

recognition of symptoms, ways of breaking down the barriers that delay early diagnosis. Also to educate the general public that rheumatic diseases may occur at any age and severe affect both children and young people.

The long term goal of the campaign is to decrease the number of people with disabilities, work loss or early retirement as well as the health care costs.

Methods: The launch event of the campaign will be attended by patients, rheumatologists, GPs, HPs, media and also national and local authorities.

A coordinated media plan will consist of pre-launch teasers, appropriate broadcasting of the event and post-event reminders as well as educational flyers/materials with the slogan "Don't delay, Connect today", handed out in shopping centres and other crowded areas.

Online posts on the www.rheumatism.ro website and the dedicated FB page will stimulate communication and mutual support among patients as well as spread information on RMDs to the general public.

Results: Up to 100 participants are expected to attend the launching event and get direct/live benefit from the information on early diagnosis and early treatment.

Over 50% of the Romanian population will audience the campaign messages covered by 50 media articles (in Romanian) and over 10 000 people will receive e-messages (online and Facebook impressions/engagement). This coordinated media plan will stimulate communication and mutual support among people with RMDs.

Conclusions: The implementation of the EULAR campaign in Romania "Don't delay, Connect today" aims an early referral to the rheumatologist for diagnosis and treatment and for a normal quality of life of patients with inflammatory rheumatic diseases. The campaign will have a communication peak around the launching event. Until the end of the year an on-going media and online communication strategy will be implemented.

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Burning bones

SP0028 EFFECTS OF INFLAMMATION ON BONE IN INFLAMMATORY ARTHRITIS

E.M. Gravallesse, Medicine/Rheumatology, University of Massachusetts Medical School, Worcester, MA 01605, USA

Research in my laboratory is devoted to the study of the pathogenesis of rheumatoid arthritis (RA), with a particular interest in the fundamental mechanisms of bone and cartilage destruction. Key research findings include the identification of osteoclasts as the cell type responsible for bone destruction in RA, and receptor activator of NF- κ B ligand (RANKL) as the critical cytokine produced by cells within RA synovial tissues that promotes osteoclastogenesis. More recently, we have identified the inhibitory effects of synovial inflammation on bone formation in RA, and focused on the effects of inflammation in inhibiting the Wnt signalling pathway, resulting in the impairment of osteoblast function. We have also studied the mechanisms that prevent healing of bone erosions in RA, and will discuss a completed clinical trial that addresses the question of erosion healing. Mechanisms of bone loss in RA will be contrasted to mechanisms of bone formation in spondyloarthritis. Finally, we have identified specific pathways in the innate immune system that regulate bone remodelling in the setting of inflammation, and these appear to be directly relevant to inflammatory arthritis. This lecture will thus cover what we have learned about basic mechanisms, and will discuss the clinical implications of this work for the practicing physician.

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SP0029 FINE STRUCTURE ANALYSIS TO DETECT BONE PORES

M. Gunzer, on behalf of Basic and Translational Science Session, Institute for Experimental Immunology and Imaging, University of Duisburg-Essen, University Hospital, Essen, Germany

The blood supply is essential for the many functions of bones. The bone marrow as well as blood cells generated within are particularly dependent on a functional circulation. Despite this fact there is a remarkable logical gap in our understanding of a closed circulatory loop in long bones. We have discovered a previously unknown type of blood vessels in long bones of mice that forms an intense connexion of bone marrow with the external circulation outside of the bone. These blood vessels transport the majority of blood into and out of bones and hence constitute an essential structural component of bone physiology. I will present a detailed characterisation of these vessels and also show evidence for similar structures in man.

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Delay in treatment and the role of health professionals

SP0030 REASONS FOR DELAY IN HELP SEEKING AT THE ONSET OF SYMPTOMS

R.J. Stack, Psychology, Nottingham Trent University, Nottingham, UK

Early intervention following the onset of chronic illnesses such as rheumatoid arthritis, lupus and Sjogren's syndrome can improve disease prognosis, reduce illness related disability and improve patient quality of life. Therefore, it is vital that the time between symptom onset and treatment is short, however, many patients experience long delays. The period of time between an individual's first detection of a bodily change and the first consultation with a healthcare professional is known as patient delay, while the time between first consultation and been referred to a rheumatologist for treatment is known as healthcare professional delay.

Patient delay can be attributed to a range of barrier to consultation, these include contextual barriers (e.g. geographical location, financial barriers and availability of health services), individual barriers (e.g. demographic characteristics and health literacy) the nature of symptom onset (e.g. intermittent symptoms or the experience of a symptoms commonly associated with many conditions such as fatigue) and psychological barriers (e.g. perceptions of illness, the normalising symptoms interpretation of symptoms and fear and worries about wasting the doctor's time).

Many interventions to reduce patient delay focus on educating the public about the typical symptoms associated with a specific illnesses in the hope that greater awareness will lead to better recognition of early symptoms. These interventions are based on the premise that the general public may hold misrepresentative stereotypes of what it is like to experience an illness or may even have no stereotypical belief (also known as a prototypical belief) to compare their current symptoms to. There is very little evidence about the evolution of early symptoms over time and how patients appraise these early symptoms and then decide to seek help. Furthermore, the non-specific nature of early symptoms for many rheumatological conditions can also be a significant barrier to patients recognising that symptoms are indicative of a chronic illness. For example, patients may attribute symptoms to stress, ageing or a temporary condition and actively choose not to seek help. Therefore, we must explore patients beliefs about symptom experience and not just focus on their beliefs about specific illnesses. Understanding early symptom presentation and the way that early symptoms are interpreted by patient is important for the development of robust help seeking interventions. However, interventions to promote prompt help-seeking based on symptom presentation must also take in to account for contextual, individual and psychological barriers which may interact with individual perceptions of early symptoms.

Understanding the factors which lead to patient delays and healthcare professional delays across rheumatological conditions can ensure that interventions to reduce delay are developed using a robust evidence base. Evidence based interventions such be multifaceted and may include the development of public health information (e.g posters, tv campaigns etc), the development of robust online information and challenging mis-information online, addressing health inequalities which may lead to delay (e.g. increasing the accessibility of health services and promoting health literacy in hard-to-reach communities) and developing educational information for healthcare professionals.

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