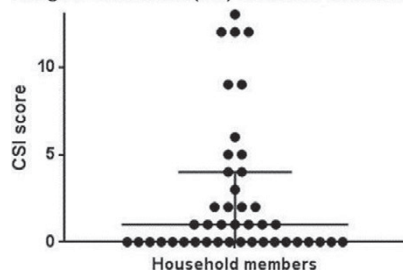**Caregiver Strain Index (CSI) Scores for Household Members**

References:
[1] Robinson BC Validation of a Caregiver Strain Index. J Gerontol 1983; 38: 344–48.

SAT0760-HPR | **PSYCHOLOGICAL VARIABLES PREDICTIVE OF DISORDERS OF SLEEP IN PATIENTS WITH SPONDYLARTHRITIS AND PSORIATIC ARTRTITS. PRELIMINARY MULTICENTER STUDY**

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Objectives: To study the psychological variables associated with the severity of insomnia and hypersomnia according to the Oviedo sleep questionnaire (COS) in patients with spondylarthritis (SPA) and psoriatic arthritis (PA), including the disease activity BASDAI and DAS28.
Methods: Design. Cross-sectional descriptive study. Patients: Patients with consecutive SPA or PA were selected by consecutive sampling in follow-up in rheumatology units of 4 Spanish hospitals. Inclusion criteria: Adults (age ≥16 years) with SPA (ASAS criteria) or PA (CASPAR criteria) capable of understanding and willing to perform questionnaires. Exclusion criteria: other rheumatic diseases, age <16 years. Protocol: Upon arriving at the consultation, he was offered to participate in the study, he was explained and the patient was given the battery of questionnaires; His physician performed the evaluation of disease activity and recorded the comorbidities and current medication. Main outcomes: the 3 dimensions of COS: (1) Subjective satisfaction with sleep, (2) Insomnia and (3) Hyperinsomnia. The COS is a semi-structured interview to aid the diagnosis of insomnia and hypersomnia according to the diagnostic criteria ICD-10 and DSM-IV. Other variables: current medication for SPA or PA, comorbidities, use of sleeping pills and/or CPAP according to COS questionnaire (insomnia was divided into mild <15 and moderate-severe ≥15), disease activity: AD BASDAI) and APs (DAS28); Health-related quality of life (HRQL) using SF-36; Pain perception (Brief Pain Inventory BPI questionnaire), SPA (BASDAI) and PA (DAS28, BASDAI) and FACIT fatigue, TMMS emotional intelligence, Resilience with resilience questionnaire, anxiety and depression sceening using HADs.Statistical analysis: descriptive, bivariate analysis using T-Student, Mann-Whitney and $\chi2$; Followed by binary logistic regression (BLR) (Vd: moderate/severe insomnia).
Results: A total of 126 patients participated: 65 patients with SPA (33.8% women, 49.92±10.92 years) and 61 patients with PA (60.7% women, 49.4±9.5 years) with an average of 8.4±6.8 years of disease. They used biological therapy SPA 29 (23%) and PA 28 (45.9%). The most common comorbidity were in SPA and PA: disc disease 33 (50.8%) and 18 (29.5%). 16 (24.6%). Both patients with SPA and PA were dissatisfied with their sleep (3.42±1.39). We did not find correlation of the COS variables with the HRQoL, the fatigue or the pain. There were no differences in COS scale according to biological treatment and/or FAME. Logistic regression analysis demonstrated an association between insomnia and TMMS repair, resilience and anxiety in PA. Insomnia in SPA showed an association with depression and BASDAI
Conclusions: Insomnia is a common health problem in these diseases. Moderate-intense insomnia in patients with SPA was associated with an increase in BASDAI and depression. Also in patients with PA, the insomnia was associated with TMMS repair, resilience and anxiety. The patient assumes the slepp dissorder as part of this chronic illness, this jutifies the good evaluations of resilience and emotional inteligence of the evaluated patients.

