Most European patients would agree to change treatment to lower pain. Almost 82% stated they would accept rare adverse events in order to avoid invalidity, to increase clinical response. However, asked about novel therapies, Romanians were reluctant to changing treatment despite insufficient benefit, if the risk of cancer was noted. There was a high agreement that a delay in treatment would be unsatisfactory for both familial and professional chores.

**Conclusion:** There are regional differences in knowledge and perceptions about RA treatment. Romanian patients know less on T2T algorithm. Improving awareness of the T2T strategy among RA patients may need different types of support depending on the patient’s place of residence.

**References:**

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**AB1271 PATIENT EDUCATION IN PSORIATIC ARTHRITIS: A SERVICE EVALUATION AT ONE YEAR**

**K. Austin**1, **R. Prasad**1

**University Hospitals Bristol NHS Foundation Trust, Rheumatology, Bristol, United Kingdom**

**Background:** Recent studies have demonstrated an increasing burden of musculoskeletal (MSK) diseases worldwide.1 The importance of patient education (PE) is often overlooked in the management of long term inflammatory conditions. The European League Against Rheumatism recommends that PE should be integral to standard of care in inflammatory arthritis.2 PE increases patient knowledge, skills and confidence in managing their condition and improves patient activation (PA). Evidence shows that improved PA results in better outcomes and improved experiences of care. We previously reported on improved knowledge and confidence amongst a small patient group with psoriatic arthritis (PsA) who had attended a pilot education session.3 This education session was delivered to a wider group of patients with PsA over a 12 month period; we report on the evaluation received from this service.

**Objectives:** To provide a comparative evaluation to a wider group of patients with PsA, using a multi-disciplinary team (MDT) approach and to evaluate whether this improved patients' knowledge, skills and confidence in managing their PsA.

**Methods:** Adult patients with PsA attending their rheumatology clinic appointment were invited to a 2.5 hour MDT education session which covered: 1) general overview of PsA; 2) medications used in PsA; 3) the role of physiotherapy and occupational therapy; 4) rashes and self-management. These were inter-active sessions, held in a small group setting to allow for informal discussion and questions to the MDT. Written materials including several booklets and online resources were also provided. Patients evaluated their knowledge or understanding before and after each topic covered, on the same day, using an evaluation tool with 1-10 Likert scale items. Changes in ratings were analysed using student’s t-tests. Patients were also asked: which aspects they found particularly helpful; if there was anything they would like to have added/or more of in the session; whether they found the session helpful; whether they would recommend...
it to other patients; whether they would be interested in developing a PsA patient support group.

Results: Four sessions were held over a 12 month period. A total of 32 patients attended; 10 males and 22 females, across a range of age categories. Disease duration varied from less than 1 year to over 10 years. There were statistically significant improvements in all topics covered: mean improvement of 91% in how well informed patients felt about PsA overall (p<0.0001); mean improvement of 122% in how well informed patients were about medications used in PsA (p<0.0001); mean improvement of 99% in patients' confidence in self-managing their PsA (p<0.0001); mean improvement of 91% in patients' confidence in self-managing a flare (p<0.0001). Aspects that patients found particularly helpful included "The whole session; "Asking questions to all different professionals;" "Meeting other sufferers;" "Management of flares;" "Fatigue information" and "Online resources;" Overall, 97% of patients (31 out of 32) found the session helpful and would recommend it to others. Over 40% of patients expressed interest in developing a local PsA support group.

Conclusion: Following a 2.5 hour education session, improved knowledge, skills and confidence in managing their PsA was reported by 97% of patients, including patients with disease duration of > 10 years. This supports our previous finding that an interactive, group PsA education programme is a feasible and important adjunct to patient care.

References:


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AB1272

ONLINE EDUCATION BOOSTS CLINICIAN KNOWLEDGE ABOUT EMERGING THERAPIES FOR PATIENTS WITH SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

C. Rohani-Montez1,2, M. Calle1,2, C. Allen1,2, A. M. Hoffmann-Vold1, O. Distler1, 2Medscape Education Global, London, United Kingdom; 3WebMD, New York, United States of America; 4Oslo University Hospital, Oslo, Norway; 5University Hospital of Zürich, Zürich, Switzerland.

