

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.

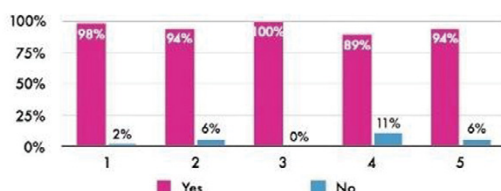
Methods: The Lupus Academy (<http://lupus-academy.org>) was established in 2011 as an independent CME initiative led by a Steering Committee of international experts in SLE.[1] Educational activities are designed around unmet clinical needs identified by the Steering Committee, learner survey data, and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

Disclosure of Interest: R. Cervera Consultant for: GSK, UCB, AstraZeneca, Pfizer, Celgene, R. Furie Grant/research support from: AstraZeneca, Biogen/dec, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, GlaxoSmithKline, Janssen, Mallinckrodt Pharmaceuticals, Medimmune, Pfizer, Sanofi, Takeda, UCB, Consultant for: Anthera, AstraZeneca, Baxalta, Biogen/dec, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, Eisai, EMD Merck, Estrela (Janssen), GlaxoSmithKline, Janssen, Mallinckrodt Pharmaceuticals, Medimmune, Novartis, Pfizer, Sanofi, UCB, Z. Amoura Grant/research support from: GSK, Amgen, BMS, Actelion, Roche, Teva, Lilly, Consultant for: GSK, Amgen, BMS, Lilly, A. Jacobson: None declared, E. Pozniak: None declared

DOI: 10.1136/annrheumdis-2017-eular.2073

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

F. Rodriguez¹, L. Villarreal², P. Santos-Moreno³, M. Cabrera⁴, D. Buitrago-Garcia⁵, C. Caicedo⁶. ¹Patient Program; ²Psychology and processes; ³Rheumatology; ⁴Engineer and processes; ⁵Epidemiology, Biomab, Center for Rheumatoid Arthritis, Bogota; ⁶Public Health, Universidad Nacional de Colombia, Bogota, Colombia

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.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6170

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

G. Montagu¹, C. Beauvais², F. Madrisotti¹, T. Pham³, S. Tropé⁴, F. Tubach⁵, J. Sellam⁶ on behalf of Therapeutic education section of the French Society of Rheumatology and Club Rhumatismes Inflammation. ¹Sociology and research, Unknowns, Strategic and Innovation Consulting; ²Rheumatology, AP-HP St-Antoine hospital, Paris; ³Rheumatology, Hôpital Sainte-Marguerite, AP-HM, Marseille; ⁴Association Nationale de Défense contre L'Arthrite Rhumatoïde (ANDAR); ⁵Biostatistics, Public Health, and Medical Information, AP-HP Hôpital Pitié-Salpêtrière; ⁶Rheumatology, AP-HP St-Antoine, Univ Paris 06, Paris, France

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