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 74% in confidence in accessing help from the MDT (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 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**

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**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).

**Conclusion:** 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.

**References:**


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**AB1273**

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

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**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...
STIFF SPINE AND A WEAK HEART: A CASE OF LONG STANDING ANKYLOSING SPONDYLITIS DEVELOPING PULMONARY ARTERIAL HYPERTENSION SECONDARY TO MIXED CONNECTIVE TISSUE DISEASE, CONFERRING POOR PROGNOSIS

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Background: Spondyloarthritis (SpA) and Connective Tissue Diseases (CTD) are considered distinct entities with diverse clinical features and genetic characteristics. There are very few case reports of SpA coexisting with CTDs like Lupus, Scleroderma and Morphoea. Drugs used in treating SpA like Sulphasalazine and anti TNF drugs can also induce CTD.

Objectives: We report a case of a patient with eleven years history of Ankylosing Spondylitis (AS), presenting with Mixed Connective Tissue Disease (MCTD) and Pulmonary Arterial Hypertension (PAH) constituting a therapeutic challenge.

Methods: A 36 year old gentleman was diagnosed with AS at the age of 25 years, fulfilling the ASAS criteria (chronic inflammatory back pain, sacroilitis on radiograph, HLAB27 positive). He was treated with NSAIDs, Sulphasalazine (SSZ) and physical therapy since 2008. There was gradual progression of his arthritis with high BASDAI along with recurrent anterior uveitis. He was treated with 5 doses of IV Infliximab 3mg/kg, between 2017 and early 2018. In May 2018, following further Infliximab he developed a serum sickness like reaction which was thought to be HACA response to Infliximab. He responded to IV hydrocortisone and antihistamines and Infliximab was discontinued. In February 2019 he developed severe flare up of peripheral arthritis. He was treated with Injection Adalimumab 40mg every 2 weeks along with Latent TB prophylaxis with Isoniazid and Rifampicin. He received 4 doses to no effect and was discontinued.

In April 2019 Methotrexate (MTX) was added for peripheral arthritis. He discontinued both MTX and SSZ in July 2019 due to inefficacy. Peripheral arthritis responded well to Leflunomide that was started in September 2019. There was an unexpected turn of events in October 2019, when he was admitted with severe dyspnoea and cough with new onset raynauds, skin tightening over forearms and nape of neck with salt and pepper appearance of skin at these sites (Images). He was hypoxic requiring oxygen support. Echocardiogram showed moderate pericardial effusion and pulmonary hypertension (PASP 60mmHg), dilated right heart and pulmonary artery. Pulmonary embolism was excluded on a CT pulmonary angiogram.