adequate pre-MTX labs (hematology, renal and liver panel and or hepatitis serology) requested by 46% in 2016 to 90% in 2018 ($p < 0.0001$). When documented, MTX use was often interrupted (2016 17/24; 2018 14/43 $p = 0.003$) and mainly due to limited drug availability.

Conclusion: An educational program conducted with support from the local medical community has potential to improve management of rheumatic disease in resource limited regions without adequate rheumatology capacity. However, interventions must be maintained over time and changes in practice measured to ensure that appropriate diagnosis and safe prescribing practices continue until local rheumatology expertise and capacity is available.

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AB1344

'CLINICAL ASSESSMENT OF THE MUSCULOSKELETAL SYSTEM' HANDBOOK AND ACCOMPANYING VIDEOS: 15 YEARS OF USE

Cheuk Yin Li¹, Sophia Wakefield², Donna Andrew³, David Coady⁴, Versus Arthritis. ¹Newcastle University, Newcastle upon Tyne, United Kingdom; ²Cardiff University, Cardiff, United Kingdom; ³Versus Arthritis, Chesterfield, United Kingdom; ⁴City Hospitals Sunderland, Sunderland, United Kingdom

Background: 15 years ago, Arthritis Research UK (ARUK) produced the 'Clinical Assessment of the Musculoskeletal (MSK) System' handbook and a set of accompanying videos; 'Regional Examination of the Musculoskeletal System'. (1) There has been an evaluation of the use of this resource showing that they are widely used among medical students and healthcare professionals. Recently, ARUK has merged with Arthritis Care to create Versus Arthritis, and previous publications are due to be rebranded.

Objectives: This project aims to review how the handbook and videos are being used 15 years on. The secondary aim is to gain insight into any changes that may need to be made going forward as Versus Arthritis seeks to revise and update the original materials.

Methods: In September 2018, a clinical group was formed to review the current handbook's content and format. The project team was invited to take part in the surveys and disseminate them within their professional networks and across every UK medical school.

Results: 78 people took part in the survey; this included 61 users (students and trainees) and 17 medical school teachers.

User Survey: 'How to access the handbook?' respondents said online (36%), via an app (31%) or printed version (10%). 83% of respondents said they found the handbook very useful, 100% said it was easy to understand, 95% said it was well illustrated, and 75% said the video clips were very useful. 100% of respondents said the handbook did not contradict any previous teaching received.

When asked what would improve the handbook, the most popular response was case studies. When asked what the most useful thing was, most respondents commented on the structure and how clear and concise it was. When asked what the least useful thing was, respondents felt it lacked detail regarding the rationale behind the purpose of the examinations.

Teacher Survey: 17 medical school representatives completed the survey. 94% of respondents use the resource. Most provide their students with the online version of the handbook (64%). 88% thought the resource was very useful for their students. 94% said the resource maps well to the current MSK curriculum. When asked what would improve the handbook the most popular response was abnormal examination findings. The least popular response was patient exercise videos and sheets.

Content Review: Several comments were made suggesting the use of more appropriate language. Recommendations were made to introduce sections on physical activity, self-management and the multidisciplinary team involvement. A suggestion was made to include the patient's 'ideas, concerns and expectations' concept.

Conclusion: The consensus is that the resource is already very good and maps well to the MSK curriculum taught by the medical schools. It would benefit from adding new contents, e.g. examination clips of patients with pathology. We would need to be wary of overcomplicating the purpose of the new resource.

It was also highlighted that the resource would benefit from a refresh of the layout, including clear headings and more up to date images and

diagrams. Several comments were made around the format to include an online resource that students could use to incorporate examination videos with experts explaining the findings.

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AB1345

CONTEXTUAL FACTORS IMPACTING OSTEOARTHRITIS MANAGEMENT IN URBAN AND RURAL COMMUNITY-DWELLING SENIORS: AN ANALYSIS BASED ON THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING DISABILITY AND HEALTH

Joy MacDermid^{1,2}, Karen Lee¹, Amanda Ali¹. ¹Western University, Faculty of Health Science, London, Canada; ²St Joseph's Health Centre, Hand and Upper Limb Centre, London, Canada

Background: Living with arthritis requires lifelong management that can be influenced by person, place and context.

Objectives: The objectives of this study were to: (1) identify contextual factors that influence OA management in rural and urban-dwelling seniors, and (2) examine how contextual factors identified by rural and urban-dwelling seniors are explained in terms of the ICF framework

Methods: Semi-structured interviews were conducted with 20 community-dwelling seniors in Ontario, Canada; purposive including 11 seniors from an urban setting and 9 seniors from a rural setting, all over the age of 65, and previously diagnosed with OA. Broad questions on self-management and information seeking were explored. Interview concepts related to the environmental and contextual factors component were extracted from interview transcripts and organized into subthemes. Meaningful concepts were linked by 2 raters to ICF categories according to established linking rules. Descriptive analyses were performed.

Results: A total of 891 meaningful concepts were identified; 481 from interviews with 11 urban-dwelling seniors and were linked to 54 ICF categories: 24 Environmental Factors, 21 Activities and Participation, and 9 Body Functions and 410 meaningful concepts from interviews with 9 rural-dwelling seniors: 57 ICF categories: 27 Environmental Factors, 24 Activities and Participation, and 6 Body Functions. Within Activities and Participation component, "d839 Education" was the most code for both groups. From the Body Functions component, "b1800 Experiences of Self" followed by "b1301 Motivation" were most mentioned. Environmental factors represented 203 of 481 (42.2%) urban concepts and 253 of 410 (61.7%) rural concepts. The concepts linked to the Activities and Participation category were similar across urban and rural groups (17.3% and 17.1%). Personal Factors (e.g. "adapting to life with OA", "self-sufficiency", "pain tolerance", "age") or "nc - not covered" (e.g. "feeling old", "embarrassed by OA", "being a burden") were not coded. In 12.2% urban and 20.6% rural content was labeled as Personal Factors. Chapter e5 services, systems and policies was the chapter with the highest coverage overall. Within the environmental factors "e355 Health Professionals" was the most common code for both urban and rural groups, and mentioned in almost all interviews. Participants frequently discussed physician's attitudes and misconceptions towards patients with OA.

Conclusion: The complex interaction of personal and environmental factors impacting OA management in both urban and rural communities was illustrated. Rurality influences some aspects of the complexity, but many common themes occur.

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