SAT0761-HPR | **IDENTIFICATION OF FACTORS THAT CONTRIBUTE TO SUCCESSFUL ONLINE MONITORING OF DISEASE ACTIVITY: EXPERIENCES FROM PATIENTS WITH RHEUMATOID ARTHRITIS**

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Background: In order to encourage patients to take an active role in their disease management and to enhance the dialogue between patients and healthcare providers, iMonitor was developed.[1] iMonitor is a Software Medical Device developed and funded by Pfizer. Patients can complete patient-reported outcome measures (PROMs) in this online system. This allows for monitoring of disease activity in between visits, identification of patients who need medical attention in between visits, and it may lead to reduction of consultations for patients with stable disease activity. Moreover, completion of a PROM might help a patient to prepare for his or her consultation and might improve the communication between physician and patient.
Objectives: This study aims to identify factors that contribute to adequate online monitoring of disease activity, by collecting experiences from patients with RA with iMonitor.
Methods: Patients were recruited at Bernhoven (Uden, the Netherlands) by an announcement of the study on the hospital website, leaflets and by specific meetings. Four instruction classes were organised in which two researchers gave live instructions about the programme. Patients received log-in codes and chose their PROM-preference(s) and PROM-frequency. After nine months a focus group interview was performed and three telephone interviews were held. Questions were semi-structured using a topic list based on Flottorp[2]. Data will be transcribed, coded and grouped.
Results: Currently 33 patients with RA are using iMonitor. Of these patients 17 (52%) attended the instruction classes and six patients (18%) attended the focus group discussion. Preliminary results reveal six themes (Technological aspects, Patient factors, Need for getting feedback, Incentives and resources, Reduction of consults and Security aspects). The Flottorp domain "Patient factors" provided most rich information. Most patients said they developed more knowledge about their disease activity and that they felt more aware about their disease activity. Additionally, iMonitor supported them in taking actions such as adjustments in lifestyle and becoming more prudent when noticing a flare. Some patients felt more prepared for a consultation and less dependent from their rheumatologist. With regard to the domain "Capacity for organisational change", patients were confident that iMonitor could contribute to reduction of consultations, but contacting the outpatient clinic when feeling worried should be required.
Conclusions: Patients' experiences with an online remote monitoring system were mainly positive. Instruction classes helped patients to get familiar with the programme. Patients experienced to have more control over their disease and to have developed more knowledge. This may result in enhanced self-management, which is important with regard to retain control over disease.

References:
[1] Medical and Educational Goods and Services (MEGS): iMonitor. 2014; Available from: http://www.pfizer.co.uk/content/medical-and-educational-goods-and-services-megs-imonitor.
[2] Flottorp, S.A., et al., A checklist for identifying determinants of practice: a systematic review and synthesis of frameworks and taxonomies of factors that prevent or enable improvements in healthcare professional practice. Implementation Science, 2013. 8(1): p. 1.

SAT0762-HPR | **THE ACCESSIBILITY AND USABILITY OF AN AUSTRALIAN WEB-BASED SELF-MANAGEMENT PROGRAMME (MYJOINTPAIN) FOR PEOPLE WITH LOWER HEALTH LITERACY AND JOINT PAIN IN THE UK**

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Background: Osteoarthritis (OA) is disproportionately prevalent in people from lower socio economic groups (1). People from lower socio economic groups are also more likely to have lower health literacy. Health literacy influences people's ability to access, understand and use health information. Currently, health professionals over estimate patients' health literacy (2), potentially reducing the impact of OA self-management interventions that rely on educational approaches (3). As internet usage increases, online OA self-management resources are an option for delivering patient education. Currently, there is no evidence as to whether online education resources are suitable and accessible for people with joint pain and lower health literacy.
Objectives: To identify facilitators and barriers experienced by people with joint pain and low health literacy to access and utilise information available on the MyJointPain website. (https://www.myjointpain.org.au).