respondents (EG) had a university degree more often (82% vs. 64%). The largest group of respondents were experienced patients with more than 10 years from diagnosis (47% in Polish group (PG) and 54% in EG). The EG was more diversified in terms of a diagnosis.

The information about a disease and methods of treatment were the most important pieces of information for the respondents (83% of PG rated it very important and 78% in EG) followed by finding a doctor (79% vs. 76% respectively). The three most important sources of information were: PG-Internet 46%, rheumatologist 35%, medical books 15%; EG- Internet 43%, rheumatologist 21%, lectures for patients – 15%.

Conclusions: The Results of Polish and English surveys were similar. The English group was more often interested in facilitating everyday life and finding support in living with a disease.

The test of knowledge on RMDs results confirmed that myths are still present among some patients. As much as 25% of Polish and 49% of international respondents associate occurrence of inflammatory rheumatic disease with weather conditions. Majority of people (94% in both groups) are aware that moderate physical activity is recommended in rheumatic diseases. The results also suggest insufficient knowledge about treatment methods and curability of RMDs.

It is important to increase efforts in dissemination of appropriate knowledge among patients and health professionals using different methods. Such attitude should help in minimizing adverse effects that result from lack of knowledge or self-awareness.

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PARE0014 GETTING THE PULSE ON WORKPLACE EXPERIENCES AND ACCOMMODATIONS

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Background: As a patient-driven and managed non-profit organization, the Board members of the Canadian Arthritis Patient Alliance (CAPA) have experienced many of the workplace challenges of arthritis first-hand. Recognizing the importance of being able to contribute in the workplace, CAPA recently initiated a project focused on broadening the understanding of the challenges faced by people living with arthritis in the workplace; and, to develop workplace tools and appropriate advocacy activities to address these challenges.

Objectives: A survey concerning arthritis in the workplace was developed with the goal of enhancing the understanding of the workplace challenges faced by people with arthritis, including the type and effectiveness of personal and workplace accommodations and the effectiveness of available resources.

Methods: A Board member/project manager developed the survey in consultation with people living with arthritis. The survey was available in English and French and targeted to people who live with various forms of arthritis, including inflammatory arthritis as well as Systemic Lupus Erythematosus, osteoarthritis, etc. The survey was distributed to membership in December 2017 through the newsletter and social media channels. Further promotion of the survey was completed through outreach to French and English patient and non-profit groups. The results were collected online through a survey platform and analyzed using basic statistical techniques.

Results: At the date of submission, 218 survey responses were received (127 English responses, 91 French responses) and the majority of respondents (over 90%) live in Canada. Over 80% of respondents live with inflammatory arthritis and 86% reported that arthritis affected them moderately or significantly in the workplace. Although 49% of respondents indicated that working had a positive effect on their lives, 66% indicated that working took energy away from other life activities. The most highly helpful workplace accommodations were: flexible hours of work (58%), breaks to give joints/body time to recover (55%), paid time away from work to attend medical appointments (47%), and working from home one or more days per week (39%). The most highly used personal accommodations were: reduction of social activities (77%), pacing during the work day (70%) and spreading out non-work activities (64%). The survey responses will be further summarized for the presentation, along with ideas for development of resources based on the gaps identified.

Conclusions: CAPA developed a workplace survey to broaden the understanding of the challenges faced by people living with arthritis in the workplace. Early analysis of the survey indicates a number of implications such as the significant impact of arthritis on the workplace and the impact on other life activities. CAPA will develop appropriate workplace tools and plan advocacy activities in order to address the survey findings.

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PARE0015 LARGE-SCALE SURVEY OFFERS GENERAL INSIGHT AND BASIS FOR POLICY DRAFTING

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Background: The Dutch Arthritis Foundation (DAF) commissioned a large-scale survey to gain a broad insight into the various aspects of living with RMDs in the Netherlands. The results offer an insight into the prevalence of RMDs, as well as into living with RMDs and the use and standard of relevant healthcare and social care in our country. This was the first survey of this scale in the Netherlands.

Objectives: The survey aimed to generate data about the prevalence and the impact of RMDs on people's every-day lives in the Netherlands. The DAF will use the results to better inform parties involved in caring for people with RMDs and to help them with policy drafting, such as authorities, healthcare insurers and healthcare providers.

