AB1356-HPR
GOUT IN SPANISH PRIMARY HEALTHCARE CENTERS: STILL A LONG WAY TO GO
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Background: Gout has a prevalence >2.5% in the Spanish adult population. It is a chronic disease that without proper treatment causes pain, joint deformity and increased cardiovascular risk and mortality. Recent advances have demonstrated that if correctly treated the disease can be controlled and even ‘cured’. Most gouty patients are diagnosed and treated by general practitioners (GPs). There is evidence that the management if these patients is not good neither at Rheumatology Units nor at Primary Healthcare (PHC) centers. Several causes of this mismanagement can be found in the literature.

Objectives: Design and evaluation of the results of a questionnaire created from a bibliographic search focused on areas of improvement of gout management in PHC.

Methods: A search was made in Pubmed to identify the main barriers described in the management of patients with gout in primary care. The terms used were: “Gout”, “primary healthcare” and “education”. A Google Form of gout knowledge and management questionnaire was designed, taking into account what is described in the literature. The Google Form was sent to all GP from an urban area via mail and to other contacts via WhatsApp and twitter.

Results: Responses were obtained from 224 GPs; 69.5% were women; 73.1% had between 11 and 30 years of professional experience; 96.4% answered that gouty are mostly controlled in primary care; 99.6% performs the diagnosis of gout without analysis of synovial fluid and 17% diagnosed only by clinics without urate analysis; 55.9% of GPs do not use any reference guide. Of those who use, the 73% use GUIPCLINGOT and 40% use SEMGs one; 80.5% have not done any gout course in the last 5 years; 26% did not have access to a rheumatologist to confirm the gout diagnosis; only 30.8% knew the therapeutic objective of the urate lowering therapy (ULT); 28.6% considered the beginning of ULT after the first attack; 62% believed that the most important part of the treatment was changing diet and lifestyle; 88.8% did not perform any specific education for these patients by the nurse; just 37.2% carried out a treat-to-target strategy to lower urate levels.

Conclusion: The questionnaire identifies multiple points of improvement for the management of this pathology in accordance with the described in the literature. Most GPs are unaware of the therapeutic objective of the ULT.

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THE IMPACT OF A STRUCTURED TRAINING PROGRAMME FOR THE DETECTION OF SYNOVITIS WITH MUSCULOSKELETAL ULTRASOUND (MSUS) IN RHEUMATOLOGY NURSING
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Background: Objectives: To analyse the effect of a teaching intervention for the technical performance of a reduced index of ultrasound synovitis by nurses without previous experience in musculoskeletal ultrasound (MSUS).

Methods: Design: Quasi-experimental study of the before-after type. Protocol: The nurses received a theoretical-practical, face-to-face and intensive training of 8 hours, by an expert rheumatologist in musculoskeletal ultrasound (MSUS), to perform the Percine index, which assesses the presence of grey-scale synovitis (GS) and quantifies the presence of a power-dopper (PD) signal semiquantitatively (0-3), in 6 joints (Wrists, 2nd Metacarpophalangeal (MCP) joints and knees). The theoretical knowledge acquired was assessed by an exam test type at the end of the training, and the technical skills were assessed by an ultrasound examination in patients with rheumatoid arthritis, immediately after the teaching session and at 15 months later. Variables: Illumination of the consultation, protection of privacy and unequivocal identification of the patient, technique (explore ergonomics, bilateral comparison, use of both hands, measurement, marking and saving data), GS (probe position, centred image, cortical-cartilage-tendon display; depth, focus, frequency, gain), PD (probe pressure, PRF, position-width-depth of the box, focus, frequency, gain), synovial recesses (dorso and palmar examination of the wrist, 2nd Metacarpophalangeal (MCP) joints and sem and parapatellar medial and lateral examination of the knees) and semi-quantitative gradation of synovitis in GS and PD. Statistical analysis: descriptive analysis; and in relation to the statistical significance tests for paired variables (pre and post teaching intervention) the McNemar test was used for dichotomous qualitative variables and McNemar-Bowker test for those of more than two categories.

