text boxes, bulleted text, and illustrations). Needed materials should be included.

Results: In the booklet, factors that may influence fatigue are demonstrated by a hanging mobile toy, a device with stars or other figures hanging from the ceiling. If one piece moves, all the other pieces move as well. Every individual piece that is part of the mobile influences the other. However, every mobile is different. The large differences in balance between components of mobiles can be compared to the large variety of influences on fatigue in people. Patients first need to identify which factors seem especially important influences of their own fatigue by sorting seven cards that are included in the booklet. They put the factor of which they think that it most influences their fatigue at the top and the factor that least influences their fatigue at the bottom. The seven cards are:

1) severe overweight,
2) disease activity,
3) day-night rhythm and sleep,
4) physical activity,
5) emotions and negative thoughts,
6) pain, and
7) another influence.

Interventions targeting these factors are discussed in separate sections of the booklet. Users are invited to start reading the sections with advice regarding the factors that most influence their fatigue. The foldable back cover of the booklet includes the set of seven cards of influencing factors, a diagram to make a 7-day 24-hours day-night rhythm schedule, and instructions to make an action plan.

Conclusion: In the Netherlands, the text can be obtained online and as a booklet in rheumatology departments of hospitals and through a national patient association, free of charge. The booklet was translated into English, which makes it accessible to a larger group of patients. It may take up to two months to successfully change lifestyle. It's an, as yet not empirically verified, hope that the booklet will be more successful than a traditional educational brochure.

References:


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PARE0023

ORAL HEALTH IN RHEUMATOID ARTHRITIS: LISTENING TO PATIENTS


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Table. Thematic analysis and quotes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral-RA links</td>
<td>RA medications caused dry mouth</td>
<td>The medications, really, really are awful on your mouth. They make me feel nauseous. You get really raw gums... it [was] painful to brush my teeth.</td>
</tr>
<tr>
<td>Complicated oral care</td>
<td>Time-demanding oral care routines.</td>
<td>The severe pain made it very hard to open my mouth to brush my teeth. The joint [makes it] really hard to handle a toothbrush. We have to have toothbrushes with a wide handle... and different attachments when we need them.</td>
</tr>
<tr>
<td>Complicated oral care</td>
<td>Multiple oral health care tools and adaptations used depending on current oral health, and RA activity.</td>
<td>Even with those [special] products, the pain sometimes was just overwhelming. I’m dedicated about brushing my teeth, but boy, it was a struggle. It took me a long time to brush my teeth.</td>
</tr>
<tr>
<td>Access to professional oral care</td>
<td>Lack of dental insurance and costs of care</td>
<td>I have a hygienist, and a dentist, and a gum specialist and a bunch of dentists with fancy names. I see them every 3 months.</td>
</tr>
<tr>
<td>Access to professional oral care</td>
<td>Logistical access: multiple dental visits, Physical access: attending appointments; prolonged sitting in a dental chair.</td>
<td>Dental offices have dental hygienists. And some of them are An, and some of them are C-... it’s important that hygienists are trained, that they really understand the tools.</td>
</tr>
<tr>
<td>Shame due to oral health</td>
<td>Seeking oral care possibly considered unusual for their age.</td>
<td>I would feel ashamed. Something’s wrong. Everyone around me has these beautiful teeth. I don’t, and something is wrong. I’m getting braces. At my age, I’m getting braces.</td>
</tr>
</tbody>
</table>
patients’ concerns regarding family planning and pregnancy (FPP) were inadequately or inconsistently addressed.

Objectives: To investigate the general level of information on FPP and the potential concerns among Danish patients with CIDs.

Methods: An online survey to identify FPP issues was designed, and CID patients aged 18–50 years (yrs) were included. Respondents were recruited through patient organisations providing their members with a link to the questionnaire. In addition to demographics, information relating to time of diagnosis, treatments received, pregnancies, and course of disease were collected along with access to and concerns regarding FPP. Descriptive statistics were applied.

Results: Eligible patients included 368 with rheumatological diagnoses (RA, PsA, JIA, nr-axSpA, or AS); 304 [83%] female, mean age: 40 yrs; 64 [17%] male, mean age: 42 yrs) and 95 with dermatological diagnoses (PsO or PsA; 64 [67%] female, mean age: 37 yrs; 31 [33%] male, mean age: 42 yrs). Among the rheumatic patients, 43% of females and 53% of males were currently receiving systemic treatment and 37% of females and 22% of males had received >3 different systemic treatments (other than painkillers and non-steroidal anti-inflammatory drugs [NSAIDs]). Lack of access to FPP information was consistent across age groups, but higher in those with dermatological diagnoses (Table).

In total, 68% of patients with rheumatological and 73% with dermatological diagnoses had biological children and among these 18% and 23% of patients, respectively, indicated their disease had affected how many children they had or planned to have. The most frequent concerns among patients with rheumatological diagnoses were the potential physical impact of a pregnancy, disease worsening, heredity and being able to take care of the child (19, 16, 16 and 13%, respectively), whilst disease worsening and heredity (12 and 16%, respectively) were the most frequent concerns in those with dermatological diagnoses. Many patients experienced disease worsening during or after pregnancy (rheumatologic diagnoses: 16% and 34%; dermatologic: 20% and 59%, respectively).

Conclusion: Danish CID patients of reproductive age have concerns related both to their disease and to FPP, which affect their decisions around family planning. The majority of patients responding to this survey reported limited access to and concerns regarding FPP. Descriptive statistics were applied.

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