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.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6451

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. Funahashi¹, T. Yoshitama², T. Tetsu Oyama³, A. Sagawa³, K. Katayama³, T. Matsubara³, N. Nishimoto³, S. Kiyokawa³, N. Miyake³, A. Akihiko Nakamura³, M. Oribe³, T. Tomohiko Yoshida³, T. Mitsuka³ on behalf of Japanese Clinician Biologics Research Group. ¹Clinical Research, Matsubara Mayflower Hospital, Kato, Japan; ²Japanese Clinician Biologics Research Group, Kobe, Andorra; ³Japanese 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

DOI: 10.1136/annrheumdis-2017-eular.2288

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 received 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

DOI: 10.1136/annrheumdis-2017-eular.5537

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

M.A. Blázquez¹, A. Boteanu¹, L. León², S. Lerma³, M. Vázquez¹. ¹Hospital Universitario Ramón y Cajal; ²IdiSSC, Hospital Universitario Clínico San Carlos Madrid; ³Hospital 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

were under immunosuppressive therapy and 60% of them received biological treatment. 20% of patients had clinical activity data. The average of global VAS was 12 (0–100) and the average of VAS pain was 0.9 (0–100). The average of initial PEDSQL 4.0 was 80.7 (0–100) and the PEDSQL 4.0 at three months was 74.4. At the end of the workshops, 100% of parents and patients would recommend other patients to attend it, more than 50% of patients think that they would be able to go to medical visits without their parents and 90% of them would take responsibility for their treatments. A 90% of patients think that workshops have helped to improve their relationship with their rheumatologist and 60% of them have improved their knowledge about the disease. Regarding to physical activity levels, 30% of the patients have increased it compared to baseline. More than 50% of parents have observed a positive attitude change towards the disease after the program.

Conclusions: Transition programs are important for the transfer to be effective throughout the involvement of adolescent, who takes responsibility for his/her disease and also to ensure their psychosocial needs are met. Rheumatologists must be ready to cover these needs with the support of other specialists. Our experience with the program was very positive since most of the patients improved their knowledge about the disease and its autonomy concerning their medical consultations and treatments, being very satisfied with the contents of the workshops.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6525

AB1190 BEHAVIOR AND TRENDS IN COLOMBIAN PATIENTS WITH RHEUMATIC DISEASES RELATED TO THE TECHNOLOGICAL TOOLS IN CONSULTATION OF RHEUMATOLOGY

M.C. Latorre¹, A.M. Ocaña². ¹Rheumatologia, Country Medical Center;

²Electronic Engineering, Octesoft, Bogota, Colombia

Background: In the last decades the internet has changed the way of communication with patients using email, social media and other technological tools, as a complement to the consultation. The development of websites and electronic history are part of these tools that have come to change communication with the patient.

Objectives: To analyze the behavior and trends of Colombian patients with rheumatic diseases related to use electronic tools.

Methods: We analyzed 425 patients between September 2015 and December 2016, who attended to consultation at Country Medical Center. Everyone was provided the website <http://www.dra-mconstanzalatorre-rheumatologa.com/>. This website was developed by Octesoft (<http://www.octesoft.com/>), company specialized in development website and software. In this website have general information the clinic, access, schedules, glossary, news, medical information and can request online appointment

Results: We included 425 patients with rheumatic diseases, 85.5% female, with an average age of 52.5 years old. 95% lived in urban areas. 92% had internet access. 80% had smart phone. They were stratified by educational level, finding that 70% had college level. And by age groups it was found that patients between 30 and 50 years old in 72% of cases used the electronic way to request the appointment or ask questions. Patients between 18 to 29 years old prefer social media. Patients over 60 years of age preferred to use the telephone. The reasons for using the online appointment were: easy access at any time 84% tool speed 10%. Difficulty for the use of the telephone at work 2%. Others 4%. When patients communicate via email 90% of the questions are related to requesting the appointment.

During this period the website had 3860 views. With a progressive increase from 60 to 538, with an average of 227, with the highest number of visits between November and December. The patients showed satisfaction with the use of technological tools by 89%.

There is no relationship with the use of technological tools with other factors such as gender, rheumatic disease, other diseases or job.

Conclusions: In this study we find that patients gradually and progressively adopt the use of other tools for communication different from conventional, such as web site or email in the request of their appointments and in the communication with rheumatologist. We found that the main factors for adopting these changes are the group of age, especially between 30 to 50 years old and the level of education, when the level of study is university, tend to use on-line communication. It is important to give different alternatives of communication to patients according to their characteristics.

References:

[1] Bujnowska-Fedak BMC Public Health 2015; 15:194.

[2] González ME, Quesada G, Urrutia I, Gavidia JV. Int J Health Care Quality Assurance. 2006;19(2):146–57.