Methods: The bulk of all data consists of statistical data from the NIVEL Healthcare Registrations (from 355 GP clinics, which register 1.1 million RMD patients). The survey also built on statistical and qualitative data from Vektis (business intelligence centre for the healthcare industry) and the National Institute of Public Health and Environmental Protection. Patients were contacted through the National Panel for Chronical Patients and asked to score their quality of life, the impact RMD has on their lives, and the standard of care. Rheumatologists, health professionals in rheumatology and orthopaedics were also represented in the monitoring group. The survey was carried out for four key disorders – chronic inflammatory rheumatism, osteoarthritis, gout and osteoporosis. These disorders are registered by both GPs and specialists. Fibromyalgia is not registered as a specific disorder by GPs and was therefore outside the scope of the survey.

Results: The report generated the following results for the more than two million people with RMDs in the Netherlands:

1 in 9 people have a RMD; More than 2 million people have a RMD; Every day, 700 people are diagnosed with a form of RMD; There are 1.3 million people with osteoarthritis; 400,000 people with osteoporosis; 370,000 people with gout; 220,000 people with inflammatory rheumatism such as RA, ax-SpA, SLE, Sjögren syndrome and scleroderma.

69% of people with RMD are restricted by their symptoms in their day to day life;

50% of people with RMD between the ages of 40 and 65 are not in paid employment;

54% of people with RMD indicate they suffer from loneliness;

50% of people with RMD deal with incomprehension;

65% uses medication, 37% physiotherapy.

Conclusions: The report shows the extent of the impact of RMDs, not only medically, but also with regard to social effects. This was the first study to adequately reveal the sense of loneliness among RMD patients, laying bare the incomprehension they face in others. It also studied the impact of RMDs on employment, the great reliance on voluntary carers, and the fact that many people with a RMD also suffer other symptoms. The report was able to pinpoint the most vulnerable patients, and therefore provides a clear indication as to where improvements can be made. It also clearly shows that there is room for improvement when it comes to the registration of specific disorders such as fibromyalgia, but also disorders classed as a form of inflammatory arthritis, to enable the generation of objective data from the registration systems.

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PARE0016 THE ROLE OF EMPATHY QUOTIENT IN PATIENT-PHYSICIAN COMMUNICATION: A TOOL TO IMPROVE MEDICATION ADHERENCE

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Background: Brain circuits governing the identification with others and those regulating the care feeling towards suffering people form wide distinct brain networks and are essential elements of empathy. This last is ruled by the "circuit of

empathy" involving ten interconnected brain areas, operating on a personal base. This explains why some people have little or no empathy, and consequently, high or low propensity to communicate effectively: lower "empathy quotient" leads to inadequate social competence. The circuit of empathy is a very sophisticated and complex system, and its erosion is due to both genetic (deficiencies) and environmental (life experiences) factors.

Objectives: The EQ increase is essential to improve patient-physician communication and enhance medical adherence. It is easy to achieve it by promoting the ability to understand others' feelings and thoughts and to interpret signals and experience (beyond the symptoms), as well as by using effective communication. Being open improves quality and effectiveness of the patient-physician relationship, as well as medical adherence.

Methods: Observation, EQ measurement on patients and health personnel—APMAR carried out an observation activity to evaluate possible EQ improvement in patients and health personnel, and enhance medication adherence. Interventions were classified based on target (patient/health personnel), focus (educational/behavioural/affective), implementation (general/customized), complexity (one or more aspects) and the operator involved, followed by specific evaluation on adherence and disease outcomes. Patients suffering from rheumatological diseases and health personnel were interviewed to collect psychosocial information and indicatively measure their EQ. This allowed to act directly on parameters determining empathy improvement. Effective engagement was achieved through diagnostic alliance*, therapeutic alliance*, disease self-awareness, medication adherence and self-administration. 78 patients and 10 health personnel followed a training to improve EQ and ability to relate effectively through communication, narrative and psychodynamic. Health personnel followed an experiential and practical training, with cognitive, emotional and behavioural elements inspired by psychodynamic, Gestalt, AT, NLP, to learn how to use situational logic, modulate tone of voice, speech quality and speed, gestures, also using NBM principles. 30-minute individual monthly consultations and cognitive-behavioural therapy were conducted.

Results: Interventions showing some impact on medication adherence were direct, personalized on the patient and mediated by the health personnel. Disease outcomes, patients' self-care education and decision-making were considered, and a gym program was included. Follow-up occurred every 2 months (total 10 months); 86% of patients were adherent and the program significantly improved disease outcomes such as DAS28, pain, exacerbations, functional disability and quality of life.

