medication and treatment thus impeding their ability to achieve the best outcomes. We know, for example, that many people do not take their medication as prescribed which reduces their chances of achieving remission or low disease activity state.

Objectives: To demonstrate that by referring patients online as part of a quality improvement programme to NRAS Right Start Service, we can show improved outcomes for patients with early RA when measured by the MSKHQ. Referred patients will benefit by: a) Better understanding what RA is; b) knowing how it can affect them; c) getting the right support; d) feeling more in control; receiving a tailored pack of information that meets their personal needs; e) be able to talk to a like-minded person who has lived with RA. It's a 4 step process which starts with the health professional referring their patient to NRAS on line. NICE Quality Standard 3 states that "Adults with rheumatoid arthritis are given opportunities throughout the course of their disease to take part in educational activities that support self-management." Our service enables health professionals to meet their responsibilities against this national quality standard.

Methods: In preparation for the introduction of this service at BSR congress 2019, an audit of the NRAS helpline service was undertaken at the end of 2018 and remains on going. Currently we have 224 responses which have been analysed against specific criteria. An Advisory Board comprising 7 clinicians, from different hospitals was appointed to work with NRAS on this important research.

Results: In the helpline audit, when asked 'how concerned are you about your disease?', alarmingly, 78% of those surveyed scored their level of concern about their disease at 7 or higher out of 10, while only 8% scored it at 5 or below. When asked about the emotional effects of their RA, 62% scored it as 7 or more where 10 was the worst possible impact. 94% of survey respondents said that they would definitely or very likely recommend NRAS and its services to another person. These results led to the development of New2RA Right Start launched in 2019, whereby health professionals across the UK can refer their patients directly to NRAS via a consented online referral which is fully GDPR compliant. To date (31st Jan, 2020), we have made calls to 101 patients, from 24 referring hospitals of which 55 have been successfully completed, 34 have had information sent through the post although our helpline team were unable to speak to them, and 12 remain open. Data analysis on the service is being carried out by King's College Hospital London, comparing the results of patients who have been referred to Right Start within the national audit who have completed a baseline and 3 month follow up MSKHQ and patients in the audit who have not participated in Right Start.

Conclusion: Anecdotal, we have had a tremendous response to this service from both patients and referring health professionals. We await data from King's on the above figures, which we will have within the next 2 months and further data, should this abstract be accepted, will be available prior to June 2020. Right Start enables health professionals to comply with QS3 above, of the NICE Quality Standards in RA, one of the key standards against which they are being audited in the NEIAA national audit. Once data and write up in a peer review journal has been published we plan to roll this service out to people with more established disease.

References:

[1] To be done, not included in word count.

Acknowledgments: I would like to thank Ailsa Bosworth MBE, Clare Jacklin, and James Galloway

Disclosure of Interests: Iain McNicol Shareholder of: GSK, Ailsa Bosworth Speakers bureau: a number of pharmaceutical companies for reasons of inhouse training, advisory boards etc., Clare Jacklin Grant/research support from: NRAS has received grants from pharmaceutical companies to carry out a number of projects, Consultant of: I have been paid a speakers fee to participate in advisory boards, in house training of staff and health professional training opportunities, Speakers bureau: Various pharma companies, James Galloway: None declared
DOI: 10.1136/annrheumdis-2020-eular.2123

SATURDAY, 06 JUNE 2020

Work and rehabilitation

PARE0006

WORK PRODUCTIVITY LOSS IN PATIENTS WITH INFLAMMATORY ARTHRITIS

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Background: Limited data exist of work productivity loss in patients with Rheumatoid Arthritis (RA), Psoriatic Arthritis (PsA) and Spondyloarthritis (axSpA).

Objectives: The objective of this research was to assess productivity loss and absenteeism in patients with RA, PsA and axSpA.

Methods: The study was designed as a cross-sectional study aimed to collect patient-reported outcomes from patients with RA, PsA and axSpA in Denmark via a nurse administered questionnaires and patient journals. Patients ≥18 years with RA, PsA or axSpA were consecutively recruited for the study over a 6-month period via routine visits to outpatient rheumatology clinics. Descriptive statistics were analyzed using SAS.

Results: Of 488 respondents, 62% were women and mean age was 53.5 years (RA:57.4; PsA:52.6; axSpA:43.6). Average time since diagnosis was 11-15 years, however, for PsA and axSpA most patients answered 6-10 and 0-5 years, respectively. 280 (57%) answered that they had a job and completed the WPAI questionnaire (RA: 149 (51%); PsA: 48 (56%); axSpA: 83 (75%)). Average work hours was 31.9 in the last week (RA:31.2; PsA:33; axSpA:32.4). Average missed work hours were 4.3 in the last 7 days ((RA:4.0; PsA:4.2; axSpA:4.8), of which 32% was missed due to their inflammatory arthritis (RA:30%; PsA:38%; axSpA:32%). Mean absenteeism was highest for patients with PsA (mean=6.8; SD=17.7) followed by patients with axSpA (mean=5.4; SD=15.1) and with RA (mean=3.4; SD=12.2). Mean productivity loss was 20.5 (SD=23.8) for patients with RA, 27.6 (SD=25.8) for PsA and 26.3 (SD=25.8) for axSpA

Conclusion: We found that patients with PsA or axSpA miss more hours of work compared with patients with RA and when they are at work they have a higher absenteeism/lower productivity. This even though that both the group of patients with PsA and the axSpA were younger and had lived less time with their diagnosed disease compared with the group with RA.

Disclosure of Interests: Trine Pilgaard Shareholder of: Pfizer, Employee of: Pfizer, Bente Appel Esbensen: None declared, Sandra Elkjaer Stallknecht Consultant of: Pfizer

DOI: 10.1136/annrheumdis-2020-eular.1497

SATURDAY, 06 JUNE 2020

RMD research

PARE0007

PATIENT AND PUBLIC INVOLVEMENT IN CLINICAL TRIAL DESIGN

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Background: Patient and public involvement (PPI) is gaining increasing recognition as important in ensuring research is relevant and acceptable to participants. Rheuma Tolerance for Cure (RTCure) is a 5 year international collaboration between academia and industry; focusing on earlier detection and prevention of rheumatoid arthritis (RA) through the use of immune-tolerising treatments.

Objectives: To bring lived experience and insight into scientific discussions; and to evolve collaboration between lay representatives and academia/industry.

Methods: 9 Patient Research Partners (PRPs) from 5 European countries were recruited via the EULAR PARE Network and institutions within the RTCure Consortium (8 PRPs with RA and 1 'at risk'). They were asked to enter into a legal agreement with the Consortium. PRPs participated in teleconferences (TCs) and were invited to attend face-to-face (F2F) meetings at least annually. Requests for input/feedback were sent from researchers to PRPs via the project's Patient Engagement Expert [SK].

Results: PRP involvement has given researchers and industry partners a new perspective on patient priorities, and focused thought on the ethics of recruitment for