FRI0734-HPR PHYSICAL ACTIVITY AND AEROBIC CAPACITY ASSESSMENT – A SURVEY AMONG RHEUMATOLOGY HEALTH PROFESSIONALS IN FOUR EUROPEAN COUNTRIES.

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Background: Regular physical activity (PA) is associated with improvements in health outcomes, such as quality of life, aerobic fitness, pain, stiffness and inflammation in people with inflammatory joint disease (IJD) (1,2). Current practice in the management of patients with inflammatory arthritis emphasises the importance of health professionals (HP's) in assessing PA and aerobic capacity.

Objectives: The objectives of this study were to identify how HPs working with IJDs measure PA and aerobic capacity.

Methods: Rheumatology HPs in Denmark, Sweden, Ireland and Belgium participated in an online survey. Descriptive statistics was undertaken (SPSS v21 and SASv9.4) to describe data aggregates and range and to identify sub-classes of groups with respect to use of PA measures.

Results: Three hundred and twenty two (n=322, 75% female) HPs responded from Denmark (n=50, 15.5%), Sweden (n=66, 20.5%), Ireland (n=28, 8.7%), and Belgium (n=178, 55.3%). The majority of respondents (n=286, 92%) reported it was important to measure PA in people with IJDs. The mean number of years qualified was 20.08 (SD 9.37) and years working in Rheumatology was 12.29 (SD 8.27), with 32.3% reporting half of their workload coming from people who have inflammatory arthritis. Only 28.2% of HPs used simple body worn sensors to measure PA levels in their patients. Moderate levels of confidence were reported in using a simple body-worn sensor (mean 6.15/10; SD 3.63) and paper questionnaire (6.85/10; SD 3.62) to measure PA, with lower levels of confidence in using a complex body-worn sensor (3.80/10; SD 3.55) and digital diary (4.22/10; SD 3.67). When assessing aerobic capacity 58% were very familiar/somewhat familiar using a bicycle ergometer, 44% a treadmill and 56% other aerobic capacity tests. Low levels of confidence were reported in instructing their patients in performing aerobic capacity tests (4.54/10; SD 3.74) and in interpreting the results (4.79/10; SD 3.58). A large majority were interested in further education around measuring PA (83%) and aerobic capacity measurement (74%), with an online module favoured for both.

Conclusions: The majority of respondents reported that they considered measuring PA as important in people with IJDs; however, the majority lacked confidence in how to measure it. There is strong interest in further education around measuring PA.

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FRI0735-HPR KNOWLEDGE, CONFIDENCE AND EDUCATIONAL NEEDS OF PRIMARY CARE NURSES' ON PATIENT EDUCATION AND CONTINUITY CARE IN RHEUMATIC DISEASES

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Background: Primary care health professionals (HPs) are essential for continuity of care, especially for chronic conditions like rheumatic diseases. Therefore, knowledgeable and skilled HPs are needed in both settings, with close contact, to

improve quality and safety. Primary care nurses may be pivotal to assure this continuity and liaison between care players. However, there is a lack of postgraduate rheumatology education for HPs working in this field¹, a lack expected to be even greater in primary care.

Objectives: We aimed to: 1) determine the knowledge on Disease Modifying Anti-Rheumatic Drugs (DMARDs) of nurses working in primary care in Portugal; 2) determine their confidence in providing patient education (PE) on (i) the rheumatic diseases they contact most, (ii) biological DMARDs and (iii) Methotrexate (MTX); 3) explore professional factors influencing these confidence levels; 4) explore their educational needs in rheumatology.

Methods: A national online survey was performed among nurses working in primary settings for ≥6 months. The survey assessed their certifications, experience in primary care, and their practice, knowledge, and confidence (from 0 to 10) in providing PE to these patients. Their educational needs and communication with their colleagues in rheumatology were also assessed. Educational leaflets were provided at the survey's end for didactic purpose. Spearman's correlation and Mann-Whitney tests were used to test nurse's confidence levels on PE.

Results: There were 290 individuals accessing the survey, but only 129 (44.5%) completed it [mean age (SD)=42.6 (7.8) years, experience in primary care=13.7 (8.2) years; 47.3% having a post-graduate specialization]. Osteoarthritis (69.0%), low back pain (68.2), and rheumatoid arthritis (62.8%) were the diseases that nurses contact the most. Only 5.4% of nurses recognized an image with five sc bDMARDs pens, reporting frequent contact with them; 18.6% reported rare contact. Knowledge on bDMARDs was poor (table 1). More than half of nurses reported not knowing what PE to provide (55.0%) and when these drugs should be suspended for patient's safety (63.6%); 55% never contacted with MTX and only 6.2% reported to know its side effects.

Table 1 Nurse's knowledge on bDMARDs (n=129)

bDMARDs	% yes
are:	27.1
Immunosuppressant's	10.1
NSAIDs	9.3
Corticosteroids	1.6
Powerful analgesics	0.8
Hormone therapy	51.1
I don't know	
most common side effects are:	15.5
Local reactions	20.2
Infections	7.0
Kidney insuf.	6.2
Cytopenia	3.1
Worsening of heart failure	6.2
Neoplasms	1.6
Respiratory insuf.	14.7
Tuberculosis	3.1
Gastritis and peptic ulcers	16.3
Hepatotoxicity	2.3
Demyelinating disease	58.9
I don't know	

Confidence levels in providing PE were low (figure 1) and not correlated ($p>0.05$) with years of experience on primary care or with post-graduate specializations. Nurses' doubts are answered mainly via internet (68.2%) or by local colleagues (51.2%). Only 2 nurses (1.6%) had formal, although minor, rheumatology education but 88.4% would like to have it (delivery preferences were expressed).

Conclusions: Knowledge and confidence in key areas of rheumatology care seem to be very low in Portuguese nurses working in primary care. Unmet education and training needs exist and provide useful directions for the development of future training programmes.

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