Conclusions: The EQ increase is essential to improve patient-physician communication and to enhance medical adherence.

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PARE0017 SUPPORTING YOUNG PEOPLE WITH RMDs IN MANAGING ISSUES AROUND RELATIONSHIPS, PREGNANCY AND SEXUALITY

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Background: Young people with rheumatic and musculoskeletal diseases (RMDs) experience issues considering relationships, pregnancy and sexuality (Kedde, 2012). The report of the PARE Youth Research Project shows that in the Netherlands 42% of the young people with RMDs report an impact on their sexual life (Poldema, Tammaru & de Wit, 2014). Furthermore, 24% of the respondents want to receive information about managing sexual health issues. During past events organised by Youth-R-Well.com (the Dutch organisation for young people with RMDs), the young people indicated that they had questions about managing relationships and getting pregnant. For instance, they had questions about the hereditary of the disease, the impact of medication when getting pregnant, and how they could improve their sexual life. This shows a clear need for more information about managing relationships, pregnancy and sexuality from young people with RMDs.

Objectives: To respond to this need of young people with RMDs, Youth-R-Well.com organised an event around managing issues that are faced with relationships, pregnancy and sexuality. The main objective was to inform and empower the patients and their partners around these three topics. Informing patients and helping them managing issues around these three themes, aims to improve their social life, increase their self-management and in turn increase their quality of life.

Methods: Young people with RMDs might encounter a barrier for discussing issues around relationships, pregnancies and sexuality with their health care providers. Therefore, Youth-R-Well.com organised an informal event to inform the young people about these topics. The event consisted of three speakers: a rheumatologist speaking about pregnancies, a sexologist speaking about sexual issues and a young person with an RMD speaking about her personal experience with (sexual) relationships and getting pregnant. The event was interactive, such that young people had the chance to ask questions about all topics.

Results: In total, 30 young people between the age of 20–30 attended the event. The attendees evaluated the event with an average of 8,2/10. During the event, there was an informal, safe atmosphere. The attendees were not afraid to ask their questions and discuss the topics with others. From the three presentations, the attendees most highly valued the presentation of the rheumatologist about pregnancy (8,6/10).

Conclusions: An event from a patient organisation decreases the barrier to discuss issues around relationships, pregnancy and sexuality for young people with RMDs. Combining information from health care professionals with peer support, can help in managing issues around these three topics, empower young people with RMDs, and eventually increase their quality of life.

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Speaker Abstracts

Patient information and education

AB1480-PARE MOTIVATION OF RHEUMATOID ARTHRITIS PATIENTS FOR SMOKING CESSATION

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Background: The intensive nursing care algorithm in the individual treatment of a rheumatoid arthritis patient includes the "treat to target" treatment approach while predicting the extended role of a nurse in patient care. Nurse's responsibility for patients suffering from rheumatoid arthritis includes a deeper knowledge of the patient's health status (14 activities – Virginia Henderson), implementation of customised nursing care, education, consultation, as well as offering support to patients and their families. Smoking is a major global health issue due to increasing tobacco use and problems associated with cessation of smoking.

Methods: The study group comprised of 90 patients (34 male, 56 female) aged 56 to 72 years, (mean 64.29 years) treated in an outpatient clinic of Department of Rheumatology, University Medical Centre Maribor, Slovenia. All patients suffered from rheumatoid arthritis. 34 (44%) of them were smokers, 54 (44%) non-smokers and 11.11% of them used to smoke, 45 patients were treated with biological disease modifying anti-rheumatic drugs (bDMARDs) The research is based on quantitative methodology. Questionnaire was used as the research method. For statistical analysis, a t-test and Spearman correlation was used.

Results: The analysis did not show any statistically significant correlations between gender, age, or level of patients' education and desire to quit smoking. Nor we found any statistically significant correlations with patients' awareness to smoking – among those who are treated and those who are not treated with bDMARDs.

Conclusions: Every nurse should offer advice to rheumatoid arthritis patients to quit smoking as this is the best decision rheumatoid arthritis patients can make in order to improve their health. This mission carried out by a nurse is of great importance not only for the patient but also for public health. Nurses need to understand the motives and obstacles in association with smoking cessation. In addition, they need to be aware of the options that are available to help patients quit smoking. The most important factor for an effective smoking cessation is motivation. Important