).

Objectives: The objective of this work is to show how through a progressive program of patient education we reach the concept of the "expert patient" and the "patients' university".

Methods: We performed a systematic review of the literature in global and regional databases (Pubmed, Medline, Scopus, Lilacs), in order to search for information on this research question-hypothesis. Subsequently and under a Delphi-modified methodology and consensus of experts lay the conceptual bases on this particular subject – patient's education in rheumatic disease. As a result of the above was defined a proposal for the constitution and development of the program of patient's education in a RA specialized center under the concept of the "expert patient" (EP) and the "patients' university" (PU).

Results: From conceptual point of view specific themes regarding patient's education were developed by a coordinator who, after a review of the literature, presented a specific proposal on the particular topic that was discussed with the panel members and then voted on and finally implemented within the EP y PU concepts. In a specialized RA center in Bogotá Colombia during 2016 we started a patient and caregiver oriented program to support the clinical treatment in patients with RA. The structure of the program was an educational-recreational strategy where we integrated health education (disease activity, pharmacovigilance, psychology and nutrition) and recreational activities such as crafts, yoga, aerobics and dance lessons with a periodicity of two times per week. We called the program "Gest-Art". As a result of this pilot program we obtained a positive impact and perception among patients and care takers; we had the participation of 600 people during the whole year. The next phase is to develop a step-by-step program to initially train and then specialize patient focus groups (expert patient); and later develop a model of continuous improvement (updating) that we will call the university of patients.

Conclusions: From this experience we can conclude that the implementation of this educational program opened the opportunity to empower and motivate our patients and caregivers to be actively participative with the disease management and health care, also the program has been a space for the patients to share their experiences and to propose new strategies to improve the program.

References:

- [1] Prothero L, Georgopoulou S, de Souza S. Patient involvement in the development of a handbook for moderate rheumatoid arthritis. 2016.

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THU0586 SAFETY OF BIOLOGICS AND CONVENTIONAL DMARDS: AN ETHNOGRAPHIC STUDY INVESTIGATING PATIENTS' DECISIONS AND PRACTICES TO DEVELOP AN EDUCATIONAL SMARTPHONE APP

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Background: Safety and adherence to DMARDs are critical for patients with rheumatoid arthritis (RA) or spondyloarthritis (SpA). Few digital tools exist to help patients on these issues.

Objectives: We aimed to decipher the mechanisms of patients' decisions and practices with their DMARDs to develop an educational smartphone application (SP App).

Methods: An ethnographic study was designed by 3 rheumatologists, 1 methodologist, patient associations and by 2 anthropologists who conducted the interviews. The study involved 21 patients (enough to reach saturation), recruited by diversity of clinical and sociological profiles. The panel included 16 women and 5 men, median age 46 years-old (extremes 26–70), 12 with RA and 9 with SpA (median disease duration 13 years, extremes 2–38). Nine patients were treated by biologic DMARDs monotherapy, 7 by conventional DMARDs monotherapy and 5 by bDMARD-cDMARD combotherapy. Interviews were conducted using in-depth semi directive and biographic methods. The interview guide was constructed around 3 fields: 1 the organization of the patients' everyday life with their disease, 2 treatment practices, 3 the impact of arthritis on their social and professional activities and relationships. Interviews were recorded and transcribed for analysis.

Results: Patients play an active role in the management of their disease. They have to learn to live with it in order to control its impact and course. This learning progressively occurs throughout a non-linear 4-stages career: 1) from 1st symptoms to diagnosis, 2) search for the right treatment and the right dosage, 3) stabilization of the disease and the treatment, 4) dealing with a complication or an unexpected event. Back and forth between stages 2, 3 and 4 are frequent.

This learning implies a partnership-based doctor-patient relationship, and the development of specific skills around safety: dealing with health care system