

(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.

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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.

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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). Sanoia 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

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

median was 40. In univariate analyses, associations with $p < 0.05$ were observed between pt-perceived coping ($p = 0.0008$), erosive disease ($p = 0.03$) and DAS28 remission ($p = 0.05$) and a high PEPPI-5; associations with $p < 0.2$ were observed for older age ($p = 0.07$) and HAQ-DI ≤ 0.5 ($p = 0.12$). In multivariate analyses, the only factor associated with high PEPPI-5 was pt-perceived coping (odds ratio [95% CI] = 0.85 [0.76–0.96]; $p = 0.007$).

Conclusions: Among RA pts whose disease was well controlled, pt-perceived pt-phy interactions were good. Pt-perceived coping was associated with better pt-perceived pt-phy interactions, indicating that perhaps pts who felt in control were more at ease with their phy, or vice-versa. The data did not allow us to attribute causality. These elements are important in the shared decision-making process.

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THU0590 THE USE OF A PORTFOLIO AMONG YOUNG RHEUMATOLOGISTS: RESULTS OF AN EMEUNET SURVEY

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Background: Portfolios are increasingly used in medical education. A portfolio may stimulate deep learning, deliver summative assessment and encourage reflection on clinical practice. A portfolio is seen as the key connection between learning at the organizational and the individual level.

Objectives: To (1) explore the perceptions of young rheumatologists about the use of a portfolio and to (2) study the barriers and facilitators when implementing a portfolio at a national and international level.

Methods: A survey was sent by email to all EMEUNET (Emerging EULAR Network) members. EMEUNET is a group of young rheumatologists and researchers within EULAR-member countries. Descriptive statistics were used to analyse initial data collected (Nov-Dec 2016). Weighted averages were calculated (i.e. mean in which each item being averaged is multiplied by a number (weight) based on the item's relative importance).

Results: 132 participants responded (64% female; mean age 33.5 years (SD 4.3 years); 34 countries). In total, 56.3% of participants were working as rheumatologists; 32.8% were rheumatologists in training. 49.6% of the participants indicated that a portfolio was already used by rheumatology fellows working at their institution; in 71.9% of these cases, this portfolio was also used at a national level. 50.4% of participants did not use a portfolio during their training; of these, 86.7% (strongly) agreed that a portfolio might be a useful tool.

Several barriers for successful implementation of a portfolio were identified by the participants. The main barrier was that a portfolio was not developed at a national level, and if developed at a national level, there were often no incentives to use it (Table 1). According to participants, the top 3 competencies that should be collected and reflected upon in the portfolio were (weighted average; importance 0 (not important) – 10 (extremely important)): practical skills (e.g. ultrasound) (8.2); correct use of diagnostics and therapeutic armamentarium (7.9); clinical skills (e.g. history taking) (7.8). The skills chosen as the least important to be included in a portfolio were: information on management tasks (6.5); promoting hospital-based care (e.g. writing a protocol) (6.6); theoretical and clinical knowledge (6.7).

Conclusions: A portfolio is generally considered a valuable tool and half of the participants already work with it. However, several barriers may prevent optimal implementation. Developing a core set of rheumatology-oriented competencies and a template for a portfolio to be used across institutions and eventually countries could promote implementation and harmonize training.

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Table 1. Perceived barriers with regard to the implementation of a portfolio.

Barrier	Response* (n = 122)
Participants who work/ed with a portfolio (n= 58)	
No incentives to use it	50.0%
Limited time	46.6%
Lack of clarity about how and when to use it	31.0%
Lack of interest by stake holders	29.3%
Difficult to access the required forms	12.1%
Participants who did not work/ed with a portfolio (n=64)	
Portfolio not developed on national level	51.6%
No added value recognized to it	21.9%
Initiatives, but lack of clarity about how and when to use it	12.5%
Initiatives, but no incentives to use it	9.4%

*More than one answer allowed. 10 (7.6%) participants did not answer the question.

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THU0591 ASSESSING THE READABILITY AND PATIENT COMPREHENSION OF MEDICINE INFORMATION SHEETS PROVIDED TO PATIENTS BY AUSTRALIAN RHEUMATOLOGISTS

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Background: Literacy is "the ability to read and use written information and to write appropriately in a range of contexts".¹ Low literacy is associated with poorer health outcomes, including increased mortality.² Those accessing the healthcare system require adequate literacy to understand written instructions regarding medication, appointments and medication doses. We have previously shown in >200 rural and urban Rheumatology patients that <15% of patients had low health literacy and <1/3 of patients incorrectly followed dosing instructions for common Rheumatology drugs.³ Up to 24% of US Rheumatology patients had a reading level of ≤ 8 th grade.⁴ These findings are concerning, as Rheumatologists often use medications such as MTX or bDMARDs with severe side effects. Rheumatologists often provide written information regarding these medications to patients.

Objectives: To assess i) the readability of Patient Medicine Information Sheets (PMIS) regarding medications provided to patients by Australian Rheumatologists, and ii) patient comprehension of these documents.

Methods: Thirty-one English-language PMIS from the Australian Rheumatology Association (ARA) website were assessed for readability using Readability Studio™ (Oleander Software). This software uses the number of sentences, words, syllables and characters in a sample of writing to estimate the required grade level and reading age of the target population using several readability scales (eg Flesch scale, Gunning Fog and Simple Measure of Gobbledygook, or SMOG).

To assess comprehension, a random sample of 100 patients from MNCAC was asked to read an ARA PMIS about one of the following medications: MTX, NSAIDs, Adalimumab, Abatacept or prednisone. He/she then answered five multiple choice questions about the content. A time limit of 15 minutes for reading the PMIS and answering the questions was allowed. Approval was obtained from the local HREC as a low/negligible risk project. Results are expressed as mean \pm sem.

Results: The mean Flesch scale value (range 0–100, 0=very confusing; 100=very easy) of the 31 PMIS assessed was 51.1 ± 0.6 (fairly difficult). The mean FORCAST grade level and reader age was 11 ± 0 and 16–17 years, respectively. The mean Gunning Fog grade level was 11.4 ± 0.1 with a reader age of 16–17 years. The mean SMOG grade level was 11.8 ± 0.1 with a mean reader age of 16–17 years. At time of writing, comprehension was assessed in 7 of the planned 100 patients. So far, the mean number of correct answers was 3.2 ± 0.5 (max. score of 5).

Conclusions: The ARA PMIS are suitable for readers who have completed a grade level ≥ 11 with a reading age ≥ 16 years. A low literacy population (< grade 8) will probably struggle to understand the content. These findings need to be extended to the PMIS used in other countries and has implications for the design of better patient information material.

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