Objectives: We undertook a pilot survey of regional GPs to understand their level of prescribing confidence with an aim to develop a targeted teaching program.

Methods: Based on BSR DMARD monitoring audit tool and regionally approved shared care guidelines, a focus group discussion with GP educators and CCG Medicine Optimisation Team was organised. Ten items were unanimously identified as core knowledge required for safe prescribing. A questionnaire was created based on these elements. GPs were surveyed at their educational meeting in our academic institution. Replies were compiled to ascertain their understanding of safe prescribing and troubleshooting DMARD related issues.

Results: There are 95 actively practicing GPs in the region. 41 (43%) GPs contributed to the survey. 22 (56%) were men. 27 (65%) had been practicing for 5–15 years (range <5 to >20 years). 34 (83%) regularly prescribed DMARDs. Only 15/41 (36%) felt confident in prescribing whereas 7/41 (17%) were neutral and remaining 46% did not feel confident. 49% participants were able to rightly answer questions pertaining to safe prescribing. Again most (70%) felt unable to confidently manage blood-monitoring issues such as neutropenia or abnormal liver function tests. Only four (9%) were able to correctly address the concerns related to administration of live vaccines whilst taking DMARDs. Nine GPs were unaware of avoiding trimethoprim co-prescription with methotrexate.

Conclusions: To our knowledge, this is the first survey to demonstrate that there are serious shortcomings in GPs' understanding of safe DMARD prescribing. Lack of confidence amongst front line medical staff remains the main cause of this issue. Despite frequent education bulletins and alerts from national bodies including NICE, BSR and NPSA and active measures taken in recent past to identify better ways to address the concerns, this study highlights major knowledge gaps among everyday prescribers in primary care. Dedicated strategy and better collaboration with GPs, with focus on drug monitoring education, are pivotal to providing better care for patients prescribed DMARDs in the community.

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FRI0696 PATIENT ACTIVATION AND ADHERENCE TO BIOLOGICAL THERAPY: PRELIMINARY RESULTS

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Background: Medication non-adherence is associated with treatment failure. Some authors show a positive relationship between patient activation and both, adherence to treatment for chronic conditions and improved outcomes.

Objectives: To present preliminary results of a study measuring adherence to biological therapy and its relationship with the Patient Activation Measure (PAM) in the outpatient setting.

Methods: Ambispective longitudinal observational descriptive study in a general tertiary university hospital.

Patients on treatment with the same biological drug for ≥ 6 months were included in order of arrival. Patients with some degree of mental disability, which prevented understanding of the purpose and parameters of the study, were excluded.

Demographic variables (sex, age, environment, educational level), diagnosis and treatment were collected. To measure adherence, the Simplified Medication Adherence Questionnaire (SMAQ), validated in Spain, and the medication possession ratio (MPR) were used. Patients were considered as non-adherent if MPR<80% and/or non-adherent SMAQ. To measure patient's ability to play an active role in their health care, PAM questionnaire, consisting on 13 items and validated in Spain, was used. It sorts patients into 4 activation levels, which were grouped together into not activated (PAM 1–2) or activated (PAM 3–4). Relationship between adherence to treatment, as a combined variable, and PAM was analyzed using chi-square, considering significance level $p < 0.05$. Statistical analysis were performed with spss v17.0.

Results: Fifty patients (58% women) were included. Mean age: 48 years (95% CI: 33 to 63); 92% lived in urban areas, 28% completed elementary education, 44% high-school and 28% university studies.

Diagnosis: rheumatoid arthritis (38%), Crohn's disease (20%), psoriasis (20%), ankylosing spondylitis (16%) and psoriatic arthritis (6%). Treatment: adalimumab (44%), etanercept (16%), tocilizumab (16%), secukinumab (12%), ustekinumab (6%), golimumab (4%) and ixekizumab (2%). Median time on the biological drug treatment: 26 months (IQR 53).

PAM level: 2, 16, 54 and 28% for levels 1,2,3 and 4, respectively.

Table 1 Global distribution and relationship between adherence and PAM

n(%)	Adherent patients			Total
	SMAQ	MPR	Combined	
	38 (76%)	29 (59%)*	23 (47%)*	
Activated patients				
Yes	32 (78%)	25 (63%)*	20 (50%)*	41 (82%)
No	6 (67%)	4 (44%)*	3 (33%)*	9 (18%)
χ^2 ; p	0,524; 0,668	0,991; 0,456	0,819; 0,472	

*1 lost patient.

