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PARE0020

REUMAWERKT - PROMOTING PROFESSIONAL REINTEGRATION OF PEOPLE WITH A RHEUMATIC DISEASE

A. Marchal¹. ¹ReumaNet vzw, Zaventem, Belgium

Background: In Belgium, people with Rheumatic and Musculoskeletal Diseases (RMDs) are a large group of patients on sick leave receiving an allowance as their condition does not allow them to remain at work. In order to reduce costs, the Belgian National Institute for Health and Disability Insurance (NIHDI) has reached out to social partners to jointly start up projects to promote the professional reintegration of people with RMDs. ReumaNet is one of these partners and has, in close collaboration with the NIHDI, started up a research project 'ReumaWerk' to promote professional reintegration of people with a rheumatic disease.

Objectives: Via the 'ReumaWerk' research, ReumaNet wanted to identify, as from a patient's perspective, which support patients need in order to stay at work or to start working again:

1. Information: identify and assess patients' available information about professional reintegration
2. Resources: evaluate resources people with RMDs have at their disposal to stay at work and/or to return to work
3. Assess if a Patient Expert (a trained patient) is an added value in supporting peers in their professional reintegration
4. Assess if a certified return to work coordinator is an added value in supporting people with RMDs towards professional reintegration

Methods: - Surveys questioning people with RMDs to assess their satisfaction regarding available information flows, resources and support (127 respondents)

- Survey questioning stakeholders (rheumatologists, health professionals) about information on professional integration they use and share (79 respondents)

- Coaching and supporting people with RMDs via personal contacts, mail, skype, phone calls,... in order to jointly define tailored answers on professional reintegration

Results: 1. There is a discrepancy between where patients expect to find information about professional reintegration and where information is given. There is plenty information available, but not customized, sometimes inconsistent, mostly too general and the legislation is too complex.

2. People with RMDs do experience physical obstacles at work. In addition, the Belgian government provides financial support, which is unfortunately (a) not well known and (b) too limited.

3. 80% of the respondents rated 7/10 and more as satisfaction rate. 82% of the respondents (N=127) would recommend the support of a Patient Expert to other patients.

4. The certified return to work coordinator applies disability management principles, focusing mainly on job retention and stimulating professional reintegration, taking into account each patient's personal bio-psycho-social context.

Conclusion: 1. People with RMDs, and their health professionals, are in need for straightforward and correct information about professional reintegration possibilities. Information flows need to be improved and provided information needs to be more specific, i.e. disease related.

2. People with RMDs have specific needs to allow them to return to or stay at work such as flexible working hours, functional adaptations in their working environment and financial support.

3. Patient expertise is an added value in supporting people with RMDs: respondents felt more understood by a peer, appreciated the opportunity for a more open, candid dialogue and felt encouraged to return to work.

4. Working via the principles of disability management is an added value: it is important to support people with RMDs as soon as possible and provide personalized tailored information on professional reintegration opportunities.

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Patient information and education

PARE0021

TARGETED INITIATIVE TO FACILITATE THE IMPLEMENTATION OF EXISTING EFFECTIVE GOUT TREATMENT IN SWEDEN

L. Alemo Munters^{1,2}, I. Loell¹, S. Jansson¹, L. T. H. Jacobsson³, M. Dehlin^{3,4}.

¹Swedish Rheumatism Association, Stockholm, Sweden; ²Karolinska University Hospital, Functional Area Occupational Therapy and Physical Therapy, Stockholm, Sweden; ³Sahlgrenska Academy, University of Gothenburg, Dept of rheumatic and inflammatory research, Institute of Medicine, Gothenburg, Sweden; ⁴Sahlgrenska University Hospital, Gothenburg, Sweden

Background: Gout is a very painful rheumatic condition origin from excess uric acid in the bloodstream, which results in an accumulation of uric acid crystals in the joints and a severe local inflammatory response. Gout is treated in primary care and the current treatment has satisfactory results on disease management, thus patients can expect a controlled disease without flares. In Sweden however, only 30-40 % (1) of the patients receives adequate urate lowering treatment and prevent the disabling flares.

Objectives: As a patient association, the Swedish Rheumatism Association (SRA) has identified an opportunity to use scientific evidence and data to improve awareness in both patients and physicians in order to make the existing treatment available and to shift the gout treatment from flare management to prevention.

Methods: With SRA funding we created the Gout network, consisting of researchers, health professionals and patient research partners. Through meetings and operational support developed strategies to educate patients suffering from gout and to alert physicians in the primary care of the most recent research to aid the management of gout. We also fund a specific research project aimed to create an implementation plan to establish a treatment routine for gout in primary care with already existing resources.

Results: A high quality patient education material is under development and consists of an information video lecture and a comprehensive online patient school providing information about the diagnosis, preventive treatment, possible life style change along with other resources that will support the gout patient, both for self-care and in relation to healthcare. For the healthcare profession we have together with a clinical research expert and a patient research partner developed a fact sheet with the latest scientific updates on gout.

Conclusion: Accessible, high quality diagnosis information about gout is currently missing in Sweden. This collaboration initiative provides high quality facts to raise the general awareness and to educate and empower patients to get the effective therapy that is available today.

References:

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PARE0022

TARGETING FATIGUE IN RHEUMATOID ARTHRITIS: A SELF-HELP BOOKLET

R. Geenen¹. ¹Utrecht University, Department of Psychology, Utrecht, Netherlands

Background: Fatigue in rheumatoid arthritis (RA) is prevalent, intrusive, and disabling [1-3]. It has been shown that fatigue can be reduced, in at least some people with rheumatoid arthritis, using group interventions based on cognitive-behavioral principles [1]. However, the vast majority of the (about 40% [2]) severely fatigued people with rheumatoid arthritis does not have or does not want access to group therapy.

Objectives: To develop a self-help booklet aimed at targeting fatigue in rheumatoid arthritis based on cognitive-behavioral principles.

Methods: Based on the assumption that the most strongly influencing factors of fatigue differ between people [3], a comprehensive patient-centered approach was chosen. The booklet should be easy to read (big fonts,