

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.

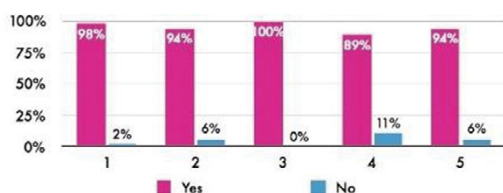
Methods: The Lupus Academy (<http://lupus-academy.org>) was established in 2011 as an independent CME initiative led by a Steering Committee of international experts in SLE. [1] Educational activities are designed around unmet clinical needs identified by the Steering Committee, learner survey data, 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, BiogenIdec, BMS, Boehringer-Ingelheim, Celgene, Eli Lilly, GlaxoSmithKline, Janssen, Mallinckrodt Pharmaceuticals, Medimmune, Pfizer, Sanofi, Takeda, UCB, Consultant for: Anthera, AstraZeneca, Baxalta, BiogenIdec, 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), 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

(i.e. knowing which healthcare professionals they need), dealing with information (i.e. knowing how to identify relevant sources). Patients do lots of experiments (changing their DMARD dosage on their own initiative, trying alternative medicine or food exclusions...) and ritualizing their DMARDs administration. Such rituals represent a reflexive moment for the patients dedicated to themselves and their disease.

During the stage of stabilized disease and treatment, rituals tend to improve observance but also increase safety problems because of habits, over-confidence, and forgetting of risky situations. Patients renew interest about safety concerns in case of an unexpected complication.

Conclusions: Starting from the patients' point of view, this ethnographic study emphasizes a tension between observance and safety. Practices by which patients appropriate their treatment create habits that improve observance but also increase safety problems. It seems necessary to support the patients in updating their safety skills. A SP App could contribute to this goal only if its use finds its place in the patients' ritual.

Acknowledgements: Grant: French Society of Rheumatology with institutional funding by Biogen, Nordic Pharma, Roche

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.5368

THU0587 PUBLIC AWARENESS OF RHEUMATIC DISEASES IN CYPRUS - NEED FOR IMPROVEMENT

J. Joseph^{1,2}, I. Armata¹, A. Antoniadou¹, P. Maini¹. ¹St. George's University of London Programme, University of Nicosia Medical School; ²Rheumatology, Aretaion Hospital, Nicosia, Cyprus

Background: Public awareness regarding rheumatic diseases is a constant aim of patient societies and health care professionals in rheumatology. A high level of awareness will help identification and early treatment, it would avoid unnecessary investigations and costs and more importantly, it would assist functioning of patients with such conditions in society, with the understanding and support they deserve.

Objectives: The aim was to study public awareness regarding rheumatic conditions. Specifically, what constitutes a rheumatic condition, which doctor deals with these, what is their frequency and what age groups are affected.

Methods: During the rheumatic diseases awareness week in May 2016, doctors, medical students and members of the Cyprus League against Rheumatism, walked the streets of major cities and invited passers-by to answer a few simple questions. This was optional and at the end of the questions, information was provided, based on the answers and on any additional queries raised by people.

Results: 400 people provided answers. There were slightly more women than men and ages ranged from 13 to 86 years. Almost 50% did not know what a rheumatologist does. Only 11% could name 3 rheumatic conditions. Although the majority stated that rheumatic diseases occur in the elderly, 2/3 were unaware that they can affect children. Most people correctly identified which specialists should deal with asthma or eczema, but a huge majority did not know who should be consulted for back pain, tendon problems or osteoporosis. Although 75% had heard of rheumatoid and osteoarthritis, 75% of people had never heard of ankylosing spondylitis or fibromyalgia and only about half had heard of psoriatic arthritis or lupus. Most people stated that rheumatic conditions in general, affect 10–20% of people.

Conclusions: There was significant lack of awareness as to what rheumatologists do, what constitutes a rheumatic disease, the fact that it affects young people and the link between rheumatology and back pain, tendon problems and osteoporosis. All these points need to be included in public education. Of the major rheumatic diseases, the next awareness campaign needs to include ankylosing spondylitis, fibromyalgia, psoriatic arthritis and lupus.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2172

THU0588 ARE RHEUMATOID ARTHRITIS PATIENTS WILLING TO USE AN E-HEALTH INTERACTIVE SELF-ASSESSMENT WEBSITE? ANALYSES OF 159 PATIENTS FROM A RANDOMISED CONTROLLED TRIAL OVER 12 MONTHS

L. Gossec¹, A. Cantagrel¹, M. Soubrier¹, J.M. Joubert², W. Czarlewski², B. Combe¹, J.M. Berthelot¹, D. Wendling¹, E. Derris¹, L. Grange¹, C. Beauvais¹, A. Perdriger¹, H. Nataf¹, M. Dougados¹, H. Servy¹. ¹CarNET Study Group, Paris; ²UCB Pharma, Colombes, France

Background: Interactive, online electronic (e)-health services with patient-reported outcome measure (PROM)-based instruments may be helpful for patients (pts). Sanoia is a secure, independent e- and mobile (m)-health platform developed to allow pt self-assessment, storage of questions to ask physicians, and self-monitoring of disease status. The platform offers a dedicated set of scores, PROMs and information about different diseases, including rheumatoid arthritis (RA).

Objectives: To characterise pts with RA who chose to access e-health services regularly over a 12-month (mo) period.

Methods: Post-hoc analysis of CarNET (NCT02200068): a French, multicentre, 12-mo randomised controlled trial. Pts with RA were randomised to: access to

Sanoia (30-min training via the telephone with no further incentive to access the platform) or usual care (normal internet use without access to Sanoia). The Sanoia group pts used a home-based e-Case Report Form to record frequency of Sanoia access, satisfaction with the platform (0–10 scale; 0=completely satisfied, 10=not satisfied), and barriers to use (from a pre-specified list). Baseline pt characteristics associated with more frequent use (above the median) were analysed by univariate and multivariate logistic regression.

