• 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.

• 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


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 biotherapy 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 biotherapy 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 therapeutic education (median score 69/100 in the ETP group versus 58/100 in the control group, 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 biotherapy into a specialized program of therapeutic patient education is correlated with a better mastery of theoretical safety skills.

REFERENCES


AB1341

PUBLIC AWARENESS OF RHEUMATOID ARTHRITIS IN MONGOLIA

Lkhagv-Erdene Byambadorj1, Nandin-Erdene Danzan1, Tsolmon Darzsuren2, Devshit Zorigt1, Enkhnijin Bat-Erdene3, Davsaalum Enkhbold2, Zulgerel Dandii2.

1Mongolian Rheumatology Association, Ulaanbaatar, Mongolia
2Mongolian National University of Medical Sciences, Ulaanbaatar, Mongolia
3Mongolian Rheumatology Association, 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.

Disclosure of Interests: None declared


Figure 1: The median Biosecure score
AB1342  TRANSLATION AND ADJUSTING THE PATIENT GUIDE FOR OSTEOARTHRITIS INTO DUTCH. LESSONS LEARNED FROM THE JIGSAW-E PROJECT

Maarten de Wit1, Wilfried Peter2, Thea Vielt Vliekend3, Ronald van Ingen3, S.M. A. Biema-Zeinstra1, Astrid Dunweg4, Hilda Buitelaar1, Jorit Meesters6, Krysia Dziedzic4, Laura Campbell4, Steven Blackburn4, Dieuwke Schiphof3.

1Patient Partner JIGSAW-E, Amsterdam, Netherlands; 2Leiden University Medical Center (LUMC), Orthopaedics, Rehabilitation and Physical Therapy, Leiden, Netherlands; 3Erasmus University Medical Center, General Practice, Rotterdam, Netherlands; 4Keele University, Research Institute for Primary Care and Health Sciences, Keele, United Kingdom

Background: In the UK a guidebook was co-developed with UK patients during a OA research study (1). Within the JIGSAW-E (Joint Implementation of Guidelines for Osteoarthritis in Western Europe) project the guidebook is disseminated and implemented in clinical practice in 5 countries: UK, The Netherlands, Norway, Denmark and Portugal. We translated and adapted the English guidebook for use in the Netherlands.

Objectives: To describe the process of translating and adjusting the guidebook into Dutch, and to summarize the key lessons learned.

Methods: Starting point was a paid translated version of the guidebook. The translation was reviewed by an interdisciplinary working group and distributed among stakeholder organizations. Data collections took place by reports of working group meetings, cross-checking feedback from stakeholder organizations and patients’ interviews focusing on their information needs. Along the way a logbook of adaptations was kept. After triangulation of findings, adaptations were clustered in six preliminary categories and, together with lessons learned, agreed upon in a consensus meeting with the working group.

Results: The working group convened fifteen times. Ten patients were interviewed about the readability and usefulness of the OA guidebook. Eight out of thirteen stakeholder organizations provided feedback on the draft guidebook. Advice for adaptations related to the following preliminary categories: language; patients’ needs; cross-cultural differences; health care system; scientific evidence; structure and layout (see Table 1 for examples). Lessons learned related to the low quality of the initial translation, selection of representative working group members, selection of stakeholder organizations, and required time for thorough deliberation during meetings.

Conclusion: Important ingredients for a successful translation and cross-cultural adaption of a guidebook (or other patient material) are: time, a professional translation (sufficient budget), relevant stakeholders, and patients who can be critical. Patients who were interviewed about the guidebook added valuable patients’ information needs, relevant to the cross-cultural adaptation. A draft framework of categories for cross-cultural adaptation is proposed.

REFERENCES


Categories  Examples

Language  Joint pain, osteoarthritis (OA) and arthritis are used interchangeably; explanation in Dutch is needed (gewrichtspijn, artritis, reuma, osteoontsteking); Translation of English expressions, such as ‘no pain, no gain’

Patients’ need  More practical tips for specific OA type (hand, knee, hip); people with OA is preferred over ‘patients’

Cross-cultural differences  Compared to what there is already in the Netherlands, the tone in the guidebook is much better, less paternalistic; Photographs of people cycling are needed

Health care system  The central role of the nurse in primary care OA management in the UK versus that of the physiotherapist in the Netherlands

Scientific evidence  Due to new scientific insights we deleted the part on insoles; Photographs should be of younger people and other cultural backgrounds in the Netherlands; Shorter sentences and more subheadings.

