and the contradictory messages among professionals. Therefore we decided to develop an electronic tool to facilitate and encourage the prescription of exercise.

**Objectives:** To evaluate the usefulness of a computer tool and a training workshop to improve the prescription of physical exercise in SpA by rheumatologists.

**Methods:** An online platform was developed for the individualised prescription of exercise to patients with SpA according to stage and with 3D animations (EJES-3D), which was presented in a training workshop. Tests were conducted before and after the workshop to assess the change in knowledge. Six months after the workshop, the degree of use and acceptance of the tool was evaluated through a survey aimed at rheumatologists and the fulfilment of the concepts learned through a survey of 100 consecutive patients attended in the centres of the attendees.

**Results:** The level of knowledge improved with the workshop (6.8/10 to 7.7). After 6 months 77.8% indicated that the contents of the workshop were useful and adapted to their expectations and all the applied knowledge. 22% stated that they prescribed exercise more regularly and 44% with greater confidence. 67% of rheumatologists considered the tool EJES-3D useful. The 82 patients who completed the survey agreed in their majority that they had been prescribed exercise, they had been informed and the messages received had been positive and coherent. 50% of the patients were prescribed specific exercises, which were qualified by them as simple, adaptable and attractive. And 64% were satisfied with the degree of exercise they performed. On the other hand, aspects to be improved at the tool and training level were identified.

**Conclusions:** The specialised training in the prescription of the exercise directed to the professionals who are in charge of the management of patients with SpA can be very beneficial to homogenise the type of exercise in each phase of the disease and to help gain confidence. In addition to having a specific tool (EJES-3D) to perform individualised prescription, it can be very useful.

**REFERENCES:**


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(HR 1.619, p=0.018) and uveitis (HR 1.732, p=0.025) as predictors for worse drug survival. At the time of censoring only 202 (11.6%) patients were using csDMARDs with TNFi agent. When we repeat the analysis with patients continuing csDMARDs we showed that there is no significant differences regarding TNFi survival.

Conclusions: The results of present study showed that considerable amount of SpA patients were using csDMARDs at time of first TNFi initiating and drug survival was significantly better in those patients.

Disclosure of Interest: None declared