observed, which is an area of improvement. Effectiveness is good, waiting to compare with the previous year. Nutrition and preventive medicine consultations has not been evaluated because have been recently established. Other indicators are being analyzed at the end of the submission deadline.

The impact of this pioneering management model, with a holistic approach and incorporating patients into its governance, is difficult to measure until its implementation is completed. Uveitis and psychology consultations and patient school starting in 2020 will improve the quality of IMID patient care, as well as their satisfaction and that of their relatives.

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SATURDAY, 06 JUNE 2020

HPR Interdisciplinary research

SAT0608-HPR

EULAR POINTS TO CONSIDER FOR THE DETECTION, ASSESSMENT AND MANAGEMENT OF NON-ADHERENCE IN PEOPLE WITH RHEUMATIC AND MUSCULOSKELETAL DISEASES

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Background: Non-adherence to medication and non-pharmacological interventions precludes reaching an optimal outcome. 30 to 80% of patients with rheumatic and musculoskeletal diseases (RMDs) do not adhere to their recommended treatment regimens.

Objectives: The objective of this EULAR task force was to establish recommendations/points to consider (PtC) for the detection, assessment and management of non-adherence in people with RMDs.

Methods: A EULAR task force (TF) was established, and the EULAR standardised operating procedures for the development of PtCs were followed. The TF included rheumatologists, health professionals in rheumatology (HPRs), and patient-representatives from 12 countries. A systematic literature review of reviews was conducted in advance to support the TF in formulating the PtC. Agreement was obtained by Delphi technique in three rounds (0-10 rating scale).

Results: A definition of adherence, 4 overarching principles and 9 PtC were formulated (table).

Conclusion: The PtCs can help health-care providers to support people with RMDs to adhere to the agreed treatment plan.

Table. Overarching principles and points to consider.

Definition of Adherence		
Adherence is defined as the extent to which a person's behaviour corresponds with the agreed prescription.		
Overarching principles		Agreement
1	Adherence impacts the outcomes of people with RMDs.	99
2	Shared decision making is key, since adherence is a behaviour following an agreed prescription.	96
3	Adherence is influenced by multiple factors.	98
4	Adherence is a dynamic process that requires continuous evaluation.	96
Points to consider		Agreement
1	All HCPs involved in the management of people with RMDs should take responsibility for promoting adherence.	99
2	Effective patient-health professional communication should be applied to enhance adherence.	99
3	Barriers and facilitators of adherence of a specific patient to a specific prescription should be appropriately evaluated.	95
4	Patient education should be provided for people with RMDs as an integral part of standard care.	96
5	Care should be tailored to patient preferences and goals to enhance adherence.	98
6	Adherence should be discussed regularly based on open questions and particularly when disease is not well controlled.	99
7	The HCP should explore which factors might negatively influence adherence, including: opportunity (e.g., availability or cost), capability, (e.g., memory problems), motivation (e.g., concerns).	94
8	Together with the patient, the HCP should tailor the approach to overcome individual barriers to adherence, e.g., - simplifying the regimen, - using reminders, - providing education, - discussing the patient's beliefs on treatments.	98
9	When specific expertise or interventions for adherence are needed, they should be made available to patients.	98

HCP, health-care providers; RMDs, rheumatic and musculoskeletal diseases

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HPR Interventions (educational, physical, social and psychological)

SAT0609-HPR

DELPHI CONSENSUS FOR THE OPTIMAL TREATMENT & MANAGEMENT OF COMPLEX RHEUMATOID ARTHRITIS (RA) PATIENTS

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