phenomenon. Hemorrhagic alveolitis, interstitial lung disease, gastrointestinal vasculitis, cardiac involvement, osteosclerosis and hyperviscosity syndrome are less common manifestations. Diagnostic criteria have been developed for HCV-associated cryoglobulinemic vasculitis.

International therapeutic guidelines recommend treatment of HCV-related vasculitis to be guided according to the severity of disease. In patients with mild to moderate disease, interferon-free therapy regimens with direct acting antivirals (DAA) are considered as first-line treatment. In patients with severe manifestations, rituximab is given for the control of vasculitic manifestations, followed by HCV eradication using DAA. High rates of clinical responses and sustained virologic responses (SVR) have been reported for DAA treatment in HCV-associated cryoglobulinemic vasculitis. However, relapse of cryoglobulinemic vasculitis may occur in patients despite earlier treatment-induced clinical response and SVR. Persistence of clonal B-lymphocyte proliferation and perseverance of perturbations of the immune homeostasis have been shown in HCV-cured patients with relapse of cryoglobulinemic vasculitis.

Disclosure of Interests: None declared

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SATURDAY, 15 JUNE 2019

09:00:00 – 10:30:00

Workshop: #ConnectToday and tomorrow: the campaigning continues

SP0184

DON'T DELAY, CONNECT TODAY IN FINLAND: A VIDEO TO PROMOTE EARLY DIAGNOSIS

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Positive Encounter - Don't Delay Connect Today

Background: Too often people suffer the symptoms of rheumatoid arthritis for too long before they visit a doctor.

The positive encounter between physician and patient can lead to a good relationship, follow-up care and positive health outcomes. We conducted a survey about the need for a treatment plan and found that less than 30% of patients know their treatment plan and patients who do know their plan are better committed and more satisfied with their physicians. 72% of survey respondents who know their treatment plan are happy with their treatment as whole. Of the remainder, only 33% are satisfied.

Objectives:

1. The aim of this campaign is to illustrate and inform people of the symptoms of rheumatoid arthritis and encourage them to visit a doctor, enabling the doctor to assist the patient.
2. To give advice to patients on how to prepare for a doctor's appointment.
3. The campaign also includes a section directed at rheumatologists and rheumatology nurses, that advises on the importance of the encounter and the creation of the treatment plan.
4. To increase awareness about our association, and to recruit new members

Methods: Video for patients and the wider public. Video for rheumatologists and rheumatism professionals. Mailing of brochures on the importance of the treatment plan to all Finnish rheumatologists and arthritis treatment units. We also thanked doctors and attached a fruit gift card.

We sent flyers and posters to our member associations. Members have handed out materials directed at patients locally. They have distributed them to libraries, municipalities, sports centres... and given away fliers at the events.

Results: Patients have reported being better prepared for the visits and having written down important questions in advance. We achieved attention value amongst professionals and were invited to design a national treatment path with rheumatism professionals for children with JIA. All the main hospitals are involved and will start to use it. Free TV air time was offered for the patient video on the national main TV channel.

The Finnish Society for Rheumatology offered us the possibility of promoting our campaign at the Scandinavian Congress of Rheumatology.

Conclusion: The campaign was successful.

REFERENCES:

- [1] www.youtube.com/watch?v=Y2_z8cxDvaA
- [2] <https://www.youtube.com/watch?v=vkDf7C-VPoY>
- [3] <https://www.reumaliitto.fi/fi/reumaliitto/utiset/reumaliiton-tilaisuus-eduskunnassa-viestit-vaaleihin-2019>
- [4] <https://www.reumaliitto.fi/fi/hoidonlaatu>

Genuine encounter promotes good care

IGNORANCE IS NOT BLISS.

Patients who know their illness and disease management plan are better committed to treatment and more satisfied with their physicians. Make sure your patients know their disease management plan.

Reumaliitto

DISEASE MANAGEMENT PLAN INCREASES SATISFACTION WITH TREATMENT

30% Right now, only 30 % of people with rheumatic diseases know their disease management plan.

72% 72 % of survey respondents who know their disease management plan are happy with their treatment as a whole. Of others, only 33 % are satisfied.

83% Over 83 % of the patients who knew their disease management plan found their physician skilled, friendly and interested in the patient. They also thought that reception time was adequate.

The Finnish Rheumatism Association's web survey on the quality of care of rheumatic illnesses 2018. 1180 respondents.

MAKE SURE YOUR PATIENTS KNOW THEIR DISEASE MANAGEMENT PLAN.

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