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 (Poldemaa, 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

negative factor that impact smoking cessation is the pleasure while smoking.

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Building patient led organisations

AB1481-PARE CANADIAN ARTHRITIS PATIENT ALLIANCE: WHO ARE WE? WHAT HAVE WE BEEN UP TO?

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Background: The Canadian Arthritis Patient Alliance (CAPA) is a grass-roots, patient-driven, independent, national advocacy organisation with volunteer members from across the country. CAPA's fundamental belief is that the first expert on arthritis is the individual who lives with the disease and who provides a unique perspective that is all too often absent in health care, health policy and research.

Objectives: Here we will present a poster with the intent to give an overview of what CAPA is, the resources that are available to individuals living with arthritis, our involvement in research as well as our collaboration with other health organisations and government.

Methods: CAPA continues to promote its Arthritis Patient Charter and provide print outs to organisations that request it. It has conducted various surveys to better understand the needs of its members and develop support materials to help address these needs. CAPA also worked with Health Canada on various initiatives in regards to health policy development, drug review policy and patient engagement initiatives as well as participated as collaborators on research teams.

Results: The following key accomplishments and continued projects will be highlighted:

- 1) Arthritis Patient Charter was developed with other groups in the Canadian arthritis community that outlines the rights and responsibilities that arthritis patients should expect in their care.
- 2) Collaboration on research teams – for example, as a Member of the Canadian Institutes of Health Research (CIHR) Strategy for Patient-Oriented Research (SPOR) as well as on CIHR's Institute of Musculoskeletal Health and Arthritis Research (IMHA) Ambassadors. Individual CAPA members also work with researchers to contribute to their projects and have co-authored research publications.
- 3) A methotrexate resource – A survey on the topic of Methotrexate was developed by CAPA Board members with the advice from a rheumatologist was as circulated through its wide network in English and French via social media, newsletters and an email blast to our membership. Patient resources will be developed based on the survey response.
- 4) Pregnancy with Arthritis – a web-based resource created with patient input to help those contemplating a step into parenthood.
- 5) Biosimilar and medical cannabis resources – along with its position papers, CAPA has created a video to help patients understand this type of medication. CAPA has also written a position paper on Medical Cannabis.
- 6) Other forms of input – CAPA provides the patient perspective via official submissions to Health Canada, and the Canadian Agency for Drugs and Technologies in Health.

Conclusions: CAPA will present highlights of its key achievements and continued collaboration within the arthritis community. CAPA continues to engage with various organisations in order to identify gaps within the community with the intent to develop needed resources for patients and caregivers and direct our advocacy efforts.

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Arthritis research

AB1482-PARE PARTICIPATION IN CLINICAL TRIALS HAS A POSITIVE IMPACT ON THE PSYCHOLOGICAL AND EMPLOYMENT WELL-BEING OF PATIENTS WITH INFLAMMATORY ARTHRITIS

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Background: Biologic therapies have improved the physical well-being of patients with Inflammatory arthritis. However, there remains a lack of emphasis on addressing patients' psycho-social needs in routine rheumatology practice.

Objectives: The aim of this study was to explore the unmet psychological, emotional and social needs of inflammatory arthritis patients (Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA), Axial Spondyloarthritis (AS)) entering clinical trials, and to evaluate the factors leading to improvement in physical and psychological wellbeing during the clinical trial.

Methods: A cross sectional survey was distributed to all inflammatory arthritis patients having completed a minimum of 12 weeks of treatment within phase II and III clinical trials, in Whips Cross University Hospital, between Nov 2017 and Jan 2018. The anonymous survey included satisfaction scales with scores ranging from 0 to 10 (0=extremely dissatisfied and 10=extremely satisfied) to rate physical (ie: improvement in joints pain and swelling) and psychological satisfaction during the clinical trial. Factors contributing to patients' physical and psychological improvement were also explored. Employment status and changes were also explored.

Results: A total of 46 questionnaires were completed with 5 excluded from analysis due to missing data. Of the 41 patients, 26 (63%) had PsA, 3 (7%) AS, and 12 (29%) RA. 22 (54%) patients were male. 26 (63%) patients were white caucasian, 9 (21%) were Asian and 6 (15%) were from other ethnic backgrounds. 71% of the patients were aged between 36–60.

37 (90%) of patients were satisfied with their physical improvement (joint pain and swelling) during the clinical trial. 34 (83%) said their inflammatory arthritis had a negative impact on their psychological well-being, however 39 (96%) were satisfied with the emotional support received from the clinical research staff.

The most frequently reported factors contributing to their psychological improvement included, in all patients (41, 100%), the involvement of the clinical research staff and the frequency of regular follow ups. In 40 (98%) patients, the clinical research doctor and the clinical research environment and in 36 (88%) patients the study drug itself.

Regarding employment status, 29 (71%) were employed prior to participating in the clinical trial, and 18 (44%) reported improvement in their employment situation after entering the clinical trial. These included new job positions,⁵ reduction in sick leave days,⁵ and the capability of working more hours.¹

Conclusions: Inflammatory arthritis is associated with a high prevalence of psychological burden. Addressing the physical needs solely and ignoring the psychological wellbeing of patients can adversely affect their quality of life. The current survey highlighted that by participating in clinical trials, the majority of inflammatory arthritis patients, gained additional satisfaction with regards to their psychological and emotional needs and received invaluable support within the trial setting. This led to improved well-being and employment satisfaction. We would therefore, encourage health care professionals to invest in the psychological and emotional wellbeing of patients in routine clinical practice.

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