

Diagnosis MA/SD	MTX	PTH	GOL	ETA	ADA	CER	ABA	SECU	Total
Rheumatoid arthritis 62±16	30	0	2	4	2	1	2	0	41
Psoriatic arthritis 52±17	9	0	5	1	1	1	0	1	18
Ankylosing spondylitis 48±12	1	0	2	2	3	2	0	0	10
Osteoporosi 79±7	0	40	0	0	0	0	0	0	40
Total (%)	40 (37%)	40 (37%)	9 (8%)	7 (6%)	6 (6%)	4 (3%)	2 (2%)	1 (1%)	109

MTX: methotrexate PTH: teriparatide GOL: golimumab ETA: etanercept ADA: adalimumab CER: certolizumab ABA: abatacept SECU: secukimumab SD: standard deviation.

A total of 238 visits were made in Rheumatology-DHU.

Adherence to treatment was 98.2%.

Six patients (5.5%) required a new referral to Rheumatology-DHU: 1 for poor adherence to treatment (ADA), 3 for skin lesions (2 MTX and 1 GOL), 2 supervise the treatment (1 CER and 1 MTX).

In 9% of the patients, the education was done to a reference person and not to the patient himself.

The number of visits in the Rheumatology-DHU were: 1 in 26 patients (MS of 66 +/- 19.6 years), 2 in 59 patients (MS 65 +/- 18); 3 in 13 patients (MS 64 +/- 13); 4 in 6 patients (MS 67 +/- 14); 5 in 2 patients (MS 68 +/- 17), 6 in 2 patients (MS 70 +/- 22), 9 in 1 patient (47 years).

We analyzed PTH and MTX groups (because they had the highest number of patients) and we observed that in the PTH group 82% required ≤2 visits, 18% > 2 visits. Patients in MTX group: 77% ≤2 visits and 23% >2 education visits. There weren't significant differences between the two groups (p=0.576).

**Conclusions:** Adherence to treatment in patients who are referred to Rheumatology-DHU to learn the self-administration of a subcutaneous drug is very high.

The new visits in Rheumatology-DHU for doubts or side effects were few.

Patients on PTH treatment, who were older, didn't require a higher number of visits or more new referrals to Rheumatology-DHU. Therefore, age is not a limiting factor for the right learning of patients.

The patient's education by nurse in Rheumatology-DHU is necessary for the right control of our patients

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#### AB1184 EDUCATIONAL NEEDS OF PATIENTS WITH RHEUMATIC DISEASES RECEIVING BIOLOGICS

A.T. Kotulska<sup>1</sup>, E.J. Kucharz<sup>1</sup>, P. Wiland<sup>2</sup>, M. Olesinska<sup>3</sup>, A. Felis-Giemza<sup>3</sup>, M. Kopec-Medrek<sup>3</sup>, W. Romanowski<sup>3</sup>, L. Szymczak-Bartz<sup>3</sup>, M. Tlustochowicz<sup>3</sup>, J. Lewandowicz<sup>3</sup>, J. Kowalska-Majka<sup>3</sup>, J. Bucka<sup>3</sup>, M. Majdan<sup>3</sup>, Z. Kielbik<sup>3</sup>, M. Korkosz<sup>3</sup>, A. Bielinska<sup>3</sup>, P. Leszczynski<sup>3</sup>, K. Pawlak-Bus<sup>3</sup>, M. Puszczewicz<sup>3</sup>, M. Majewski<sup>3</sup>, K. Smolik<sup>3</sup>, T. Migas-Kukla<sup>3</sup>, M. Sochocka-Bykowska<sup>3</sup>, M. Szarecka<sup>3</sup>, B. Luberdz<sup>3</sup>, M. Falenta-Hitnarowicz<sup>3</sup>, J. Swikszcz-Gniadek<sup>3</sup>, W. Lepiarz-Rusek<sup>3</sup>, G. Rozwadowski<sup>3</sup>, B. Chara<sup>3</sup>, J. Zajdel<sup>3</sup>, Z. Zdrojewski<sup>3</sup>, I. Rosmus-Kuczia<sup>3</sup> on behalf of Research Group of the Polish Society of Rheumatology. <sup>1</sup>Internal Medicine and Rheumatology, Medical University of Silesia, Katowice; <sup>2</sup>Rheumatology and Internal Medicine, Medical University of Wrocław, Wrocław; <sup>3</sup>Research Group of the Polish Society of Rheumatology, Katowice, Poland

**Background:** Biologics are still considered by patients as a new and partially enigmatic tool for management of rheumatic diseases.

