Table 1

	Resident		MRC		COPCORD	
	n	%	n	%	n	%
RA	1776	28,28	35	15,28	307	5,93
OA	1061	16,90	9	3,93	2017	38,98
SLE	800	12,74	27	11,79	13	0,25
Soft tissue	554	8,82	10	4,37	2230	43,10
FM	476	7,58	5	2,18	0	0,00
Sjögren S	357	5,69	7	3,06	0	0,00
Osteoporosis	307	4,89	5	2,18	0	0,00
SSc	170	2,71	11	4,80	4	0,08
APS	111	1,77	10	4,37	0	0,00
Spondyloarthritis	111	1,77	5	2,18	27	0,52
Miositis	99	1,58	10	4,37	0	0,00
Juvenile Arthritis	87	1,39	3	1,31	0	0,00
PsA	86	1,37	5	2,18	0	0,00
Vasculitis ANCA	79	1,26	5	2,18	0	0,00
Raynaud	61	0,97	5	2,18	0	0,00
Crystal arthropaties	58	0,92	15	6,55	576	11,13
Connective tissue	45	0,72	0	0,00	0	0,00

the OSCE, we observed a moderate correlation. We considered it is important to enhance the knowledge and improve the OSCE according to the most prevalent diseases to prepare the future rheumatologists.

References:

- [1] Pascual Ramos V, et al. *Reumatol Clin* 2014; doi: 10.1016/j.reuma.2014.10.007.
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THU0582 2-YEAR ADHERENCE TO THE TREATMENT OF OSTEOPOROSIS FOLLOWING A THERAPEUTIC PATIENT EDUCATION PROGRAM

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Background: The management of osteoporosis requires drug treatment and changes in lifestyle. Adherence to medication does not exceed 50% at one year. Changes in lifestyle are rarely explored. Therapeutic requires a relay to continue the follow-up over several years

Objectives: To improve the follow-up of the patient, we have created cooperation between the attending physician and the pharmacy pharmacist initiated by the patient himself

Methods: We proposed a therapeutic patient education for patients treated for osteoporosis to participate in two half-day ETP sessions a year apart. Educational objectives are: The treatment of osteoporosis requires at least 5 years of treatment, and must be associated with the absorption of three dairy products per day, maintaining physical activity and preventing falls. Each patient participating in a therapeutic education session receives a follow-up notebook containing six doctor questionnaires and six pharmacist questionnaires. The patient remains the owner of the notebook. We were able to study the results of the 2-year questionnaires for 72 patients included in 2013 and 2014.

Results: 53/72 patients continue their treatment at 2 years. 4 patients died, 1 had an atypical fracture of the femoral shaft, 6 stopped treatment due to dental treatment, 3 had contraindications to any anti-osteoporotic treatment, 1 decided to discontinue treatment due to d Multiple Sclerosis, 11 decided to leave the program. 3 patients were lost to follow-up, ie 14/72 patients of whom we no longer have any news. Of the 53 patients who continued treatment, 24 sent back a doctor and pharmacist questionnaire to 2 years. 4 doctors and 2 pharmacists refused to complete the questionnaires. The study of pharmacist questionnaires received at 2 years shows that 83% of patients continue to consume 3 dairy products per day compared to 73% at 6 months, 65% maintained physical activity, 17% improved it, 9% decreased. The ground balance was satisfactory for 78% of patients compared with 71% at 6 months. 71% never forget their treatment, compared with 69% at 6 months. 8% wanted to stop their treatment, stable figure compared to questionnaires received at 6 months. All patients knew what their treatment was for at one year and 96% met the conditions for taking the medication. 69% do not forget it at two years against 86% at one year, thanks to the intervention of the pharmacist. Only 6% wanted to stop the treatment at two years due to side effects, 17% to 1 year, but did not stop after consultation with the doctor and/or pharmacist.

