women) from 5 Latin American countries (Argentina, Brazil, Colombia, Mexico and Peru), average age 42.43 years (SD 6.2 years). Dermatologists obtained an improvement in the correct diagnosis of PsA of 56.1 % (the correct diagnosis increased from 33.1 % to 89.2 %). the total number of exams requested in the cases presented decreased significantly, from an average of 9 to 3 exams requested by each clinical case presented. 95 % of participants would recommend to other colleagues to make this workshop. 98.8 % believe that this educational intervention will improve the diagnostic approach to patients with suspected PsA.

Conclusions: The present research is a pioneer and innovator in the rheumatology education. We have shown the usefulness of clinical simulation given by an improvement in the diagnostic sensitivity towards the diagnosis of PsA, highlighting the semiology as a key element at the time of making the diagnosis. A significant decrease in the total number of exams requested for each of the clinical cases analyzed was documented, which can have a positive effect on costs for the national health systems in each country of the participating dermatologists.

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ANTI-TNF TREATMENTS FOR WOMEN WITH CHRONIC INFLAMMATORY DISEASES: COMPARING ATTITUDES AND PERCEPTIONS OF PHYSICIANS IN EUROPE AND THE US

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Background: For Women of Childbearing Age (WoCBA) with chronic inflammatory diseases (CID), onset, diagnosis and treatment initiation often overlap with peak reproductive years. High disease activity is associated with increased risk of pregnancy complications and adverse outcomes, and achieving disease control in these patients (pts) is therefore an important goal. Tumour necrosis factor antagonists (anti-TNFs) are effective treatments, but few data are available on how physicians utilise them in clinical practice for this specific pt group.

Objectives: To help better understand physicians' perceptions and attitudes towards treating WoCBA pts with anti-TNFs during pregnancy and lactation, and gain insights into differences between Europe- and US-based physicians.

Methods: The survey was conducted online in the US in July 2017, and in EU5 (France, Italy, Spain, UK and Germany) in Nov/Dec 2017, through SERMO Real-Time. WoCBA were defined as female pts aged 18–45. Participants included

rheumatologists (RH), gastroenterologists (GI), dermatologists (DM) and obstetricians/gynaecologists (OB). Here, we present data for RH and OB.

Results: 203 healthcare professionals (HCPs) from the US participated, of whom 50 were RH and 50 OB; 401 HCPs from EU5 participated, of whom 152 were RH and 114 OB; over half of the female pt population with CID among the prescribing specialists were WoCBA. Overall, EU5 HCPs were less inclined to prescribe anti-TNF treatments for WoCBA pts; compared to the other specialists, US RH (43%) had the highest proportion of WoCBA pts prescribed anti-TNFs (EU5 RH: 33%; EU DM: 24%; US DM: 27%; US GI: 31%). However, HCPs' comfort with prescribing anti-TNF treatments consistently declined in both US and EU5 with onset of family planning (figure 1A). EU5 RH (61%) and OB (67%) were more likely to recommend discontinuation of anti-TNFs before conception than US HCPs (RH: 46%; OB: 62%); similarly, >50% EU5 RH and OB agreed that women should stop anti-TNFs post-conception (US RH: 34%; OB: 54%). These findings may be explained by the fact that more US HCPs strongly agreed on making disease control during pregnancy their priority (US RH: 42% vs EU5 RH: 25%) and that controlled disease reduces risk of pregnancy complications (US RH: 42% vs EU5 RH: 28%), as well as the observation that more EU5 RH (34%) than US (12%) were very concerned about adverse events, including infection or poor birth outcomes, in pregnant pts taking anti-TNFs. More EU5 than US RH strongly believed breastfeeding pts should not take anti-TNFs, although a high degree of uncertainty was indicated (figure 1B).

Figure 1A HCP level of comfort with anti-TNF treatment prescription for WoCBA patients.

1B HCP agreement on discontinuation of anti-TNFs during breastfeeding. HCP: healthcare professional; OB: obstetricians/gynaecologists; pts: patients; RH: rheumatologists; TNF: tumour necrosis factor; WoCBA: Women of Childbearing Age.

Conclusions: Our survey demonstrates the variability in confidence in clinical management of women with CID and highlights differences in physicians' attitudes between RH vs OB and EU vs US. Uncertainty and concerns about risks of anti-TNF use during pregnancy and breastfeeding are common, emphasising the need for better information and education of HCPs, especially in Europe, regarding the appropriate use of anti-TNFs during pregnancy and breastfeeding.

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