Acknowledgement: We thank all stakeholder organizations, patients and the JIGSAW-E team for their efforts.

Disclosure of Interests: None declared


AB1343  EFFECTIVENESS OF A RHEUMATOLOGY EDUCATIONAL PROGRAM TO IMPROVE METHOTREXATE PRESCRIBING PRACTICES FOR RHEUMATOID ARTHRITIS IN THE SOLE PUBLIC ADULT RHEUMATOLOGY CLINIC IN ETHIOPIA

Theo van der Windt1, Peter van der Windt1,2, Ayesha Rajkumar3, Yewondwoossen Mengistu2,1.

1University of Manitoba, Winnipeg, Canada; 2Addis Ababa University, Addis Ababa, Ethiopia; 3McGill University, Montreal, Canada

Background: Treatment of recent onset Rheumatoid arthritis (RA) is key to preventing deformities. Initial treatment with methotrexate (MTX) is standard of care. RA treatment in resource-limited countries is complicated by competing health priorities and a lack of rheumatologists. The sole public adult rheumatology clinic in Ethiopia, is at Tikur Anbessa Specialty hospital (TASH) (Addis Ababa). Due to the lack of rheumatologists, care is provided by internists with limited rheumatology training.

Objectives: To evaluate changes in RA management practice patterns following a series of educational activities provided by visiting rheumatologists.

Methods: With local faculty support, visiting rheumatologists conducted educational activities at TASH between July 2016 and December 2018 (2 continuing medical education workshops; 4 clinical preceptorships lasting 2-4 weeks each). Clinical charts of a convenience sample of RA patients seen in the TASH rheumatology clinic were reviewed in September 2016 (n=48) by a team of rheumatologists and a second set in December 2018 (n=78) by an internist. Socio-demographics, arthritis features, treatment patterns and drug safety monitoring were recorded when documented. Practice patterns were compared between 2016 and 2018 using univariate statistics.

Results: The patients were mainly female (90%) with a mean (standard deviation) age of 36(13) years, resided in Addis Ababa (61%) and received government funded health care (57%). When documented, (95/117; 81%) had polyarthritis and (42/55; 76%) clinical joint deformity (2016 vs 2018 p<0.05). More patients were seropositive in 2016 compared to 2018 (32/43 vs 14/75 p=0.001) and more had radiographic damage (erosions, joint space narrowing, periarticular osteopenia) (21/27 vs 39/71 p<0.05). Between 2016 and 2018, prednisolone use remained common in the TASH rheumatology clinic were reviewed in September 2016 (n=48) by a team of rheumatologists and a second set in December 2018 (n=78) by an internist. Socio-demographics, arthritis features, treatment patterns and drug safety monitoring were recorded when documented. Practice patterns were compared between 2016 and 2018 using univariate statistics.

Results: The patients were mainly female (90%) with a mean (standard deviation) age of 36(13) years, resided in Addis Ababa (61%) and received government funded health care (57%). When documented, (95/117; 81%) had polyarthritis and (42/55; 76%) clinical joint deformity (2016 vs 2018 p<0.05). More patients were seropositive in 2016 compared to 2018 (32/43 vs 14/75 p=0.001) and more had radiographic damage (erosions, joint space narrowing, periarticular osteopenia) (21/27 vs 39/71 p<0.05). Between 2016 and 2018, prednisolone use remained common (92% in 2016 vs 95% in 2018 p=0.05) often in high doses (last visit daily dose 7.5mg (0-100) vs 5mg (0-100); p=NS; maximum daily dose 7.5 (0-100) vs 20 (0-100) p=NS) with continued documentation of steroid toxicity (45% vs 20%). The only available DMARDs prescribed were MTX (112/127; 97%) and chloroquine (50/125;40%). Median prescribed weekly MTX dose increased between 2016 and 2018 (starting dose 5 vs 7.5 mg/week p=0.01; maximum dose 7.5 vs 12.5 mg/week p<0.0001) and was co-prescribed with folate by 84% in 2016 vs 93% in 2018 (p=NS). Documentation of drug safety for those prescribed MTX improved with a series of educational activities provided by visiting rheumatologists.

Disclosure of Interests: None declared