a survey distributed from August to December 2018, main topics being patient basic information on biosimilars, their efficacy, safety, price or difference to the original product.

Results: Out of 336 patients, 47.3% had RA, 39.8% SpA, 12.5% PsA with a mean age of 52.5 ± 9 years. 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 that 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 15.1% stated confusion regarding the potentially different 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 handing 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.

References

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SAT0690 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 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 and 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...
Disclosure of Interests: None declared


SAT0691 PHYSICIAN–PATIENT AGREEMENT IN A RHEumatology CONSULTATION

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Background: Several aspects of the consultation have already been studied. These usually comprise the patient satisfaction, patient enablement, physician–patient interaction and physician–patient agreement. After consultations, the physician's perceptions differed from the patient's in the intensity level of the consultation, the patient satisfaction, and perceived consultation effect. Hence, a questionnaire to assess the patient's interest in the consultation is needed. The physician–patient agreement on consultations is expected to be a better predictor of the patient satisfaction, as well as of the consultation effect.

Objectives: Assessment of physician–patient agreement in Rheumatology consultation.

Methods: A 10-item questionnaire - “Consultation Assessment Instrument” (CAI) - was constructed with the aim of assessing physician–patient agreement. It was anonymously applied, after the consultation, to the patient and physician. The higher the score obtained, the more positive the consultation experience. Patients above 18 years of age, with an established diagnosis of inflammatory joint disease under biological therapy were included. Items were evaluated and index of proportional agreement for the dichotomized answers - agree (Ppos) and disagree (Pneg) - was calculated.

Results: 102 observations were obtained, corresponding to 10 physicians and 102 patients. Most patients were female (53.9%) with a mean age of 51.5±12.7 years old. Rheumatoid Arthritis was the most prevalent diagnosis (40.2%) and more than half of patients were in disease remission (80%). C-reactive protein (CRP) scores were less than 3.2 in 109 (96.3%) patients.

Discussion: Patient agreement in a Rheumatology consultation was not associated with patient satisfaction. There was no statistically significant association between CAI total score and Health Assessment Questionnaire (HAQ) score, ASAS DAS and BASFI scores. Patient's satisfaction did not show an association with DAS28, HAQ or BASDAI scores. Physician–patient agreement was high in 9 of the 10 items. Highest agreement was obtained for consultation satisfaction and the lowest for explanation of treatment importance in disease control. There was no statistically significant association between physician–patient agreement and disease activity, disability scores or patient satisfaction.

Conclusion: Both patient and physician tend to show a positive experience towards Rheumatology consultation. Patients with a more positive experience had lower disease activity scores. Physician–patient agreement was high in the majority of the consultation aspects. CAI could be useful as a mental checklist in daily practice or as an educational tool for training consultation skills.

REFERENCES

Disclosure of Interests: None declared


SAT0692 DEALING WITH COMORBIDITIES IN RHEUMATOID ARTHRITIS WITH MEDICAL ASSISTANTS. THE PATIENTS’ OPINION ON ASSESSMENT AND EDUCATION BY MEDICAL ASSISTANTS DURING ROUTINE CLINICAL PRACTICE

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Background: In 2006 the curriculum for rheumatology health professionals of the Academy of the German Association of Rheumatologists (DGfR) was developed. Since then more than 1400 health professionals (medical assistants [medizinische Fachangestellte] and nurses) were trained and are currently playing an increasing role in rheumatology practices in Germany.

Objectives: To evaluate the patients’ opinion on the assessment by medical assistants in general and regarding assessment and education on cardiovascular risk and vaccination.

Methods: Patients with rheumatoid arthritis were interviewed by a medical assistant in a rheumatology practice that is part of the public health care system with five rheumatologists in Erlangen, Germany. A semi-standardized interview assessed disease activity, pain, medication, general health, and side effects of medication. A part of the patient was also assessed and educated regarding cardiovascular risk or vaccinations. Thereafter they were examined by the rheumatologist and finally asked to complete a questionnaire regarding their visit. The questions were numerical scales ranging from 0 [very good, very satisfied] to 10 [very poor/inadequate].

Results: 293 Patients (mean age 61.3±13.5 years, mean DAS28 2.8±0.9, mean FFH6 76.4±20.8) were documented between August and December 2018. 212 completed the general questionnaire, 34 regarding a structured cardiovascular assessment and education, and 18 regarding a structured assessment of vaccinations.

