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Table 1. Characteristics of the examined patients

Patient characteristics	Mean	Std deviation	95% Confidence Interval
Age (yrs)	59,27	10,22	56,90-61,51
Disease duration (yrs)	8,75	7,72	7,01-10,49
Number of attacks/last year	3,89	3,74	3,08-4,71
Weight (kg)	91,44	(17,14)	86,52-96,37
Height (cm)	176,73	(7,95)	174,45-179,02
Body Mass Index (kg/m ²)	29,14	(4,1)	27,96-30,32
Waist circumference (cm)	102,69	9,56	100,35-105,05
Systolic blood pressure	135,44	14,48	130,43-140,50
Diastolic blood pressure	86,74	9,86	82,31-89,22
Serum urate level (μmol/ L)	485,6	102,09	449,94-521,20
Male	71	95,9	
No	29	39,2	
%	31	42,1	
Male	14	18,9	
No	17	23	

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HPR Professional education, training and competencies

THU0640-HPR GENDER DISPARITY IN AUTHORSHIP OF CLINICAL PRACTICE GUIDELINES IN RHEUMATOLOGY

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Background: Women are generally less represented as first author among original medical researches and clinical guidelines. Indeed, women are first authors in only 30% of clinical guidelines published in high impact medical journals. It is not known if a comparable underrepresentation occurs also in rheumatologic guidelines.

Objectives: The aim of the present analysis is to evaluate the representation of female authors in rheumatological guidelines over a period of time between 2004 and 2019.

Methods: We searched PubMed for guidelines published in English in the rheumatological field from 1st January 2004 to 1st January 2019. Gender of each author (man or woman) was identified by use of a minimum of two resources (i.e., author's name and an internet search to identify the author's photograph or gender pronoun).

Results: We found 366 guidelines published between 2004 and 2019 (Table 1: stratified by year of publication and Table 2: stratified by disease). Overall, the proportion of female first authors was 32.0% (95% CI, 28.0% - 35%). After stratification by year of publication the percentage of female first authors was lower in past years compared to recent years. The percentage of female first author increased substantially over the time (Figure 1).

Table 1. Percentage of female and male first author of rheumatological guidelines stratified by years

Years	% FEMALE	%MALE
2004 (n=14)	21.4	78.6
2005 (n=21)	23.8	76.2
2006 (n=25)	32.0	68.0
2007 (n=32)	37.5	62.5
2008 (n=43)	20.9	79.1
2009 (n=18)	33.3	66.7
2010 (n=15)	6.7	93.3
2011 (n=27)	25.9	74.1
2012 (n=27)	25.9	74.1
2013 (n=20)	48.3	51.7
2014 (n=20)	25.0	75.0
2015 (n=13)	46.2	53.8
2016 (n=20)	45.0	55.0
2017 (n=29)	51.7	48.3
2018 (n=22)	40.9	59.1

Table 2. Percentage of female and male first author of rheumatological guidelines stratified by disease

Disease	% FEMALE	% MALE
Osteoarthritis (n=34)	26.5	73.5
Rheumatoid arthritis (n=96)	18.8	81.2
Fibromyalgia (n=30)	20	80
Lupus erythematosus (n=29)	34.5	65.5
Psoriatic arthritis and Spondyloarthritis (n=73)	23.3	76.7
Sjogren syndrome (n=5)	40	60
Gout (n=19)	10.5	89.5
Systemic sclerosis (n=18)	16.7	83.3
Polymyalgia and Giant cells' arteritis (n=12)	0	100
Osteoporosis (n=26)	30.8	69.2
ANCA associated vasculitides (n=14)	21.4	78.6
Polymyositis and Dermatomyositis (n=6)	50	50
Behcet's disease (n=4)	25	75

Figure 1. Temporal trend of the percentage of first author gender from 2004 to 2019 (male in blue, female in pink)

Conclusion: We found a prevalence of male as first authors of guidelines in the rheumatological field published between January 2004 and January 2019. The EULAR Task Force on Gender Equity in Academic Rheumatology (EULAR GEAR) has been recently established, making an important first step toward gender equity in the authorship of guidelines in the rheumatological fields. Indeed, in the last 15 years we have witnessed an increase in female representativeness. Notwithstanding, efforts should be made to improve the representation of female authors nationally and internationally.