The proportion of adherent patients was 47% (23/49), being higher (50%) among the activated patients compared to the non-activated patients (33%), even though the differences were not statistically significant.

Conclusions: Among biologic treated patients, 82% show a high degree of activation on their disease and treatment self-management. However, only 47% were adherent to treatment, when combining the SMAQ questionnaire and the medication possession ratio quantification.

The greater proportion of adherence found among patients with a higher degree of activation could indicate a positive relationship between activation and adherence, so analyzing and promoting patient activation seems important in order to improve adherence to biologic drugs.

Disclosure of Interest: None declared

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FRI0697 EXPECTATIONS, MOTIVATING FACTORS AND BARRIERS TO BASIC RESEARCH AMONG YOUNG RHEUMATOLOGISTS IN GERMANY- RESULTS OF A NATIONAL ONLINE SURVEY

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Background: In Germany, the number of clinical fellows, who decide for a scientific career in basic research, is decreasing, leading to a growing lack of junior physician scientists (PS) highly needed to advance basic research.¹ Structured mentoring and funding programs as well as other incentives might be necessary to attract young physicians and support starting a scientific career in basic science.

Objectives: To identify expectations, motivating factors and barriers of final year medical students interested in rheumatology, of fellows and of physicians in rheumatology to start a scientific career in basic research.

Methods: An online survey was distributed by email and via facebook and twitter to members of the German Network of Young Rheumatologists (rheumadocs), medical students in their final year participating in a student program of the German Society for Rheumatology (DGRh), and by direct contact to PS. The questions focused on demographics, scientific background (including experience in basic research), expectations such as scientific self-realization, acquirement of a postdoctoral degree, enhanced career options, as well as motivating factors (e.g. "fun", financial benefits, travel bursaries, mentoring programs and others) and barriers (e.g. positions in basic science, exemption from clinical duties, lack of experience and/or assistance in fund-raising and scientific methods) with regard to a career in basic research.

Results: Of the 91 responders, 75% was aged below 35 years (11% <25 yrs, 32% 25–29 yrs, 57% >29 yrs) and 58% were female. 19% were currently working in basic research. 23% were students. 35% were fellows currently in the clinic. 23% were primary attendants. Basic research experience was reported by 49% of all clinicians. Only 10% indicated not to be interested in performing basic research. Among the students, 48% were currently performing a laboratory-based medical thesis. Of interest, no substantial differences in expectations or barriers were found between students, PS and clinicians. As to motivational factors, PS named time spent in research accounted for rheumatology training (74%), support by excellence programs (71%) and enhanced career options with a postdoctoral degree (65%) more often than clinicians and students (57%, 50% and 42% respectively). Other common motivational factors were "fun" (76%) and travel bursaries for international meetings (62%). Financial benefits in terms of standard or even senior physician salaries were no major motivators (41% and 24%, respectively). Regarding expectations, 71% indicated scientific self-realization, 58% named enhanced career options. 78% indicated lacking exemption from clinical

duties and lack of experience in fund-raising and scientific methods (58% and 48%) as a barrier for basic research.

Conclusions: This study shows a high interest among young rheumatologists and students to work in basic research, and indicates a need for programs, which facilitate the start of a career as physician scientist by providing a general framework with no drawbacks regarding rheumatology specialty training, (at least partial) exemption from clinical duties and support in development of research projects.

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FRI0698 SURVEY OF 1,318 PATIENTS ON THEIR KNOWLEDGE OF THE PULMONARY MANIFESTATIONS OF RHEUMATOID ARTHRITIS AND THEIR NEEDS IN TERMS OF INFORMATION AND FOLLOW-UP

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Background: Pulmonary involvement is one of the main extraarticular manifestations of rheumatoid arthritis (RA) and can be influenced by the different therapies used to treat RA. In order to detect any pulmonary changes and rapidly institute appropriate care when necessary, the participation of the patient is essential. Patients must report any respiratory symptoms to their doctor who can then adapt the clinical examination and determine the need for additional investigations.

Objectives: Evaluate patients' knowledge about the pulmonary manifestations of RA, their follow-up and their needs in terms of information.

Methods: A 20 item questionnaire was developed by a group of patients and posted online using Survey Monkey software with a link sent to 6,702 members of the Association Française des Polyarthritiques. Anonymous responses were collected between November 8–23, 2017.

Results: 1,318 patients answered the questionnaire (19.7% response rate). Among the 1,297 patients with rheumatoid arthritis (RA): 1,110 were women (86.1%), the mean age was 60.3 years [16–86], 54% (701/1,284) were diagnosed with RA more than 10 years earlier, 76.4% (927/1,213) were on pharmaceutical maintenance treatment and 44.11% (535/1,213) on biologic therapy, and 56% (679/1,213) had received pneumococcal vaccination.