Results: 5 nurses, 80% women, aged between 36 and 54 years participated. They adequately answered 100% of the 4-student test questions, and the remaining ones matched 80% of them. The average time of baseline exploration was 45.2 ± 3.8 minutes and the final time was 32.6 ± 3.5, improving the 5 students in an average of 12.6 ± 4.4 minutes. The technical aspects not performed correctly in the baseline ultrasound examination were the bilateral comparison of the image, grey scale gain, measuring, correct anamnestic image of the synovial recess of the wrist and position-width-depth of the Dopper box. An improvement was observed at 18 months in the unequivocal identification of the patient, adequate illumination of the consultation, bilateral comparison, correct anamnestic acquisition of synovial recesses and the quantification of GS synovitis, but no statistically significant differences were observed, before and after the teaching intervention, in possible relation to the difficulty to use the ultrasound in their respective Rheumatology Units in clinical practice, but mainly because the aspects correctly performed in the baseline exploration were numerous.

Conclusion: A formal training of rheumatology nurses in musculoskeletal ultra- sound (MSUS) could be very useful, and cost-efficient, in the health care of patients with rheumatoid arthritis.

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AB1357-HPR
DESIGNING THE ROYAL COLLEGE OF NURSING COMPETENCY FRAMEWORK FOR RHEUMATOLOGY NURSES
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Background: The 1st edition of the RCN Competency Framework for Rheumatology Nurse Specialists (RNS) will be published in March 2020. The role of the RNS is complex, and can include caring for children and young people. The importance of RNS’s was highlighted by the National Rheumatoid Arthritis Society (NRAS 2017). The British Society for Rheumatology (BSR) outlined the need for education, training supervision and work force development. Education for RNS isn’t currently centralized but is key to improving skills and developing workforce for the future. RNS are in short supply resulting in problems of access to services and delays in care (BSR 2019). In all 4 UK nations the titles of RNS and proficiency vary greatly (Tirithe trial 2019) This is likely to have an impact on patient experience and outcomes.

The European League Against Rheumatism (EULAR) developed
recommendations for the role of the RNS which were recently updated (Beech et al., 2019). This framework maps all of these requirements.

Objectives: This work supports the development of roles, improve access for patients and reduce. This document will act as a foundation for building sustain- ability and a more robust education and role development strategy. This work will strengthen rheumatology nursing and support all 4 UK nations’ issues regarding recruitment, retention, sustainability, succession planning and benchmarking. Dissemination is key and we will work with stakeholders to ensure centrali- zation of a nationally adopted framework. This abstract submission will increase dissemination opportunities.

Methods: Online data sources were searched for the most relevant and cur- rent evidence. Where research evidence wasn’t available, existing and new knowledge was utilised from a consensus of clinical expert and patient opin- ions, several rounds of discussions took place virtually and face to face. RCN Rheumatology Nurse Forum Workshop attendees in June 2019 also answered a questionnaire to elicit views and demographic information regarding roles.

Results: The questionnaire results demonstrated 100% (n=3) agreement with the development of the framework and that only 2 respondents had completed a competency process. 60% were RNS. Of those 52% (n=13) were band 6, 47% (n=9) were band 7, and 1% were band 8 consultant nurses. The questionnaire highlighted the need to develop the framework. Results were fed back to the working party to inform the domains to be included.

Conclusion: Document will be at BSR 2020 having successfully submitted a session proposal and abstract. Evaluation will begin later in the year to 12 months from launch. We will measure impact using a variety of methods including membership Facebook pages and the questionnaire at point of download request. We will measure where and how the competency is being used and adoption of the framework throughout the UK.

References:

Disclosure of Interests: Walter P. Maksymowych Grant/research support from: AbbVie, Novartis, Pfizer, and UCB, Consultant of: AbbVie, Boehringer Ingelheim, Celgene, Eli Lilly, Galapagos, Janssen, Novartis, Pfizer, and UCB, Employee of: Chief Medical Officer of CARE Arthritis Limited, Speakers bureau: Abbvie, Janssen, Novartis, Pfizer, and UCB, Liron Caplan: None declared, Atul Deodhar: None declared, Lianne S. Gensler: None declared, Adam Carlson: None declared, Kelly Steed: None declared, Amanda Carapellucci: None declared, Joel Paschke: None declared, Lianne S. Gensler Grant/research support from: Pfizer, Novartis, UCB, Consultant of: AbbVie, Eli Lilly, Novartis, UCB DOI: 10.1136/annrheumdis-2020-eular.6681

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DIAGNOSIS OF AXIAL SPONDYLOARTHRITIS: A PRIMARY UNMET EDUCATIONAL NEED FOR RHEUMATOLOGISTS

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Background: Diagnosis of axial spondylitis (axSpA) is challenging because of absent physical findings in early disease and the limited diagnostic performance of laboratory markers. Considerable reliance is placed on imaging of the sacroiliac joints (SJ1) but specialty training is primarily focused on interpre- tation of plain radiographic abnormalities.

