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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FR0699

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%), 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 44.1% (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 (8/10) 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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FR0699

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 (49.2% 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 67% 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 75.6% respectively).

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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Percentage of correct answers in community survey after talk

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