rheumatoid arthritis. Understanding about the disease symptoms: 50.5% respondent answered they to do not know RA symptoms; 29% correctly identified joint swelling; 17.4% correctly identified morning stiffness; 12.6% correctly recognized extreme fatigue as a symptom; and only 6.5% correctly identified that crunching and grinding of the joints is not a symptom. Understanding about disease risk factors: 49.4% of patients responded they do not know the risk factor for RA, only 7% correctly identified genetics as a factor; 17% knew that women are more vulnerable than men; only 3% correctly stated that smoking can increase the risk of developing RA; and 34% stated that undertaking exercise and obesity is also a risk factor and 23% identified sore throat can increase RA. Understanding about disease impacts: 21.1% correctly recognized that RA affects a person’s ability to walk short distances; 55% did not know how RA affects person’s quality of life, 40.3% correctly stated that RA affects a person’s life expectancy; but only 11% knew that the disease affects the musculoskeletal system. In total, 12% of respondents saw information about the RA and 82% said public RA awareness needs to be improved.

Conclusion: In Mongolia, public awareness of rheumatoid arthritis was poor. Most of the participants responded to do not know. All participants who have not responded to do not know that most of the disease symptoms, risk factors and impacts. The only good thing was most of the participants thought awareness of RA improvement certainly. A good awareness of RA can be one of the basic solutions for the early diagnosis of RA in Mongolia.

Disclosure of Interests: None declared


REFERENCES


Categories: Examples

Language: Joint pain, osteoarthritis (OA) and arthritis are used interchangeably; explanation in Dutch is needed (gewrichts- pijn, artrose, reuma, osteoarthritis); 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 detected the part on insulins

Structure and layout: 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

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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). Between 2016 and 2018, prednisolone use remained common (2016 (32/43 vs 14/75 p<0.001) and more had radiographic damage (erosions, joint space narrowing, periarcticular osteopenia) (21/27 vs 39/71 p<0.05). Between 2016 and 2018, prednisolone use remained common (2016 vs 2018 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 were prescribed 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...