Objectives: We aimed to identify what might be the primary unmet educational needs of rheumatologists completing fellowship training by using clinical and imaging data from an inception cohort of patients presenting with undiagnosed back pain. We hypothesized that concordance would increase after imaging is reviewed after the clinical data.

Methods: The diagnosis of axSpA was compared between local rheumatolo- gists, axSpA experts and pF using clinical and imaging data from the multicenter Screening for Axial Spondyloarthritis in Psoriasis, Irritis, and Colitis (SASPIC) Study. In this inception cohort, patients ≥18 years of age with ≥3 months back pain underwent diagnostic evaluation by a local SASPIC rheumatologist, including imaging of the SJ1, who then records a global evaluation of presence/absence of axial SpA. This is done at 3 consecutive stages: 1.After the clinical evaluation. 2.After the results of labs (HLA-B27, CRP) and radiography. 3.After review of the MRI In this exercise, 20 cases were selected from the SASPIC cohort and the rheumatologist global evaluations were removed from the eCRFs. Four experts in axSpA reviewed the clinical and imaging data in each eCRF and pro- vided their global evaluations for stages 1, 2, and 3 of these 20 cases. Sub- sequently, 4 pf rheumatologists conducted the same exercise blinded to the assessments of the local rheumatologist and experts in axSpA.

Results: Diagnosis of axSpA by the local SASPIC rheumatologist was made in 90%, 65%, and 75% of cases after stages 1, 2, and 3, respectively. Majority diagnosis of axSpA by experts was made in 84.2% (16/19), 57.9% (11/19), and 63.2% (12/19), after stages 1, 2, and 3, respectively. Majority diagnosis of axSpA by pf-rheumatologists was made in 94.4% (17/18), 100% (16/18), and 93.8% (15/16). Concordance among experts and between experts and local SASPIC rheumatologists increased after review of imaging data. For pf-rheumatologists concordance with experts increased after review of imaging for 2 assessors and decreased for the other 2 assessors. For the latter, the primary reason for decrease in concordance with experts was false positive diagnosis of axSpA in 35% and 30% of the cases after review of the imaging.

Conclusion: A structured case-based and sequential evaluation of clinical and imaging data suggests a gap in the training of recently graduated rheumato- logs, with over-interpretation of imaging leading to false positive diagnosis of axSpA.

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AB1359-HPR

PERCEPTION ABOUT FIBROMYALGIA AND ITS ACCOMPANYING SYMPTOMS AMONG MEXICAN PHYSICIANS

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Background: Previous studies showed that 93% of rheumatologists consider fibromyalgia (FM) as a clinical entity. However, accompanying symptoms such as fatigue, widespread pain, sleep disturbance and headache are underrecognized among physicians. According to a previous study, most recognized symptoms by general practitioners are fatigue and widespread pain (72.6%), while about thirty percent of physicians recognize sleep disturbance and depression as symptoms.

Objectives: To investigate physicians’ point of view on FM accompanying symp- toms in northeastern Mexico.

Methods: We designed an electronic survey about physicians’ perceived impor- tance of depression, fatigue, widespread pain, sleep disturbances, headache and irritable bowel disease symptoms (pain and cramping) in patients with FM. Questions were answered using a 5-point Likert scale: 1, strongly disagree; 2, disagree; 3, neutral; 4, agree; 5, strongly agree. General practitioners, rheumato- logists, neurologists, psychiatrists were included.

Results: A total of 236 physicians were included: general practitioners, 149 (59.3%); rheumatologists, 21 (8.9%); neurologists 18 (7.6%); psychiatrists 8

Assessors

Mean % Concordance (range) for diag-nosis of axSpA

<table>
<thead>
<tr>
<th>Assessors</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
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<tbody>
<tr>
<td>Experts in axSpA</td>
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