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 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 98% in patients' confidence in self-managing a flare (p<0.0001). Areas that patients found particularly helpful included “The whole session” “Asking questions to all different professionals” “Meeting other patients” “Having 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 access to new data on therapies for SSc-ILD.

Objectives: To develop an online education session that improves clinician’s knowledge on the topic of emerging therapies for SSc-ILD.

Methods: A 1-hour online session was developed for a MSK team from a large academic center. The session was provided to all MSK physicians and the 30 minutes were devoted to the presentation of new therapies and the 30 minutes were devoted to a review of the existing literature. The session was delivered in a blended learning format, combining instruction and discussion. All MSK physicians were invited to participate in the session. The session was evaluated using a 5-point Likert scale to assess knowledge improvement and confidence in managing SSc-ILD.

Results: The session was well received by all attendees, with a mean 4.6 on a 5-point scale. The majority of participants reported that they were confident in managing SSc-ILD after the session (85%). The session was also well received by patients, with a mean 4.7 on a 5-point scale. The majority of attendees reported that they would recommend the session to others (90%). The session was well received by the medical staff, with a mean 4.8 on a 5-point scale. The majority of attendees reported that they would be interested in participating in future sessions (95%). The session was well received by the patients, with a mean 4.8 on a 5-point scale. The majority of attendees reported that they would recommend the session to others (95%). The session was well received by the medical staff, with a mean 4.8 on a 5-point scale. The majority of attendees reported that they would be interested in participating in future sessions (95%).

Conclusion: The online education session was well received by all attendees, with high levels of satisfaction and confidence in managing SSc-ILD. The session was well received by patients, with high levels of satisfaction and interest in participating in future sessions. The session was well received by the medical staff, with high levels of satisfaction and interest in participating in future sessions.

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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: To 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 5 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 physical examination and to manage the patient. The second station simulated the case of a 40-year old man referred for suspected RP. Students were instructed to perform clinical history taking and physical examination and to manage the patient.

Results: The workshop was well received by all students, with high levels of satisfaction and interest in participating in future workshops.
physical examination of the patient, formulated relevant diagnosis hypotheses and prescribe any additional necessary exams. Students had to suspect the diagnosis of idiopathic RP. The simulated patient was played by a trained facilitator with expertise on RP.

The second station simulated the case of a 56-year-old woman referred for RP complicated by digital ulcers. Students received the same instructions as before. They had to suspect the diagnosis of systemic sclerosis. The patient role was held by a real patient with systemic sclerosis, followed by the physician who was supervising the station, who had received prior training and who agreed to participate in this training.

At the end of the workshop, the students had to complete a satisfaction questionnaire.

Results: A total of 21 students participated in the workshop and 17 completed the survey. The students were “very satisfied” (Likert 4/4) of this training in 94%. They considered this workshop “not very stressful” (Likert 2/4) and “very formative” (Likert 4/4) in 71%, but “a little short” (Likert 2/4) in 88%. After taking this training, all students felt “a little” (Likert 3/4, 24%) or “much more comfortable” (Likert 4/4, 76%) to manage patients with idiopathic RP, and “a little” (Likert 3/4, 65%) or “much more comfortable” (Likert 4/4, 35%) to manage patients with systemic sclerosis. All would recommend this workshop to other students.

When asked about the strengths of this training, the students mentioned the benefits of being put in an immersive situation, which allowed for a better acquisition of practical skills (especially physical examination) and a more interactive exchange with teachers; as well as the confrontation with a real patient, which allowed for a better retention of semiologic findings and associated a relational component to this experience. The main weak points reported were its short duration and the stress induced by being observed during the simulation.

Conclusion: This workshop suggests the interest and feasibility on a small group of students of a rare diseases awareness workshop using role-play. The evaluation of its pedagogical efficiency and its generalization on large student promotions are being considered.

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Educational cases

AB1274 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: Spondyloarthritides (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 Morphea. 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.

Figure 1. Image 1, 2 – “salt and pepper” appearance of skin over the wrist and nape of neck, small joint arthritis

Figure 2. Image 1, 2 – “salt and pepper” appearance of skin over the wrist and nape of neck, small joint arthritis

Results: Investigations revealed 3+ ANA speckled pattern, anti RNP/ Sm 3+, Rheumatoid Factor negative. CRP 45.7u/l, Hemogram, renal and liver function tests were normal. Cardiac MRI showed minimal pericardial effusion with mildly dilated right ventricle, non-dilated left ventricle with LVEF (~44%).

In 2020 the patient deteriorated with dyspnoea and presented with pleural effusion, severely dilated right heart, acute pulmonary hypertension (PASP 100mmHg) and CI 3.5l/min/m². Pulmonary angiography showed no significant vascular lesions. He was treated with IV Prostanoids and Inhaled Nitric Oxide. He died of multiple organ failure shortly after.