45.5% (552/1212) of respondents did not know that RA could affect the lungs. Among the others, two-thirds (417/659) had been informed of this by their rheumatologist.

39.8% (481/1,209) reported possible respiratory symptoms or dry cough. Among them, 69.1% (188/272) of those who knew that RA could affect the lungs had discussed their symptoms with their rheumatologist, 62.9% (171/272) were referred to a pulmonologist and 83.2% (188/272) were prescribed specific tests (x-ray, CT scan, etc.). Among respondents who did not know that RA could affect the lungs, only 32.8% (67/204) discussed their symptoms with their rheumatologist, 32.4% (66/204) were referred to a pulmonologist and 52.7% (107/207) underwent further tests.

In 44.6% (149/334) of cases, the specific tests revealed lung changes.

86.5% (1016/1,174) of respondents expressed the need to be better informed about the lung manifestations of RA and 60.4% (709/1,174) felt that they did not receive a thorough evaluation of their pulmonary status. Those who were referred to a pulmonologist gave an average score of 5.38/10 for the coordination between rheumatologist and pulmonologist.

Among the solutions proposed, the respondents would find it very appropriate (8 to 10/10): 76.2% (895/1,174) to be informed if they are among those at risk; 74% (869/1,174) to be alerted to symptoms that should prompt them to react; 60% (707/1,174) to benefit from regular monitoring of their respiratory status by the rheumatologist. On the other hand, regular consultation with the pulmonologist was considered very appropriate by only 48% (563/1,174).

Conclusions: The rate of participation in this survey illustrates patients' interest and need for information on this subject. The high percentage of patients (45.5%) who had not been informed about the risks of RA-related pulmonary involvement proves that there is room for improvement in patient education so that patients can be able and aware of how to detect any symptoms that need to be brought to the attention of their rheumatologist.

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FRI0699 RHEUMATOLOGY TALKS TO THE COMMUNITY: RESULTS OF AN EDUCATIONAL INTERVENTION

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Background: Rheumatology is a relatively new medical specialty, and mostly unknown to the general population. Thanks to close collaboration between rheumatologists and primary care physicians (PCP), and the availability of revolutionary drugs in the last decades, it has become a fundamental part of the management of patients with musculoskeletal disorders.

Besides information to PCP, it is equally important that the population is aware of what rheumatology is, and the diseases it treats. We decided to inform the population about the most prevalent disorders: osteoarthritis (OA), osteoporosis and gout, through talks in both urban and rural settings.

Objectives: To evaluate the short-term acquired knowledge after rheumatology talks in people from the general population.

Methods: Through a consulting firm, informative talks were offered in different city councils. They were finally conducted in 5 urban and rural towns between March 2016 and January 2017. The activity dissemination was in charge of each council and offered to the whole community.

Each talk lasted about 1.5 hours: a theoretical part in both co-official languages during 60 minutes, with some questions from the audience afterwards, as well as the completion of a 6-multiple choice-question survey evaluating some concepts from the talk. Topics included were: an explanation of what is rheumatology, and general aspects of OA, osteoporosis and gout. The answers to the survey were classified as correct and incorrect.

Results: 94.3% of the audience answered the survey. A total of 174 surveys from 5 towns were recovered. There was a higher participation from urban locations (40.2% of the total attendance). Despite being an educational activity for the whole community, the audience was mostly female (90.3%), with a median age of 69 years (IQR 63 to 74 years). Regarding language, 13.2% of attendees answered the survey in the other language.

Concerning the topics, 66.5% answered correctly about the definition of rheumatology and 87% about foods to avoid in gout. OA and osteoporosis had two questions each, with 92.5% of correct answers in the former and 80.2% in the latter. Osteoporosis recorded the highest percentage of correct answers within the survey (96.9%), in a question related to calcium-rich foods.

When comparing rural and urban locations, there were only statistically significant differences in the question related to gout, with a greater percentage of correct answers amongst attendees of rural towns (94.7 vs 75.8% respectively).

Percentage of correct answers in community survey after talk

Conclusions: According to our results, Rheumatology talks seem to be more attractive to elderly female population.

Knowledge acquired after talks has been good for OA and osteoporosis, both being prevalent conditions in this group of patients. We believe it is important to encourage rheumatology-related educational activities for the general population, and that these activities should be adjusted to the demographic characteristics of the focus group.

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