**Objectives:** The study was designed to evaluate educational needs and sources of knowledge in patients with rheumatic diseases treated with biologics.

**Methods:** Anonymous questionnaires were distributed in 23 Polish rheumatological centers involved in the treatment, 1231 questionnaires were used for analysis. Responses were received from 606 patients with rheumatoid arthritis, 427 with ankylosing spondylitis, 117 psoriatic arthritis, and 62 adult patients with juvenile idiopathic arthritis (in whom administration of the drugs had been introduced before they were 18-year-old), as well as 19 ones receiving the drugs due to other musculoskeletal disorders. The investigated group constituted about one-fifth of all rheumatic patients on biologics in Poland.

**Results:** Almost all the patients had learnt for the first time on biologics from their rheumatologist (93%). Few only patients had got such data from internet or from other patients. Likewise, most of the patients got majority of educational data on treatment with biologics from rheumatologist who was supervising the therapy (82%). Remaining sources included internet (8%) and other patients (5%). Relative low number of patients was educated by nurses (2%). Most of the patients (87%) were looking for more details on biological treatment. The patients with rheumatic disease lasting less than 10 yrs. were more interested in the management than those suffering longer. Most of the patients (94%) considered their rheumatologist as the main person responsible for their education on biologics. There was no difference between patients with various rheumatic diseases as well as no difference was found between female and male patients. Biological treatment attracted more interest in younger than older patients.

**Conclusions:** Education is still a challenge in patients receiving biologics. Most of

the patients represented traditional attitude to health education, expecting almost all educational data to be provided by their physician. We were surprised that role of the nurses was found to be rather low. An increase in role of nurses seems to be the future aim of the educational efforts in Polish rheumatology.

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#### AB1185 REAL-LIFE EXPERIENCE AND MUTUAL EXPECTATIONS OF PATIENTS AFFECTED WITH CHRONICAL INFLAMMATORY RHEUMATIC DISEASES AND THEIR RELATIVES; CONSEQUENCES IN PATIENT EDUCATION: A QUALITATIVE STUDY BY THE PROXYRIC GROUP OF THE PATIENT EDUCATION DIVISION OF FRENCH RHEUMATIC DISEASE SOCIETY

D. Poivret<sup>1</sup>, A. Untas<sup>2</sup>, E. Boujut<sup>3</sup>, C. Vioulac<sup>2</sup>, C. Delannoy<sup>4</sup>, L. Carton<sup>5</sup>, N. Legoupil<sup>6</sup>, G. Hayem<sup>7</sup>, S. Pouplin<sup>8</sup>, A.-C. Rat<sup>9</sup>, J.-S. Giraudet-Le Quintrec<sup>6</sup>, C. Beauvais<sup>10</sup>. <sup>1</sup>Chr Metz Thionville, Metz; <sup>2</sup>Institut psychologie Paris Descartes, Paris; <sup>3</sup>Institut psychopathologie et processus de santé, Versailles; <sup>4</sup>Cabinet Psychologie; <sup>5</sup>AFLAR; <sup>6</sup>Service Rhumatologie A, hôpital Cochin, Paris; <sup>7</sup>Service Rhumatologie, Hôpital Ambroise Paré, Boulogne Billancourt; <sup>8</sup>Service Rhumatologie, CHU, Rouen; <sup>9</sup>Service Rhumatologie, CHU Brabois, Nancy; <sup>10</sup>Service Rhumatologie, CHU Saint Antoine, Paris, France

**Background:** Interaction with relatives has a significant role on patients' health, and can also impair relatives' health. Education processes need codification to enrol relatives in the programmes.

**Objectives:** To create a patient education program for relatives and patient affected by rheumatic inflammatory disease

**Methods:** Individual semi-directed by 2 psychologists interviews, have been performed and their thematic content analysed with the QDA Miner program. A guide had been achieved by rheumatologists, psychologists et patient association representatives. The (patient/relative) dyad, has been first questioned together, and then individually.