Table 1 shows patients answers between 0 [very good, very satisfied] to 10 [very poor/inadequate]. Overall rating was excellent with a mean score of 1.0 (SD 1.5). The rating was only slightly different, if patients were assessed by medical assistants for the first time (n=111; mean score 1.2, SD 1.5), between the 2nd to 4th time (n=82; mean score 1.0, SD 1.3) or the 5th time or more (n=19; mean score 0.6, SD 0.8).

Disclosure of Interests: None declared


ONLINE EDUCATION SIGNIFICANTLY IMPROVED RHEUMATOLOGISTS' UNDERSTANDING AND INTERPRETATION OF COMPARATIVE TREATMENT DATA FOR AS

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Background: With multiple therapeutic options now available for patients with ankylosing spondylitis (AS), clinicians and payers require evidence to guide their decision-making. Head-to-head randomized controlled trials (RCTs) are considered to provide the best evidence to inform treatment decisions, but in the absence of such trials, physicians often rely on their own experience and clinical trial data from single RCTs. In the absence of head-to-head RCTs, data from comparative studies such as network meta-analysis and matching adjusted indirect comparisons can be useful to help inform treatment choices.

Objectives: This study assessed whether the online CME accredited round-table-discussion with title “Comparing Treatment Alternatives in Ankylosing Spondylitis” improved physicians’ understanding and interpretation of comparative effectiveness data for AS.

Methods: Rheumatologists participated in an online CME activity consisting of a 30-minute video roundtable discussion between 3 experts with accompanying slides. Educational effect was assessed using a 4-question repeated pairs, pre-/post-assessment. A chi-square test was used to determine if a statistically significant improvement (P <.05 significance level) existed in the number of correct responses from the pretest and posttest scores. Cramer’s V was used to estimate the level of impact of the education. The CME activity launched on December 20, 2017, and the data were collected through March 6, 2018.

Results: A total of 328 rheumatologists completed the pre- and post activity assessments. Overall the activity had a significant impact (P <.001) on rheumatologists’ understanding of comparative effectiveness data in AS with a Cramer’s V value of 0.189 indicating a considerable effect of the education. The average percentage of correct responses rose from 22% pre-activity to 39% post-activity. A linked learning assessment (each individual tracked pre and posteducation) showed that 24% of learners improved their knowledge and 15% reinforced their knowledge. The change in percentage of correct responses from pre- to post-assessment achieved statistical significance (P <.05) for all 3 questions presented: (i) recommendations for biologic DMARD use in AS according to the ASAS-EULAR 2016 guidelines (34% at baseline rising to 67% post activity; P <.001), (ii) understanding the impact of treatment with biologic DMARDS on radiographic progression in AS (17% at baseline rising to 26% post activity; P <.01), (iii) understanding comparative analysis of RCTs in AS (14% at baseline rising to 24% post activity; P <.001) and (iv) a quarter of rheumatologists gained confidence in their ability to select a biologic DMARD based on comparative data and individual patient needs, with an average confidence shift of 14%.

Conclusion: This online CME activity significantly improved rheumatologists’ understanding of how to compare treatments and interpret comparative effectiveness data in AS which may lead to improved treatment selection and better patient outcomes. However, there is clearly room for further improving physicians’ knowledge of treatments & radiographic progression and comparative analysis of RCTs (since 75% of rheumatologists provided incorrect answers to questions 2 and 3 post-activity) which can be addressed in future education.

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SA10694 QUALITATIVE ANALYSIS OF MOBILE APPS DIRECTED FOR LUPUS PATIENTS

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Background: Systemic lupus erythematosus (SLE) is chronic disease that requires lifelong treatment with a multidisciplinary approach. Increasingly, patients use the internet and associated technology to access health-related information. Smartphone applications (apps) have become essential tools in this age and are widely-accessed by patients. These apps can be used as very helpful tools to inform patients about their illness, support them in their treatment plan, and help them connect with others. Unfortunately, healthcare apps remain largely unregulated.

Objectives: We aim to evaluate the overall quality of patient-directed lupus apps with a focus on the accuracy and appropriateness of the health information contained in these apps.

Methods: The 2 most commonly used app stores are Apple Store and Google Play. These stores were searched for the terms “lupus” and “SLE” during December 2018. The resulted apps (Patient oriented, English language, and free of charge) were analyzed and the following data was collected: app type (informational, tool, or both), features, and...