a survey distributed from August to December 2018, main topics being patient basic information on biosimilars, their efficacy, safety, price or differences to original drugs. Results: Out of 336 patients, 47.3% had RA, 39.8% SpA, 12.5% PsA with a mean age of 52.5 ± the study cohort, 13% received approved biosimilars while 87% bio-originators with different mechanisms of action. A yes/no type of question divided patients into those aware or not of biosimilars with further exclusion of those with lack of information. Half of the patients (48.8%) stated they never heard of biosimilars. Surprisingly, four of them were already on this type of treatment. Out of the 172 remaining patients, 28.4% feared the risk of adverse events like infections or cancer while almost 20% expressed either insecurity on drug tolerability or the possibility that the biosimilar might be less efficient than the original drug. Another 19.7% certified they had no concerns related to these products and only 15.4% stated confusion regarding the potentially difference in the pharmacological structure of the drugs. Most patients (48.2%) are convinced that the price of a drug should not exceed its efficacy or safety. Half of the respondents say they could accept a switch from an original to a biosimilar if their rheumatologist advises them and 30% might agree but only after being informed. 8.7% are interested in scientific proof of the drug and only 1% would consent to a change directly from the pharmacist. When handling prescription, 37.7% of patients would want to know if it is an original drug or a biosimilar while 20% do not mind if they receive either. Another 30% trust their rheumatologist and 12.7% would feel more secure if receiving a patient card and written information. Most patients (73.2%) say that they feel completely confident in their rheumatologist if they would want to prescribe a biosimilar, 18.6% will have doubts but they will accept the drug and 4% would ask for another medical opinion. After biosimilar initiation, 45.9% would be cautious when administering it. 23.2% would stop the drug if an adverse event occurred and 15% would have no fears. Conclusion: Study results confirm there is still a significant information gap concerning biosimilars in patient population. Most concerns on biosimilars are related to adverse event occurrence. There is a need to improve patient education on biosimilars involving patients and health professionals. Shared-decision principle is more of a myth since most patients rely entirely on their physician for prescribing the most appropriate product.

REFERENCE

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SA0689 A NOVEL METHODOLOGY FOR TEACHING RHUMATOLOGY TO NEW GENERATIONS

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Background: Teaching rheumatology to undergraduate students is every day more challenging. In order to motivate new generations and use time more efficiently, we explored new methods to incorporate active learning in our rheumatology course. Therefore, we developed a video library and turned the classical lectures into flipped classrooms.

Objectives: To evaluate the impact of this new teaching method of rheumatology in a cohort of medical students at Pontificia Universidad Catolica de Chile School of Medicine.

Methods: Fundamental lectures of rheumatology were recorded, edited and uploaded to YouTube, so the students were able to easily access the lessons from different electronic devices. A total of 10 videos were created, with an average duration of 6 minutes. A cohort of 120 fourth-year medical students took the rheumatology course between May 28th and June 11th of 2018. They were asked to watch the videos before the class, and during the class, when another the teacher could work on clinical classes, complement the information about the topic and answer questions. At the end of the course, the students evaluated this new methodology with a final online and anonymous survey.

Performance analysis of each video was obtained from YouTube Analytics.

Results: Seventy-two students completed the survey at the end of the course (60%). One hundred percent thought that watching the videos before the class was useful for their learning. Moreover, 70 students (97%) would like to continue using flipped classrooms in the future, and 1/3 of them would even use them to replace traditional lectures. Overall, the rheumatology was evaluated with a 6.8 score in a 1 – 7 scale. A 100% of this cohort approved the course. Average view duration of all videos was 4:37 minutes.

Twenty-two students added positive comments about the use of flipped classroom in this course, and appreciated the videos were short enough to watch them before attending lectures.

Conclusion: Advances in technology have allowed developing innovative ways to teach. Flipped classroom encourages students to adopt a more active role in the learning process. This new methodology seems to be well accepted by students and shows a promising way to motivate new generations to learn rheumatology.

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SA0689 HOW TO REDUCE THE NOCEBO EFFECT WHEN SWITCHING FROM ORIGINATOR INFLIXIMAB TO A BIOSIMILAR: POSITIVE RESULTS OF A MULTIDISCIPLINARY TEAM INTERVENTION

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Background: Nonspecific subjective adverse effects (NSAE), usually considered as related to a nocebo effect (NE), have been identified as a barrier to the acceptability of switches from biologic originators (BO) to biosimilars (BS).

Objectives: To assess the efficacy of a multidisciplinary team intervention to reduce the NE among inflammatory arthritis (IA) patients concerned by a systematic switch from originator infliximab (OI) to the biosimilar infliximab (BI) SB2.

Methods: The intervention was part of a multidisciplinary patient education (PE) program. It was developed in 4 steps. Step 1: we conducted first semi-directive qualitative interviews with 5 patients treated by other intravenous (IV) biologics. Interviews showed: fears about efficacy and tolerability of BSs, need for information (particularly on the difference between BSs and generics), importance of sharing their experience of adverse effects (AE) with health practitioners (HP), and having the opportunity to switch back. The wish to discuss the nurses’ own experience of BSs was prominent. Step 2: a meeting with the multidisciplinary team (3 rheumatologists, 1 resident, 1 pharmacist, 3 nurses, 1 peer-patient from a patient’s association) was set up for designing the intervention based on the interviews, on non-systematic literature review about switches and on patients’ perspective regarding NE. Step 3: Consensual agreement on the intervention and the chosen pieces of language to be used by all HPs. The intervention included written and oral information by the nurses; nurse-led PE; if necessary, distribution of an informative leaflet made by the team. Step 4: Implementation of the intervention. The rheumatologist had the entire appreciation for discontinuing the BS or not.

Inclusion criteria were all IA patients treated with OI. The primary outcome was SB2 retention rate (RT) at 34 weeks, secondary outcomes were the number of NSAEs leading to SB2 discontinuation; the comparison of the RT and NSAE rate of the cohort with 1) RT and NSAE rate of a systematic switch from another Infliximab BS (CT-P13) to SB2 made at the same period in the same rheumatology department 2) RT and NSAEs rate of switches in other published European cohorts (1,2,3).

Results: Forty-five patients were included from March 12th, 2018 to May 25th, 2018, median follow up was 34 weeks, 17 rheumatoid arthritis...