**Results:** 20 patients, average age 59 years (27–79) affected with Rheumatoid Arthritis (n=13), Spondyloarthritis (n=9) with an average disease duration of 12,8 years (1–39) and one of their relatives (being their spouse in 18 cases) have been recruited in 7 rheumatology departments in France. Common life duration was 27,5 years as an average (1,5–57). About 2/3 of patients and relatives have a common view on: relative's role in bringing an emotional support but needs a knowledge on disease and treatments; emotional distress experienced by both patient and relative; the worries and relative's feelings of not knowing how to do; the help brought by the relative in everyday's life and his participation to care management. Only a few relatives talked about concerns, regrets of past life, and burden feeling of patient. Relatives also express unfairness feelings. 2/3 of patients and relatives report will of independence of the patient, who wants to manage alone, and does not express his difficulties. 50% of relatives think they anticipate patient's needs, they are also directly requested by the patients. On the other side, the patients often report that they watch over relative's health. 50% of patients and relatives mention the idea of complementarity and "team", but also tensions or conflicts. Patient Education contribution would be sharing and exchanging between them, according to 2/3 of patients and relatives, who therefore would prefer group education (12/20). Relatives however more often mention a common education with patient, and patients prefer a separate education of relative. The main limit to of this study is that participation to study has favored harmoniously functioning dyads, what may explain the weak rate of abandonment feeling.

**Conclusions:** Expectations on relatives' role seem to be common in terms of practical and emotional support. Relatives sometimes mention the "positivation" of their role, but also emotional distress and helplessness feeling. Patients fear they are a burden and want to be independent. A specific educational management of relatives is more often suggested by patients than by relatives.

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#### AB1186 OPTIMISATION OF RHEUMATOLOGY UNDERGRADUATE TEACHING: SELF-DIRECTED DEVELOPMENT OF POWERPOINT PRESENTATIONS BASED ON THEORETICAL CLINICAL CASES

F.A.H. Cooles<sup>1,2</sup>, R.L. Batten<sup>1</sup>, J. Stewart<sup>1</sup>, D. Coady<sup>1</sup>. <sup>1</sup>City Hospitals Sunderland NHS Foundation Trust, Sunderland; <sup>2</sup>NIHR Newcastle Biomedical Research Centre based at Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University, Newcastle Upon Tyne, United Kingdom

**Background:** One element of rheumatology undergraduate teaching in City Hospital Sunderland, UK traditionally involves "paper cases" delivered via small group learning and discussion. Although popular it has had poor feedback from both the students and the tutors at times especially when the tutor to student ratio is high (>1:6). With limited numbers of tutors (Consultant Rheumatologists), this issue was becoming more frequent.

**Objectives:** We wished to explore alternative yet still interactive methods to highlight key learning points relating to common rheumatological conditions in a 60 minute teaching session and to make this fun and engaging.

**Methods:** 30 undergraduate medical students (January 2017) were given modified teaching material for a 60 minute teaching session a week later. This material involved a partially populated Microsoft Powerpoint slideshow including prompts about a theoretical patient's clinical case in the notes section. This guided development of a clinical case presentation which covered diverse aspects of clinical care, e.g. imaging, extra-articular disease, drug side effects and disease activity scores. Clinical cases addressed systemic lupus erythematosus, early rheumatoid arthritis (RA), ankylosing spondylitis and established RA. Students (groups of 2–3) received one case each were encouraged to use images and online teaching repositories to enhance their presentation. This provided the framework for a 20 minute teaching presentation which was given to their student peers at a formal teaching day 1 week later. A tutor was also present during these sessions (with a ratio of 1:10) to ensure adequate understanding of topics had been achieved and to answer any questions. Feedback was sought from the students and compared with previous "paper case" (non-modified) sessions.

**Results:** Feedback obtained (n=9) showed 55% of students rated the modified teaching session as "excellent" with the remainder rating it as "good". Free-text comments included "good to have students to do the presentations so they cover relevant points" "very useful to have a quick 20 minute overview of different conditions & preparation was useful" and "lots of learning, interactive". Additional comments included the wish for more time to cover the points in even more depth. Informal feedback from the tutors of these events was also favourable with tutors believing students had a developed a greater depth of understanding. These findings compared favourably with the previous years "paper-case" feedback (March 2016, n=13) where only 23% (n=3) of students had rated the session as "excellent" as well as free text comments emphasising wishes for more time to read through cases and smaller group discussion.

