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?

C. Reece, N. Robertson, L. Wilhelm, L. Proulx, D. Richards, A. McKinnon, J. Gunderson, A. Sirois. *Canadian Arthritis Patient Alliance of Canada, Ottawa, Canada*

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

H. Alkoky, C. Tierney, V. Ramasamy, P. Knight, E. Ingram, S.-E. Aconstaninesei, A. Pakozdi, Y. Abbye-Nayake, H. Tahir. *Rheumatology, Barts health, London, UK*

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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