(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.

Disclosure of Interest: None declared

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

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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

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**

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Background: Interactive, online electronic (e)-health services with patient-reported outcome measure (PROM)-based instruments may be helpful for patients (pts). Sanoïa 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

Sanoïa (30-min training via the telephone with no further incentive to access the platform) or usual care (normal internet use without access to Sanoïa). The Sanoïa group pts used a home-based e-Case Report Form to record frequency of Sanoïa 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 Sanoïa 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 Sanoïa 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 Sanoïa 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 Sanoïa 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.

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

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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 (Sanoïa) 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; Sanoïa 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