- 274 learners (96%) indicated that they intended to make a change as a result of participating in the activity with most learners selecting multiple changes
- The most common intended changes for rheumatologists were using a JAK inhibitor for the first time (65%) and selecting a JAK inhibitor when oral dosing is preferred (54%)
- Other than systems barriers such as reimbursement and lack of availability of JAK inhibitors, the most common anticipated barriers to change for rheumatologists related to lack of knowledge about MOA and safety, and lack of confidence in their use
- 44 learners completed the follow-up assessment: 42 (96%) reported making changes in their clinical practice
- o For rheumatologists, the most common actual changes were using a JAK inhibitor first-line (55%) and considering a JAK inhibitor when oral dosing is preferred (54%)
- At follow-up the key barriers reported by rheumatologists related to systems barriers/availability and lack of confidence in using JAK inhibitors

Conclusion: Learners in this activity reported increased knowledge about new treatment options for RA and the MOA of JAK inhibitors. The PCA assessment showed that the activity was most effective at prompting rheumatologists to more frequently consider using a JAK inhibitor as a first-line treatment in appropriate patients. Use of new therapeutics, however, may be challenging due to lack of availability of JAK inhibitors in many countries and financial burdens in others. Further education would help rheumatologists to gain confidence in using JAK inhibitors, overcome knowledge gaps, and meet challenges related to lack of access to JAK inhibitors.

Disclosure of Interests: None declared

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AB1340 IMPACT OF THERAPEUTIC PATIENT EDUCATION ON THE SAFETY OF PATIENTS ON BIOTHERAPY FOR CHRONIC INFLAMMATORY RHEUMATISM

BENCHARIF IMEN, Dalila Bendjenna. *University Public Hospital of Constantine, Rheumatology, Constantine, Algeria*

Background: Patients treated with bioterapy should be aware of the specific complications. The acquisition of safety skills is one of the objectives of therapeutic patient education programs in chronic inflammatory rheumatism.(1,2,4)

Objectives: Evaluation of the impact of the "EST-RIC" therapeutic patient education program on the safety skills of patients on bioterapy for chronic inflammatory rheumatism.

Methods: Descriptive cross-sectional study evaluating the impact of integration into a therapeutic patient education program on the skills of patients treated in a day hospital at the Constantine rheumatology department for chronic inflammatory rheumatism, using the validated "BioSecure" questionnaire (3)

Results: Of sixty patients, fifty-two patients (86.6%) completed the questionnaire. Forty-three patients have spondyloarthritis (83%) (Tab1)

The median Biosecure score was 62.90/100 (SD 10.83). Fifty-two percent of the patients had integrated the therapeutic education program. Their Biosecure score was significantly higher than that of naïve patients with therapeutic education (median score 69/100 in the ETP group versus 58/100, $p < 0.001$) (Fig 1). The Biosecure score varied significantly with the lower level of education ($p < 0.0001$), in the subgroup of patients with a professional activity ($P = 0.008$) and in patients whose treatment was introduced for less than one year ($p < 0.0001$) and who had a pathology whose diagnosis was less than 5 years ($p < 0.008$)

Conclusion: The integration of patients undergoing bioterapy into a specialized program of therapeutic patient education is correlated with a better mastery of theoretical safety skills.

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Tab 1: Characteristics of the patient

Characteristics	Total population	Gpe ETP+	Gpe ETP -	P
Sex (N=52, NA=0)				
Women	24	46 %	11	46 %
Men	28	54 %	13	54 %
Age (years) (N=52, NA=0)				P=0,005
<30	10	19 %	2	20 %
30-50	32	62 %	17	53 %
>50	10	19 %	8	80 %
Family status (N=50, NA=2)				P=0,001
Single	18	36 %	4	22 %
No single	32	64 %	23	72 %
school level (N=51, NA=1)				
BAC -	38	74.5 %	18	47 %
BAC+	13	25.5 %	9	69 %
Language mastery (N=50, NA=1)				P=0,033
Non maîtrise	29	58 %	13	45 %
Maîtrise	12	24 %	7	58 %
Maîtrise	9	18 %	7	78 %
professional status (N=50, NA=2)				P=0,134
Active	30	60 %	18	60 %
Non active	20	40 %	9	45 %
Pathology (N=52, NA=0)				P=0,263
RA	5	9.6 %	1	20 %
PA	4	7.7 %	3	75 %
Autres SA	43	82.7 %	23	53.5 %
Duration of illness (N=47, NA=5)				P=0,126
< 5 ans	10	21.3 %	5	50 %
5-10 ans	18	38.3 %	7	39 %
> 10 ans	19	40.1 %	11	58 %
beginning of bioterapy (N=51)				P=0,068
< 1 an	20	39 %	9	45 %
1-2 ans	14	27.7 %	6	43 %
> 2 ans	17	33.3 %	11	65 %
Address (N=50, NA=2)				P=0,228
Wilaya	42	84 %	22	52 %
OUT of Wilaya	8	16 %	3	37.5 %

Figure 1.: The median Biosecure score

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AB1341 PUBLIC AWARENESS OF RHEUMATOID ARTHRITIS IN MONGOLIA

Lkham-Erdene Byambadoo¹, Nandin-Erdene Danzan¹, Tsolmon Darisuren¹, Devshil Zorig¹, Enkhjin Bat-Erdene², Davaadulam Enkhbold², Zulgerel Dandii¹.

¹Mongolian Rheumatology Association, Ulaanbaatar, Mongolia; ²Mongolian National University of Medical Sciences, Ulaanbaatar, Mongolia

Background: Rheumatoid arthritis (RA) is multifactorial, chronic, inflammatory disease which in the absence of early diagnosis can lead to joint destruction and disability. In the last decade, rheumatology has been developed as independent branch in Internal medicine in Mongolia, published rheumatological textbooks. The Mongolian Rheumatology Association has also introduced a RA guideline and conducted training that has led to the use of DMARDs in treatment and improves patient's quality of life is improving in Mongolia. Nevertheless, we have many patients with a late RA diagnosis in Mongolia. In some studies, poor public awareness of RA correlates with high level of disability.

Objectives: To develop understanding about current levels of public awareness of rheumatoid arthritis in patients coming to the outpatient department of the First central hospital in Ulaanbaatar, Mongolia

Methods: This was a cross-sectional descriptive study conducted in the outpatient department of the First central hospital of Ulaanbaatar in Mongolia for 3 days. The study population consisted of adults. Data collection was performed by using questionnaire of developed by the NRAS, addressed to assess awareness on RA.

Results: Total 376 persons stood for 3 days in outpatient clinic in First central hospital. 26 of them refused and 350 of them participated our study. The average age of the participants was 37.79. Participants responded, 22% of them know RA, 78% of whom do not know