Background: Systemic sclerosis-associated interstitial lung disease (SSc-ILD) has traditionally been treated with therapies such as cyclophosphamide, mycophenolate mofetil, and hematopoietic stem cell transplantation. However, these therapies are limited by potential toxicity, as well as duration and magnitude of effect. Clinicians need awareness of emerging therapies in late-stage clinical trials that may address these limitations.

Objectives: This study was conducted to determine whether online independent medical education could improve rheumatologists’ and pulmonologists’ knowledge of emerging therapies for the management of SSC-ILD.

Methods: Physicians (N = 2,076) participated in a 30-minute, 2-faculty, video-based, online CME with synchronized slides.1 The majority of participants were rheumatologists (n = 522) or pulmonologists (n = 557), but the cohort also included clinical immunologists (n = 132) and other physicians with an interest in the topic (n = 865). This study focuses on the 120 rheumatologists and 111 pulmonologists who completed all pre- and post-questions. The effects of the education on knowledge was assessed using a 3-question, repeated pairs, pre-assessment/post-assessment study design. For all questions combined, the chi-square test assessed differences from pre- to post-assessment. P values < .05 are statistically significant. The activity launched on September 17, 2019, and data were collected through November 5, 2019.

Results: Overall significant improvements were seen after participation for both rheumatologists (average correct response rate of 55% at pre-assessment vs 75% at post-assessment; P<.001, N=120), and pulmonologists (average correct response rate of 60% at pre-assessment vs 77% at post-assessment; P<.001, N=111). Specifically, significant improvements were observed in clinicians’ knowledge of clinical trial data for emerging SSc-ILD therapies (figure).

Clinicians from APAC (n = 67) and Europe (n = 79) made up the majority of the cohort, and had similar rates of correct responses without significant differences, indicating consistent effects, independent of the region of origin. After participating in the activity, 48% of pulmonologists and rheumatologists had measurable improvement in confidence related to their knowledge of emerging therapies for patients with SSc-ILD. Despite the increases in knowledge and confidence observed, the rates of correct responses suggest there is still room for improvement; therefore, ongoing education will be needed to reinforce knowledge of the latest data evaluating new therapies for SSc-ILD and what they will mean for future practice.

Conclusion: This study demonstrates the success of online, video-based education in improving rheumatologists’ and pulmonologists’ knowledge of the latest clinical data on emerging therapies for SSc-ILD. This could lead to earlier adoption of new, efficacious therapies that may slow disease progression and improve overall outcomes for these patients.

References:


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AB1273

TEACHING RARE DISEASES THROUGH ROLE PLAY: RESULTS OF AN EXPERIMENTAL WORKSHOP ON RAYNAUD PHENOMENON

S. Sanges1,2,3,4, S. Morell-Dubois1,2, M. M. Farhat1,2,4, M. Assara2, M. Lamberti1,2,4, V. Sobanski1,2,4, D. Launay1,2,4, E. Hachila1,2,4, 1Université Lille, Faculté de Médecine, Lille, France; 2CHU Lille, Service de Médecine Interne, Lille, France; 3Centre de Simulation PRESAGE, Lille, France; 4Centre National de Référence Maladies Systémiques et Auto-immunes Rares (Scirodémie Systémique), Lille, France.

Background: Systemic autoimmune diseases are mostly taught through theoretical lectures, which do not allow for the acquisition of physical examination skills and semiologic confrontation.

Objectives: We report herein the results of a pilot experiment using role-play to teach how to manage patients with Raynaud phenomenon (RP).

Methods: We developed a workshop that consisted of two 30-minute OSCE (Objective and Structured Clinical Examination) stations. Students were divided into groups of 4 to 6 persons. On each station, 2 students were actors and 2 were observers. After a short briefing, students played a 15-minute scenario and then had a 15-minute debriefing.

The first station simulated the case of a 26-year-old woman referred for suspected RP. Students were instructed to perform clinical history taking and