[3] Khoury V, Kourilovitch M, Massardo L. Clin Rheumatol 2015; 34 (Suppl 1):S45–S49.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6085

AB1191 ANALYSIS OF FACTORS RELATED TO THE LEARNING OF RHEUMATOLOGY BY TRAINING DOCTORS OF OTHER SPECIALTIES

M.A. Belmonte-Serrano¹, P. Tejón-Menéndez², J.A. Castellano-Cuesta³, N. Fernandez-Llanio³, P. Bernabeu⁴, V. Jovaní-Casado⁵, J. Rosas Gomez-Salazar⁶, F. Navarro-Blasco⁷, A. Ybáñez-García⁸, A. Lozano-Saez⁹ on behalf of Reumeval working group. ¹Rheumatología; ²Hospital General de Castellón, Castellón de la Plana; ³Reumatología, Hospital Arnau de Vilanova, Valencia; ⁴Reumatología, Hosp San Juan; ⁵Reumatología, Hosp General; ⁶Reumatología, Hosp Marina Baixa, Alicante; ⁷Reumatología, Hosp General, Elx; ⁸Reumatología, Hosp Peset, Valencia; ⁹Reumatología, Hospital General, Castellón de la Plana, Spain

Background: Many doctors in training of other specialties make a monthly rotation in the rheumatology unit, but usually no formal assessment of the skills and knowledge acquired is performed.

Objectives: To know which factors are related to learning of Rheumatology skills by training doctors (MIR) of other specialties rotating in Spanish Rheumatology units.

Methods: An online platform for the evaluation of the knowledge of Rheumatology has been developed (REUMEVAL, see www.reumeval.com). It contains a set (DB) of 300 multiple-choice questions developed by staff rheumatologists on 10 topics of general interest. The set questions passed a Delphi round and 15% of them were replaced by more appropriate ones.

Each MIR that goes to perform a rotation in a teaching Rheumatology Unit (REU) is offered to participate with two tests of 30 questions randomly extracted from the DB. The first test is done just arriving at REU, assessing the basic knowledge that was obtained in the university. At the end of the rotation in REU, usually 30 days, a second test is performed, assessing the increase of knowledge achieved.

Results: As of December 2016, 384 tests were carried out by 216 physicians training in 14 hospitals of the Valencian region in Spain. Of these, 166 (77%) completed both tests. 74% were in training for family medicine (MFC). The mean score of the 1st test was 5.59 (out of 10 points), and the second test was 6.55 points, with an average increase of scorings of 22.4% ($p < 0.001$). Men showed higher scorings than women in their 1st test (5.92 vs 5.56), but the difference was lost in the 2nd test (6.79 vs 6.47). Younger residents (ages 20–30 years) had a 1st higher score than those aged 30–40 or >40 years (5.8 vs 5.2 vs 5.1 respectively) but were similar in the 2nd test (6.6 vs 6.3 vs 6.8). By nationality, Spaniards had higher initial scores than foreigners (5.78 vs 4.91, $p < 0.01$) but there were no differences in the second test (6.55 vs 6.49). For specialties, dermatology, internal medicine and RHB had initial scores higher than MFC (7.3 - 6.1 - 6.3 vs. 5.4), but in the second test there were no significant differences.

Conclusions: The level of knowledge in Rheumatology of the residents who start a training rotation in this specialty is moderate, with an average of 5.59 points out of 10 possible. At the end of the rotation their scores increased an average of 22%, which shows a significant improvement but still not very high. Several factors were related to basic knowledge scores but lost significance in the final test, reflecting appropriate improvements in knowledge in all subgroups.

Acknowledgements: To Fundación Valenciana de Reumatología and to MSD laboratories for an unrestricted grant.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4498

AB1192 NATIONAL BAROMETER TO ASSESS THE EMOTIONAL ASPECTS OF PATIENTS WITH RHEUMATOID ARTHRITIS. OPINAR PROJECT

S. Castañeda Sanz¹, M.A. Gonzalez-Gay², E.F. Vicente¹, C. Alegre de Miguel³, M. De la Hera⁴, V. Torrente-Segarra⁵, L. Merino-Meléndez⁶, A. Juan-Mas⁷, L. Alcaide^{8,9}, A.I. Torralba⁹, J.L. Baquero¹⁰. ¹Rheumatology, Hospital de la Princesa, Madrid; ²Rheumatology, H. Marques de Valdecilla, Santander; ³Rheumatology, H U Quirón-Dexeus, Barcelona; ⁴Rheumatology, Clínica Mompía, Cantabria; ⁵Rheumatology, H U Hospitalet-Moisès Broggi, Barcelona; ⁶Rheumatology, H General San Pedro, Logroño; ⁷Rheumatology, H U Son Llatzer, Palma de Mallorca; ⁸Rheumatology, ConArtritis; ⁹Rheumatology, Coordinadora Nacional de Artritis; ¹⁰Scientia Salus, Madrid, Spain

Background: The WHO defines health as the state of physical, psychic and social well-being. In contrast, patients with rheumatoid arthritis (RA) frequently report that treatment is directed mainly at combating physical affection and hardly anything to emotional and social aspects.

Objectives: To assess the emotional impact and degree of satisfaction with the medical care received in the patient with poor prognosis RA.

Methods: National, structured and anonymous survey of 26 questions conducted between March and July 2016. Responses were counted as percentages or as means/medians of the score given on a Likert scale from 1 to 10 (minimum and maximum, respectively). Analyses were performed using Microsoft 2012: mean (m), standard deviation (SD), median (M), interquartile range (IQR) and statistical significance of differences (Student *t* test). The study was approved by the National Coordinator ConArtritis and the CEIC of the reference hospital.

Results: The survey was completed by 100 of 122 enrollees, 75 by telephone and 25 via email; 83 women and 17 men, with a mean age of 49.4 years (SD 12.1); from all the Spanish Autonomous Communities. 52% were considered of poor