Results: 159 RA pts were randomised to the Sanoia arm: mean±SD age was 56.1±13.1 years, disease duration was 15.0±11.5 years and 132 (83.0%) of pts were female. Mean DAS28 was 2.7±1.2 with 57.2% of pts in remission; 115 (72.3%) were taking a biologic; 23.3% had attended therapeutic education sessions; 15.7% were members of pt associations; and 53.5% had participated in university-level studies. Overall, 41 pts (25.7%) never accessed Sanoia and 81 (50.9%) accessed the platform at least twice; median=2, mean±SD=4.4±11.3 connections/pt over the 12 mos. 54 pts (34.0%) used Sanoia for ≥2 mos with a noticeable investigator effect (0.3±0.2, 0–1 scale). Mean satisfaction with the platform was very high (1.5±1.5), with 90% scoring satisfaction ≤3. One barrier was expressed in 11.8% of cases: "the platform is not useful for me since I am in remission". In multivariate analysis, the only variable associated with greater usage of Sanoia was being a member of a pt association: odds ratio [95% CI]=1.44 [1.17–1.77].

Conclusions: A quarter of pts who participated in this trial to assess e-health did not access the platform whereas half accessed the platform at least twice. Pts expressed high satisfaction and the only barrier was lower usefulness when in remission. e-Health is a promising tool for self-management in RA. The impact of offering additional services should also be explored in a further study.

Acknowledgements: This study was funded by UCB Pharma. We thank the patients and their caregivers in addition to the investigators and their teams who contributed to this study. Editorial services were provided by Costello Medical Consulting.

Disclosure of Interest: L. Gossec Grant/research support from: UCB Pharma, Lilly, Consultant for: AbbVie, BMS, Celgene, Janssen, Novartis, MSD, UCB, A. Cantagrel: None declared, M. Soubrier: None declared, J. M. Joubert Employee of: UCB Pharma, W. Czarlewski Employee of: UCB Pharma, B. Combe Grant/research support from: Merck Pfizer Inc, Roche-Chugai, Consultant for: Merck, Pfizer, Roche-Chugai, UCB Pharma, Bristol-Myers Squibb, Celgene, Eli Lilly, Speakers bureau: Merck, Pfizer, Roche-Chugai, UCB Pharma, Bristol-Myers Squibb, Celgene, Eli Lilly, Novartis, J. M. Berthelot: None declared, D. Wendling: None declared, E. Derris: None declared, L. Grange: None declared, C. Beauvais Speakers bureau: UCB Pharma, A. Perdriger: None declared, H. Nataf: None declared, M. Dougados Grant/research support from: UCB Pharma, AbbVie, Pfizer, Lilly, Merck, Novartis, H. Servy Shareholder of: Sanoia platform operating company: e-health services, Employee of: Sanoia

DOI: 10.1136/annrheumdis-2017-eular.1972

THU0589 PATIENT-PERCEIVED COPING WAS ASSOCIATED WITH PATIENT-PERCEIVED QUALITY OF PATIENT-PHYSICIAN INTERACTIONS IN 320 PATIENTS WITH RHEUMATOID ARTHRITIS

L. Gossec¹, C. Desthieux¹, A. Cantagrel¹, M. Soubrier¹, J.M. Berthelot¹, J.M. Joubert², B. Combe¹, W. Czarlewski², D. Wendling¹, E. Derris¹, L. Grange¹, C. Beauvais¹, A. Perdriger¹, H. Nataf¹, M. Dougados¹, H. Servy¹. ¹CarNET Study Group, Paris; ²UCB Pharma, Colombes, France

Background: There has been growing emphasis on the importance of shared decision-making in rheumatoid arthritis (RA).^{1,2} Patient-physician (pt-phy) shared decision-making necessitates open and thorough discussions and good interactions.

Objectives: This analysis explored pt-perceived quality levels of pt-phy interactions and characteristics of pts when these interactions are described as very good by pts.

Methods: CarNET (NCT02200068) was a French, 12-month, multicentre randomised controlled trial to assess access to an e-health platform (Sanoia) allowing self-assessment of disease.^{1,2} This was a post-hoc analysis, using baseline data only. Pts had confirmed RA and were enrolled by their treating rheumatologist. Pt-perceived pt-phy interactions were assessed through the pt-reported questionnaire Perceived Efficacy in Patient-Physician Interactions (PEPPI-5)³ which consists of 5 items, each starting with "How confident are you in your ability to ..." (eg. "... know what questions to ask a doctor?"). Pts rated each item on an 11-point scale; 0=not at all confident, 10=very confident. Total PEPPI-5 scores range from 0–50; higher scores represent higher perceived self-efficacy in pt-phy interactions. Factors associated with a higher PEPPI-5 (ie. >median) were analysed by univariate and multivariate logistic regression (factors included pt demographics, phy demographics, disease characteristics and activity including pt-perceived coping [scored 0–10 in the Rheumatoid Arthritis Impact of Disease (RAID) questionnaire; lower scores indicate better coping]).

Results: Of 320 RA pts (159 vs 161; Sanoia vs usual care), mean±SD age was 57.0±12.7 years, disease duration was 14.6±11.1 years and 253 (79.1%) were female. Mean DAS28 was 2.7±1.2. 54.1% were in DAS28 remission (<2.6); 216 (67.5%) were taking a biologic; 21.9% had previous therapeutic education sessions; 15.3% were members of pt associations; and 51.9% had followed university-level studies. The mean±SD PEPPI-5 score was 39.2±7.8 and the