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THU0641-HPR ILLITERACY IS NOT AN OBSTACLE FOR ASSIMILATION OF A PATIENT EDUCATION SESSION ON METHOTREXATE SELF-INJECTION IN RA PATIENTS A PROSPECTIVE PILOT STUDY

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Background: Patient education for RA patients has been shown to improve adherence and self-management of this chronic disease.

Objectives: To assess the impact of illiteracy on assimilation of a patient education session on methotrexate self-injection in RA patients.

Methods: Prospective pilot study that included 27 consecutive patients (81.5% female, mean age 44.4 years, illiteracy rate 40.7%) with RA (median duration of progression of 4 years, mean delay in referral for specialist of 6 months, median duration of methotrexate use of 1 year). The patients benefited from an individual patient education session to learn how to self-inject with methotrexate

subcutaneously. The patient education session was supervised by a nurse and a rheumatologist. A 10-question dichotomous questionnaire was then administered to patients to assess the level of uptake of messages passed during the patient education session. The prevalence of correct answers was compared between illiterate and non-illiterate patients.

Results: The mean duration of patient education session is 13 min.

Table I illustrates the results of the correct responses prevalence and the comparison of correct response rates between illiterate and non-illiterate patients.

Table 1. Prevalence of correct responses and comparison of correct response rates between illiterate and non-illiterate patients.

Questions	N=27	Illiterate		P
		Yes (N=11)	No (N=16)	
1. Do I always have to self-inject on the same day of the week? (%)	96,3	90,9	100	NS
2. Should Methotrexate be protected from light and away from children? (%)	96,3	100	93,7	NS
3. Can I self-inject anywhere on my thigh and belly 5 cm from the navel? (%)	85,2	100	75	NS
4. Is it important to change the injection sites? (%)	70,4	72,7	68,75	NS
5. Do I need to pinch the skin before self-injection? (%)	92,6	100	87,5	NS
6. Can I always use the same needle for each injection? (%)	81,5	90,9	75	NS
7. Do I have to wear gloves to inject Methotrexate? (%)	81,5	90,9	75	NS
8. Do I have to apply an antiseptic product (alcohol, Betadine) to the injection site before self-injecting? (%)	88,9	90,9	87,5	NS
9. Can I use the rest of the MTX ampoule for the next injection? (%)	74,1	81,8	68,7	NS
10. Do I tell my doctor if I have side effects? (%)	100	100	100	NS

Conclusion: This study suggests that illiteracy does not affect the assimilation of information given during a patient education session. These preliminary results should encourage the development of patient education programs in our context where illiteracy rate is high.

Disclosure of Interests: None declared

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THU0642-HPR EVOLUTION OF THE PERCEPTIONS OF RA PATIENTS AFTER EDUCATION PATIENT SESSION TEACHING METHOTREXATE SELF-INJECTION A PROSPECTIVE PILOT STUDY

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Background: Methotrexate is a gold standard for treatment of RA. In our context, RA patients prefer to be injected by paramedics rather than self-injecting. This can be explained by patients' bad perceptions of self-injection or lack of information. Appropriate self-injection education can therefore be an important element in overcoming these obstacles and improving disease self-management.

Objectives: Compare the RA patients' perceptions on methotrexate self-injection before and after a patient education session.

