behavior change experts can help. For the time being, a main advice to maintain a higher level of physical activity with less effort is to find your own nudges.

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PARE0014

CANNABIS – HOW TO NAVIGATE BETWEEN PRESSURE FROM PATIENTS, LEGISLATION AND NEED FOR EVIDENCE

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Background: Around the world, focus on cannabis has been increasing immensely the last couple of years. Patients with RMD very often experience pain and many of these patients do not get adequate relieve from ordinary painkillers. Therefore, the pressure from patients wanting to try cannabis in order to ease their pain, is very understandable but also a difficult field to navigate in for a rheumatism association. Mainly because there are so many different interests in cannabis from many sides.

Objectives: The Danish Rheumatism Association has taken a very active role in unfolding knowledge of the positive and negative effects of cannabis to patients with RMD. We want to show, that we are aware of our patients needs and interests and we wish to give independent information to patients with RMD about suitable pain relief also when this involves the use of cannabis.

Methods: In order to get more knowledge about the need of the patients, the Danish Rheumatism Association has registered every inquiry from patients to our professional helpline in 2018 regarding cannabis. This information has been used in our political work with the Danish Ministry of Health and has given us a deeper understanding of the RMD-patients background and motivation for using cannabis. The Danish Rheumatism Association has supported cannabis research financially, and we have taken part in the public debate with editorials. On our website, we have fact sheets regarding cannabis along with a theme about cannabis in our magazine. The Danish Rheumatism Association has been very active politically in order to get RMD-patients to be part of a national project with medical cannabis to different groups of patients. We have an ongoing contact with the Danish Ministry of Health regarding RMD-patients experience in using cannabis and we pass on RMD-patients difficulties in even getting cannabis legally. In addition, to continuously gain knowledge about RMD-patients' experience with cannabis, we have also conducted questionnaires and surveys both in collaboration with other patient organizations and through our own channels.

Results: We have made it clear that we take an active role in the public debate regarding the use of cannabis and that we understand the desire from patients to have as many options as possible to choose from when it comes to relieve their pain. However, we also acknowledge the fact, that we need more evidence when it comes to the use of cannabis as an actual option for patients with RMD-related pain. We are a reliable partner that politicians and other stakeholders take very seriously.

Unfortunately, patients with RMD did not get to be part of the national project in Denmark with medical cannabis, but nevertheless many of these patients are using cannabis and most of the patients buy it illegally.

Conclusion: The use of cannabis is still a very "hot topic" in many countries and the legislation can vary a lot from country to country. It is important that the rheumatism associations across Europe have knowledge about cannabis so that they can advise patients with RMD in a serious, objective and evidence-based manner.

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PARE0015

UNDERSTANDING THE NEEDS OF PATIENTS WITH OSTEOARTHRITIS TO INFLUENCE THE DEVELOPMENT OF RELEVANT PATIENT-CENTERED PRODUCTS & TREATMENTS

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Background: Osteoarthritis (OA) is the most common form of arthritis and affects over 30 million adults in the United States of America.¹ There is no cure for osteoarthritis, and unlike other forms of arthritis where great treatment advances have been made in recent years, progress has been much slower in osteoarthritis.² However, there is increasing interest in removing barriers to treatment development, and the U.S. Food & Drug Administration has adopted and implemented new patient-focused drug development meetings to ensure the patient voice is informing new treatments.³

Objectives: To gain a robust understanding of the barriers, needs and hopes of patients with OA to influence the development of relevant patient-centered products and treatments.

Methods: A 34-question web-based survey was distributed between November 1 - 10, 2019. Survey invitations were sent via e-newsletters and e-mails to patients engaged with the Arthritis Foundation. The first survey question screened out patients who had not been diagnosed with OA.

Results: 2,437 patients diagnosed with OA completed the survey. There are 5 key findings:

1. Patients would like pain (90%) addressed more than any other symptom. Other symptoms such as fatigue (50%), sleep (39%), ability to walk (35%), stiffness (32%), ability to stand (16%), and ability to go up & down the stairs (14%) were ranked significantly below pain.

2. Patients use a variety of techniques to manage their OA and related symptoms. Physical activity (62%) and heat & cold interventions (62%) are the most prevalent. Approximately half of the patients use topical cream (53%), supplements & vitamins (51%), NSAIDs (50%), and/or acetaminophen (48%). Approximately one-third of patients utilize diet/nutrition (39%), assistive devices (38%), cortisone injections (36%), and/or physical therapy (34%). Other methods, including surgery (26%), were utilized less frequently.

3. 41% of respondents reported they were "very interested" in participating in OA clinical trials; 40% reported "somewhat interested." Only 19% reported they were "not interested." The top 2 reasons patients were not interested included fear of possible risks/unknown effects (48%) and potential impact on other health problems (44%).

4. Primary care physicians are diagnosing (44%) and treating (48%) OA patients more than any other health care provider.

5. Many daily living tasks are difficult, and patients are interested in tools/equipment to help. Yard work (66%), opening jars (64%), and cleaning the house (63%) are the most difficult. Over half of patients reported that physical activity (57%) and getting up and down from a chair (54%) are difficult. Patients would like tools/equipment to help them clean the house (54%) and help with physical activity (50%).

Conclusion: OA patients use a variety of management techniques yet are still in pain and have difficulty doing everyday tasks. These findings, along with other patient data, will be used to influence product developers to create easier to use products, to inspire researchers to focus on addressing patients' most pressing needs, and to encourage government agencies to remove barriers and facilitate new patient-centered treatments.

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