WEDNESDAY, 13 JUNE 2018
E-health for better care

A WEEK TO TWEET: FINDINGS FROM YOUNG PARE’S ONLINE COURSE FOR TWITTER NOVICES

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Background: Twitter is a social networking platform that enables individuals to publish short posts called tweets. Twitter enables individuals to reach over 200 million active users on the platform each month. 1 A useful way to develop individuals’ confidence on Twitter can be through participating in tweet chats and by conversing at conferences through the use of a preselected hashtag.2 Young PARE identified a need among the patient community to provide some training for individuals to get started on Twitter. This mirrored the ongoing work provided by EMEUNET for rheumatology professionals.

Objectives: The aim of the course was to deliver a structured online Twitter learning experience, and to evaluate participants’ use and perceptions of the course.

Methods: The course was hosted on Mailchimp over a period of seven days, from Thursday 16 until Wednesday 22 February 2017. Participants wishing to take part signed up to the course via a form advertised by email and online. Participants received an email with a task to complete at 09:00 each day. Despite the daily prompt, the course was self-paced, enabling participants to participate at their own convenience. An anonymous evaluation survey, hosted by bos, was distributed to participants immediately after the course. A combination of 5-point Likert scales, multiple allowable answers and open-ended comments were employed.

Results: In models that included DAS28 as a continuous measure, using claims alone explained 11% of the DAS28 variability. Adding medications and EMR data to claims improved the adjusted R² by 6% (table 1). In models that included DAS28 as a binary outcome (moderate/high activity vs low activity/remission), our claims-only model yielded a C statistic of 0.68, which increased to 0.79 after inclusion of medications and EMR data.

Abstract OP0010 – Table 1. Model Fit Statistics for Continuous DAS28 (CRP) (Adjusted R²) and Binary Categories (Moderate/High vs Low/Remission; C-Statistic)*

<table>
<thead>
<tr>
<th>Model 1: claims only</th>
<th>Model 2: claims +Medicare and EMR medications</th>
<th>Model 3: claims +Medicare and EMR medications data**</th>
<th>Model 4: EMR +Medicare medications data***</th>
<th>Model 5: claims only +Medicare and EMR medications data** +EMR data***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted R²</td>
<td>0.11</td>
<td>0.12</td>
<td>0.14</td>
<td>0.16</td>
</tr>
<tr>
<td>C-statistic</td>
<td>0.68</td>
<td>0.74</td>
<td>0.77</td>
<td>0.76</td>
</tr>
</tbody>
</table>

* n=300 except for Model 2 (n=95)
**EMR data includes medications, laboratory tests, BMI, blood pressure and smoking status

Conclusions: Incorporating medications, EMR data and laboratory values into a claims-based index did not significantly improve the ability to predict DAS28 scores as a continuous measure. However, models that include claims, medications and EMR data may be used to reasonably distinguish moderate-to-high disease activity from low disease activity/remission.

REFERENCES:

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CREATION OF THE FIRST DIGITAL TRAINING DESIGNED FOR PATIENTS WITH RHEUMATOID ARTHRITIS BY PATIENT ORGANISATION IN RHEUMATOLOGY

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Background: People with chronic conditions face the disease more effectively when they develop psychosocial skills and self-care. Health authorities thus recommend the organisation of therapeutic patient education (TPE).…... suffering from different limitations.

Objectives: A patient organisation had the idea to develop a digital training solution, accessible everywhere, complementary to TPE, for patients with rheumatoid arthritis.

Methods: The choice was made for an online training program such as Massive Open Online Courses (MOOC). A preliminary survey was carried out among the patients via an electronic questionnaire via social media and an emailing to the organisation members. A steering committee (COPIL) made up of representatives of the patients’ association, expert patients and rheumatologists with the support of a specialised agency, determined the timetable, the educational objectives, the contents, the speakers and the evaluations.

Results: The initial investigation was stopped at 100 responses, obtained in 3 days. 85.9% planned to follow the MOOC on their computer, but to meet the needs of all, the device is responsive. 61% had never participated in a TPE program and 94% were interested in learning new information about the disease (78.8%), treatments (71.7%), have expert views (67.7%), share experience with other patients (56.6%), and better live with the disease (50.5%).

The MOOC: Using the Learning Management System platform dnpoc.com, an expert from the department of health and social care, joined the MOOC to share knowledge and capacity building. The MOOC was launched and was available in 4 languages and 20 countries. The learning material was updated and improved each month. The MOOC was well received and was followed by 96% of the participants.

Disclosure of Interest: None declared

PREGNANCY OUTCOMES IN DMARD EXPOSED PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS – RESULTS OF THE BIOLOGIC REGISTER JUMBO

P. Drechsel, J. Klotsche, M. Niewert, G. Hornef, K. Minden, P. M. Riddel.

Background: Juvenile idiopathic arthritis (JIA) often persists into adult life. Young women and men with JIA are often still exposed to disease modifying anti-rheumatic drugs (DMARDs). Little is known about the impact of DMARDs on pregnancy and its outcome, and there has been no approved DMARD for pregnant or lactating women so far.

Objectives: To investigate the course and outcome of pregnancies in female JIA patients and male JIA patients with pregnant partners who were exposed to DMARDs.

Methods: In the JIA biologic registry JuMBO (Juvenile arthritis MTX/Biologics Epidemiology, German Rheumatism Research Centre Berlin, Berlin; Asklepios Clinic Sankt Augustin GmbH, Sankt Augustin, Germany) patient data must be evaluated in connexion with therapy, disease activity and the patient's consent. The major goal of the JuMBO registry is the documentation of the impact of biologics and DMARDs on the disease course and on pregnancy outcome.

Results: Out of the 1300 patients enrolled in JuMBO, a total of 222 pregnancies in 116 women and 25 partners of men with JIA were reported. Median age at delivery was 28 years old. The majority of the 96 women had polyarticular JIA (75%). The median age at first conception was 20 years (95% CI: 18–24). 129/96 (70.8%) pregnancies were spontaneous, 16 and 6 elective pregnancy terminations, 8 and 12 spontaneous abortions, 27 and 25 live births, 16 and 6 elective pregnancy terminations, 8 and 12 spontaneous abortions, and 9 and 5 stillbirths. In 9 cases, the patient data were incomplete.

Conclusions: Women and men with JIA who are still undergoing treatment in young adulthood often become pregnant or procreate children under medication, why more information on drug safety in pregnancy is needed. For this, more patient data must be evaluated in connexion with therapy, disease activity and the JIA category.

REFERENCE:

Disclosure of Interest: None declared.