Methods: Prospective pilot study that included 27 consecutive patients (81.5% female, mean age 44.4 years, illiteracy rate 40.7%) with RA (median duration of progression of 4 years, mean delay in referral for specialist of 6 months, median duration of methotrexate use of 1 year). The patients benefited from an individual patient education session to learn how to self-inject with methotrexate subcutaneously. The patient education session was supervised by a nurse and a rheumatologist with a control a week later. Perceptions of the reluctance to self-inject and the difficulties encountered by patients were assessed before the patient education session, after the 1st and 2nd self-injection of methotrexate using a 10 mm visual analog scale. Patients also reported their level of satisfaction (10 mm VAS) after the 1st and 2nd self-injection.

Results: The mean duration of patient education session is 13 min.

Table I compares the evolution of the degrees of reluctance to self-injection, the difficulties encountered, and the satisfaction experienced by the patients.

Table 1. Evolution of RA patients' perceptions on the methotrexate self-injection. (N = 27)

	Before	After the 1 st self-injection	After the 2 nd self-injection	p
VAS reluctance (0-10mm)	6,5 ± 3,6	2,2 ± 2,9	1,0 ± 2,3	<0,0001
VAS difficulty (0-10mm)	7,5 ± 2,6	2,5 ± 2,7	1,0 ± 1,9	<0,0001
VAS satisfaction (0-10mm)	-	8,9 ± 1,8	9,5 ± 1,5	0,002

Conclusion: This study suggests the effectiveness of a methotrexate self-injection patient education session in RA patients. It also highlights the value of patient education in rheumatologic care. A large-scale study is necessary to better interpret and complete these preliminary results from this pilot study.

Disclosure of Interests: None declared

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THU0643-HPR PHYSIOTHERAPISTS' ADHERENCE TO OSTEOARTHRITIS CLINICAL GUIDELINES: A NATIONAL ITALIAN SURVEY.

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Background: Osteoarthritis (OA) is the most prevalent joint disease in the world, and one of the top causes of disability [1]. OARSI and EULAR guidelines recommend non-surgical interventions as first-line interventions for OA [2]. Despite this, only less than 40% of people suffering from OA receive the recommended intervention [3].

Objectives: The aim of this study is to investigate to what extent a population of Italian physiotherapists adhere to the OA-guidelines in their clinical practice.

Methods: A quantitative web-based cross-sectional survey was developed according to the Checklist for Reporting Results of Internet E-Survey. The questionnaire was realised in Italy by a panel of physiotherapists, based on the EULAR, OARSI and NICE OA-guidelines. The questionnaire was delivered using REDCap through the Italian Association of Physiotherapists and the University of Genoa newsletters. The questionnaire was divided into two sections. The first section included 24 statements adapted from the aforementioned guidelines. Participants were asked to express their statement agreement on a scale from 1 (completely disagree) to 5 (completely agree). Participants who partially or totally agreed (score 4-5) were considered to agree with the statements. We defined a $\geq 70\%$ agreement with a statement as consensus. In the second section, a clinical vignette was presented, illustrating an OA clinical case. Participants had to select, from a list of clinical options, how they would manage this case. Participants were classified as 'Delivering', 'Partially delivering' and 'Non-delivering' the recommended intervention, depending on the recommended or not-recommended interventions chosen.

Results: 812 physiotherapists (age: 36±13,59; 48% women) completed the survey between 26 November 2019 and 9 January 2020. The consensus was achieved for 12 sentences (52%) out of 23 (Fig. 1). All the statements focussed on exercise, education, and surgical referral received $> 70\%$ of agreement, whereas no consensus was reached for the statements on the clinical diagnostic criteria, for the use of glucosamine or chondroitin products and for the use of topic NSAIDs. In the second section, 20% of the analysed physiotherapists would deliver an intervention in line with OA guidelines and a 20% would carry out an intervention that is partially in line with OA guidelines. Conversely, the 40% of the participants of this survey would include at least a not-recommended intervention, considered, therefore, as 'non-delivering' the recommended intervention (Fig. 2).

Figure 1. Agreement to Clinical Guidelines (%)