During the two-year follow-up, all patients were phone called at least once by a secretary, mostly several times. The notebook is driven by the patient himself, many of them report to the nurse that it give them an active role which afford them to continue the treatment

Conclusions: 58% of the patients enrolled continue treatment at two years, 15% have stopped the treatment as a side effect. An active role given to the patient and a collaboration between physicians and pharmacists thus promote adherence to treatment and also changes in lifestyle

Disclosure of Interest: None declared

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THU0583 EFFECT OF AN ONLINE EDUCATIONAL INTERVENTION IN THE KNOWLEDGE OF PATIENT REGISTRIES AND PATIENT-REPORTED OUTCOMES AMONG RHEUMATOLOGISTS

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Background: Patient-reported outcomes (PROs) have evolved into an essential element in managing rheumatoid arthritis (RA), working in concert with physician-based tools to assess disease activity and health-related quality of life [1].

Objectives: A study was conducted to determine whether an online educational intervention could effectively address a knowledge gap and an underlying educational need in applying data from patient registries including PROs in the management of patients with RA.

Methods: An online educational intervention focusing on advances in RA patient registries was developed and made available online. The intervention consisted of a 30-minute video-based roundtable discussion between 3 experts in treatment of RA. The intended audience was rheumatologists who treat patients with RA. The educational impact was assessed by comparing participants' responses to 4 identical paired pre- and post-assessment questions. Data representing a statistical sampling of the overall learner population was collected from 5/29/2015 through 8/13/2015. Statistical analysis comprised a paired (within-physician) 2-tailed t-test comparing mean pre-intervention and post-intervention scores, McNemar's χ^2 statistic for measuring changes in responses to individual. Cramer's V determined the overall effect of the intervention.

Results: Analysis of pre- versus post-activity responses by rheumatologists (n=36) demonstrated a significant improvement ($P<0.05$) in overall knowledge with a robust effect size ($V=0.339$). This activity resulted in increased knowledge surrounding several specific areas of RA management, such as drug safety, alternative means of collecting PRO data, and issues surrounding pregnancy in women with RA. The absolute percentage increases in correct individual responses to these topics (all $P<0.05$ except where noted), included:

- 33% increase (36% vs. 69%) in rheumatologists who recognized the results from pooled registries in Europe – 11 registries from 9 countries – regarding the safety of tumor necrosis factor-alpha inhibitor therapy,
- 28% increase (36% vs 64%) in rheumatologists who recognized that biosensor-based devices can provide passive data regarding patient outcomes,
- 14% increase (47% vs 61%, $P=.237$) in rheumatologists who identified the connected CORONA-OTIS registries that provide information on patients with RA who become pregnant,
- 62% increase (19% vs 81%) in rheumatologists who identified that patient registry data can be used to support a risk mitigation strategy for prescribing a specific DMARD in patients who may become pregnant during therapy.

Conclusions: An online educational intervention was associated with significant improvement in knowledge levels of rheumatologists in several important aspects of RA management, including interpretation of data from patient registries and adverse effect profiles of approved therapies. Future directions for education include additional reinforcement regarding the roles for PROs in patient management, and assessing the impact of improved rheumatologists' knowledge on care delivery and patient outcomes.

References:

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THU0584 FIVE YEARS OF EXPERIENCE WITH THE LUPUS ACADEMY: AN EFFECTIVE MODEL FOR BUILDING A ROBUST COMMUNITY OF PRACTICE FOR GEOGRAPHICALLY DIVERSE LEARNERS

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Background: Systemic lupus erythematosus (SLE) is a complex yet low prevalence disease. Without a community of lupus specialists to establish consensus and guide best practices, rheumatologists have limited opportunities to develop skills and maintain competence in SLE care.

Objectives: The objectives of this initiative were to 1) create an independent community of physicians interested in the pathogenesis, diagnosis, and management of patients with SLE and related conditions; 2) share insights and practical guidance for implementing evidence-based care; 3) develop needs-driven contin-