**Conclusions:** Current "paper based" modalities can easily be utilized and "re-purposed" to optimize both self-directed and formal teaching components of undergraduate teaching. This can promote the understanding of complex rheumatological learning points in a relatively short period of time and allow students exposure to modalities, such as imaging, which may previously be excluded in a traditional "paper case" format.

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**AB1187 SURVEY ON GENERIC DRUGS (GE) AND BIO-SIMILAR DRUGS (BIO-S) OF PATIENTS WITH RHEUMATOID ARTHRITIS (RA) AND THEIR DOCTORS - COHORT STUDY OF THE JAPANESE CLINICIAN BIOLOGICS RESEARCH GROUP**

K. Funahashi<sup>1</sup>, T. Yoshitama<sup>2</sup>, T. Tetsu Oyama<sup>3</sup>, A. Sagawa<sup>3</sup>, K. Katayama<sup>3</sup>, T. Matsubara<sup>3</sup>, N. Nishimoto<sup>3</sup>, S. Kiyokawa<sup>3</sup>, N. Miyake<sup>3</sup>, A. Akihiko Nakamura<sup>3</sup>, M. Oribe<sup>3</sup>, T. Tomohiko Yoshida<sup>3</sup>, T. Mitsuka<sup>3</sup> on behalf of Japanese Clinician Biologics Research Group. <sup>1</sup>Clinical Research, Matsubara Mayflower Hospital, Kato, Japan; <sup>2</sup>Japanese Clinician Biologics Research Group, Kobe, Andorra; <sup>3</sup>Japanese Clinician Biologics Research Group, Kobe, Japan

**Background:** In Japan in 2014 the market share for generic drugs was 50%, lower than that of Western nations, but the reasons why the patients themselves turn down the opportunity to switch to a generic drug when asked at the pharmacy are not clear. In addition, the use of bio-similar drugs became possible in Japan in 2015, but the degree of knowledge that patients have regarding them is unknown.

**Objectives:** Therefore we carried out a patient survey about generic and bio-similar drugs, and at the same time, we also conducted a questionnaire for doctors who prescribed them, and conducted a comparative study of patient's and doctor's awareness regarding these drugs.

**Methods:** The survey was carried out amongst 4151 patients being treated at 20 research group member facilities. It was an anonymous written survey. After the section on patient background (age, gender, disease history) was completed, patients were asked their impressions of generic drugs, their attitudes towards changing to a generic, whether or not they had ever experienced an adverse effect with a generic drug, what knowledge they had regarding bio-similar drugs, and if they had any interest in or experience with using bio-similar drugs. We also asked 32 physicians about permissions and restrictions on GE use, negative experience of GE, problems of GE, experience of BIO-S and future plans for use, conditions of BIO-S usage, etc.

**Results:** The group was 78% female, the majority of whom were in their 60's, and most had disease history of more than 10 years. Those with a good impression of GE drugs comprised 41%, those with a bad impression 9.4%. 34% of patients had switched to GE drugs, those who would not or could not were 24%. Those who reported a bad experience (lessening of effectiveness, or an adverse effect) were 8%. Meanwhile, in GE survey of doctors, about 65% partially restricted the use of GE, and about 70% had experiences of weakening of effects and occurrence of adverse events when using GE. Regarding patient knowledge of BIO-S, 13% knew of them, and 44% replied that they had no interest in them, even after being shown explanatory materials about the drugs. 63% of patients said they would rely on their physicians's judgement regarding choosing BIO-S drugs, with 10% stating they would choose BIO-S based on cost benefits. On the other hand, approximately 40% of physicians have experience using BIO - S, while about 60% have experience explaining them to patients. About 60% replied that they plan to use BIO-Ss to be released in the future but on the condition of regular and detailed provision of safety information.

**Conclusions:** Due to experience in using GE, physicians wish to receive detailed information on individual drugs, and desire it even more in the case of BIO-S drugs. RA patients with RA have received little information on BIO-S, and this can be thought to be a direct result of lack of information for prescribing physicians.

