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FEARS AND MISCONCEPTIONS OF WOMEN WITH CHRONIC RHEUMATIC DISEASES ON THEIR JOURNEY TO MOTHERHOOD

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Background: Recent EULAR 'Points to Consider' provide guidance on management and treatment of Women of Childbearing Age (WoCBA) with chronic rheumatic diseases (CRD: RA, axSpA, PsA). However, it is still unclear if these patients (pts) feel adequately supported to make informed treatment decisions around pregnancy and breastfeeding.

Objectives: To gain insight into perspectives of women with CRD regarding disease management and pregnancy, and assess whether current clinical practice provides adequate support.

Methods: WoCBA (aged 18–45 years) from Germany, France, UK, Italy, Spain (EU5), the US and Japan participated in a 20-min online survey (Jul–Oct 2017; InSites Consulting). We report data from pts with moderate-severe CRD who were pregnant or had been pregnant in the past 2–5 years.

Results: 622/1052 participants had CRD (RA, n=298; axSpA, n=182; PsA, n=142) and resided in the EU5 (n=306), US (n=293) and Japan (n=23). 87% pts reported having moderate CRD; 49% WoCBA stated that they had actively planned their most recent pregnancy. Fewer than half (46%) of WoCBA visited a healthcare professional (HCP) before pregnancy, of whom 53% consulted a rheumatologist among other HCPs (figure 1A). Although guidelines recommend addressing family planning/pregnancy in women with CRD before conception, 69% pts who visited an HCP before pregnancy had to initiate these discussions with their HCPs. 54% WoCBA admitted delaying their decision to become a mother; their main fear was passing on health issues to their child (figure 1B). 32% pts reported having inadequately controlled disease activity during pregnancy; 51% experienced disease improvement, 22% disease worsening. 82% pts visited an obstetrician/gynaecologist (OB/GYN) across trimesters, 68% a rheumatologist among other HCPs (figure 1A); 65% had a treatment plan aligned between different HCPs. Stopping treatment during pregnancy was largely driven by fear of harming the foetus (78%). Among the 113 pts on anti-TNFs, 22% decided to stop treatment themselves at the start of/during pregnancy, and 47% were advised to stop by their HCP. Although 89% pts reported discussing breastfeeding with an HCP (OB/GYNs were most influential), 66% mothers felt they had to decide between treatment and breastfeeding. While information provided by their HCP was generally satisfactory, pts still felt they lacked information on the impact of treatment decisions on pregnancy (38%) and breastfeeding (24%).

Conclusions: Despite current treatment recommendations, WoCBA with CRD continue to have many fears and misconceptions about their journey to motherhood, due to lack of guidance and consistent information regarding family planning, pregnancy and breastfeeding. Survey findings suggest that women's decisions to delay pregnancy and interrupt their treatment may be linked to a need for greater awareness of disease management options to optimise pregnancy outcomes. Access to this information, consultation with specialists and OB/GYNs earlier in the pregnancy planning process, and an aligned treatment plan could help prevent unnecessary decisions.

Figure 1A) Obstetricians/gynaecologists are the main healthcare professionals consulted during pregnancy. **1B)** WoCBA with chronic rheumatic diseases are concerned about pregnancy [a] n=622; [b] Multiple answers were possible; n=334. WoCBA: Women of Childbearing Age.

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TWITTER: A NEW PLATFORM FOR PUBLIC HEALTH CAMPAIGNS: SYSTEMIC LUPUS ERYTHEMATOSUS AND RHEUMATOID ARTHRITIS AS EXAMPLES

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Background: Social media is widely used these days and has the capacity to distribute information widely and rapidly to a large audience. Twitter is a popular social network site with hundreds of millions of users and over 500 million Tweets being sent each day. Patients commonly receive information about their condition from social media sites including Twitter. Patient education plays an important role in the management of systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA). The role of Twitter and its present application in SLE and RA patients' education was analyzed.

Methods: Twitter advanced search function was used to retrieve all tweets (English language only) containing the words systemic lupus erythematosus, lupus and/or SLE, as well as rheumatoid arthritis over one week (October 23, 2017 to October 29, 2017). Contents of collected tweets were analyzed, and tweets were categorized into 2 groups: general public (editorial/blogging, social/conversational, and advertisement tweets) and professional sources (tweets from physicians, rheumatologists, including hyperlinks to academic publications and websites of professional organizations, and educational tweets by awareness groups).

Results: Over the one-week timeframe, a total of 618 tweets mentioned lupus, systemic lupus erythematosus and/or SLE, and a total of 178 tweets mentioned rheumatoid arthritis. In the respective disease groups, tweets assigned to the professional sources category were 32% of the total tweets for SLE (200/618) and 51% for RA (92/178). Tweets sent by physicians constituted 2.6% (21/796) and by rheumatologists 1% (8/796) of the total tweets. Tweets with links to reliable sources (defined as hyperlinks to academic publications, professional organizations and awareness groups) were 23% of the total tweets. Finally, educational tweets by patient advocate groups were 10% of the total tweets.

Conclusions: Twitter has the capability of engaging a wide audience in a topic-specific conversation. Thus, it can be used as cost-effective platform for public health campaigns and to distribute evidence-based knowledge to educate patients. At this time, disease-specific search revealed a smaller percentage of content is employed for public health education and awareness. Links to reliable sources were 23% of the total tweets, indicating shortage of contribution from healthcare organizations and professionals. Majority of tweets were in the general public category (including tweets by patients) indicating an audience waiting for professional input. Health advocates should use Twitter to construct public health campaigns. Further research should be conducted to examine approaches to target specific Twitter users that engage in SLE and RA conversations.

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DMARD MONITORING GUIDELINES AND SHARED PRESCRIBING IN PRIMARY CARE – IS MORE EDUCATION REQUIRED?

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Background: DMARDs remain the mainstay of inflammatory arthritis therapy. Though an effective treatment, these drugs have the potential to cause serious harm. Vigilant drug monitoring, reflected in recently updated BSR guidelines, is necessary to prevent potentially life threatening complications. National Patient Safety Agency has also issued several alerts regarding DMARDs and methotrexate overdose remains a 'never event'. Prescribing medications, including DMARDs for rheumatology patients, is one of the chief responsibilities of primary care doctors.