HETEROGENEITY OF STRATEGIES AND METHODS FOR DEVELOPMENT AND VALIDATION OF A SELF-ASSESSMENT KNOWLEDGE QUESTIONNAIRE (SPAKe): THE SPONDYLOARTHITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINISTERED QUESTIONNAIRE MEASURING ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS: THE SPONDYLOARTHRITIS ESSENTIAL KNOWLEDGE FOR PATIENTS WITH SPONDYLOARTHRITIS ADMINIST...
**Efficacy of a Nurse-led Patient Education Intervention in Promoting Safety Knowledge and Skills of Patients with Inflammatory Arthritis (IA) Treated with Biologics: a Randomized Controlled Trial**

Catherine Beauvais1, François Fayet2, Alexandra Rousseau1, Christelle Sorod3, Sophie Poupill4, Yves Maugars5, Rose Marie Polivier5, Carine Save6, Veronique Segard7, Beatrice Godon8, Christian L’Amour9, Aleth Perdriger10, Fabienne Brin11, Patricia Peyrand12, Fabienne Chalier13, Beatrice Pallot Prades14, Isabelle Griffoul15, Laure Gossec16, University Hospital Saint-Antoine, Paris, France, 1University Hospital, Clermont Ferrand, France, 2University Hospital, Strasbourg, France, 3University Hospital, Rouen, France, 4University Hospital, Nantes, France, 5University Hospital Pité Salpêtrière, Paris, France, 6University Hospital, Rennes, France, 7University Hospital, Saint-Etienne, France, 8University Hospital, Tours, France.

**Background:** Biologic disease modifying drugs (bDMARDs) are highly effective treatments of IA such as rheumatoid arthritis (RA) and axial or peripheral spondyloarthritis (SpA). However, they lead to risks of infections and other side effects. Some of these adverse events may be prevented by patient education (PE) aimed at promoting patients’ safety skills.

**Objectives:** To investigate the effect of a nurse-led PE on safety skills of patients with IA at the introduction of a first subcutaneous bDMARD.

**Methods:** Multicentric randomized controlled trial comparing an intervention group (IG) to usual care (UC) at the time of the introduction of a first bDMARD. Inclusion criteria: patients with RA or SpA, biologic naïve, eligible for a subcutaneous bDMARD according to the rheumatologist’s opinion. Intervention: a face-to-face nurse-led PE at baseline (BL) and 3 months later, ie, assessment by the nurse of the patients’ health beliefs and educational needs, education focused on safety skills, self-injections and motivation. The primary outcome was the acquisition of safety skills at 6 months measured by the Biosecure Questionnaire (0-100 scale), a 55 item validated questionnaire assessing competences to deal with fever, infections, vaccination, and other daily life situations (ref). The secondary outcomes were quality of life, severe infections rate, coping, psychological well-being and disease activity. Data were analysed as intent-to-treat using multiple imputations.

**Results:** 128 patients were included from 9 rheumatology departments between January 2017 and April 2018, 39 (30.7%) with RA, 72 (56.7%) with axial SpA, 16 (12.6%) with peripheral SpA; mean age 47.0 ±12.8 years, mean duration of the intervention was 65.5 ±17.9 minutes. The primary outcome was met: the Biosecure score at 6 months was 81.2 ±13.1 versus 75.6±13.0 in the IG and CG respectively (p =0.016), showing better skills and motivation. The primary outcome was the acquisition of safety skills at 6 months measured by the Biosecure Questionnaire (0-100 scale), a 55 item validated questionnaire assessing competences to deal with fever, infections, vaccination, and other daily life situations (ref). The secondary outcomes were quality of life, severe infections rate, coping, psychological well-being and disease activity. Data were analysed as intent-to-treat using multiple imputations.

**Conclusion:** Safety is an important issue in the management of IA treated with bDMARDs. In this trial, a nurse-led patient education was shown for the first time to be effective in teaching patients the essential safety skills.

**References**


**Acknowledgement:** Grants : The “France Rhumatismes” Foundation and the therapeutic patient education Section of the French Society of Rheumatology.

**Disclosure of Interests:** Catherine Beauvais: None declared, Francoise Fayet: None declared, Alexandra Rousseau: None declared, Christelle Sorod: None declared, Sophie Poupill: None declared, Yves Maugars: None declared, Rose Marie Polivier: None declared, Carine Savel: None declared, Veronique Segard: None declared, Beatrice Godon: None declared, Christian L’Amour: None declared, Aleth Perdriger: None declared, Fabienne Brin: None declared, Patricia Peyrand: None declared, Fabienne Chalier: None declared, Beatrice Pallot Prades: None declared, Isabelle Griffoul: None declared, Laure Gossec Grant/research support