**Disclosure of Interest:** None declared

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**AB1188 WHAT IS THE VALUE OF RHEUMATOLOGY ON-CALL SERVICE? AN EVALUATION OF ACUTE RHEUMATOLOGY ON-CALL SERVICE IN A TERTIARY CENTRE**

L.H. Lee, A. Gupta. Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

**Background:** Rheumatology is largely an outpatient specialty. Changes in healthcare structure in recent years have seen a trend for increased demand for specialty input in acute inpatient care. However, financial pressures on the other hand have led to calls to curtail specialty on-call service. Service provision apart, "being on-call" has traditionally been seen as an important educational experience, equipping registrars with valuable acute rheumatology skills. Despite all these, there is little published literature evaluating the contribution and workload of Rheumatology on-call service.

**Objectives:** This study sought to evaluate the contribution of Rheumatology on-call service as well as to assess the spectrum of conditions referred.

**Methods:** An electronic database was created to record details of on-call referrals by one Rheumatology specialty registrar in a tertiary hospital. These included relevant clinical details, outcomes of referral and working diagnosis.

**Results:** A total of 40 referrals were recorded over 9 days in a 5-week period from December 2016 to January 2017. Seventeen referrals were reviewed on the same day by the rheumatology registrar. Referrals from medical wards comprised 10 out of 17 referrals reviewed. Other sources of referrals were Emergency Department, General Practitioners and Rheumatology advice phone line with 4, 2 and 1 referrals respectively.

Of the 17 patients reviewed on-call, 11 referrals (65%) could be classified in the category of "acute hot joint", 2 were in the category of vasculitis and connective tissue disorders, 2 were predominantly mechanical problems, 1 was referred with a painful limb while 1 had an elevated creatine kinase. Thirteen of these 17 patients required an arthrocentesis, 12 of which were either performed or supervised by the rheumatology team. Septic arthritis was diagnosed in only one patient. Three of the 17 patients had musculoskeletal ultrasound scan performed by the rheumatology team on the same day.

**Conclusions:** Rheumatology on-call service provides a significant contribution to acute care which cannot be substituted by other specialties. It also continues to provide rheumatology trainees with experience in acute rheumatology although it could be argued that the spread of conditions seen were skewed toward acute hot joints and that exposure to connective tissue disorders and vasculitis was limited. The results of this study have important implications for planning and delivery of postgraduate Rheumatology training curriculum and delivery of on-call Rheumatology service.

**Disclosure of Interest:** None declared

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**AB1189 "GO TRANS": OUTCOME OF THE PROGRAM OF WORKSHOPS FOR ADOLESCENTS WITH RHEUMATOLOGICAL DISEASES**

M.A. Blázquez<sup>1</sup>, A. Boteanu<sup>1</sup>, L. León<sup>2</sup>, S. Lerma<sup>3</sup>, M. Vázquez<sup>1</sup>. <sup>1</sup>Hospital Universitario Ramón y Cajal; <sup>2</sup>2 Idissc, Hospital Universitario Clínico San Carlos Madrid; <sup>3</sup>Hospital Niño Jesús, Madrid, Spain

**Background:** Transition is the process by which a young patient with a chronic disease is able to develop skills and have access to resources to ensure that physical, psychological, educational and vocational needs are covered during the stage from youth to adulthood. According to SERPE and EULAR/PRES recommendations, the goal of transition programs is to improve the support to patients during this process, mainly working in multidisciplinary teams.

**Objectives:** Our main purpose was to accomplish self-care, illness awareness, stress management and negative emotions workshops focused in improving their life quality.

**Methods:** Workshops are conducted by a psychologist, a pediatric physiotherapist, two rheumatologists and a rheumatology nurse at our center. It consists of a total of 7 workshops (first six for patients and the last for parents). Five of these workshops are based on HEADSS system (home, education, activities, drugs, sexual activity, and emotions) and the two others are focused on disease and treatment consciousness. Parents signed an informed consent document. Workshops lasted 90 minutes in sessions outside of the consultation hours. At baseline, several questionnaires were completed, VAS pain (parents and patients), VAS general (parents and patients), JAMAR (parents and patients), PedsQL 4.0, those questionnaires were also completed after 3 months together with a satisfaction survey.

**Results:** A total of 12 patients were included, with ages between 11 to 16 years old, with an average of 14 years old. A total of 10 patients completed 100% of the program (6 girls and 4 boys). 6 patients had AIJ (oligoarticular, enthesitis-related arthritis, psoriatic arthritis), 3 suffered from LES and 1 had Behçet. All patients