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Background: In chronic rheumatic diseases, non-adherence to treatment is associated with a progression of disease and an increased morbidity (1). In spondyloarthritis (SpA), improving patients' knowledge on their subcutaneous biologic disease-modifying antirheumatic drugs (bDMARDs) is a key factor to enhance medication adherence (2). The patient information has to ensure the acquisition of safety skills regarding their treatment management.

Objectives: To evaluate the impact of a pharmacist's educational interview on knowledge and therapeutic adherence of subcutaneous bDMARDs in patients with SpA.

Methods: *Population and study design:* consecutive adult patients with well-controlled axial SpA, stable on subcutaneous bDMARDs were enrolled in a randomized, controlled, single-center, open-label, 6-months trial. *Intervention:* A pharmacist's educational interview provided information on bDMARDs management at baseline in the intervention group (IG) and at month 6 (M6) in the control group (CG). A booklet containing essential information was given to the patient. *Intervention allocation:* After written consent, the study treatment was randomly allocated via a computer program by simple randomization, with an allocation ratio of 1:1. *Outcome measures:* The change of a weighted knowledge score (0 – 100) concerning the bDMARDs management and the change in the Medication Possession Ratio (MPR) at M6 were primary outcomes. The changes in disease activity (BASDAI) and patients' satisfaction regarding the pharmacists' interview were secondary outcomes. *Statistics:* Changes in knowledge score, MPR and BASDAI were compared between the two groups using the T-Student test. Statistical analysis was performed in intention-to-treat. Missing data was handled with multiple imputations.

Results: Patients' characteristics at baseline were comparable among the 89 included patients (46 in IG, 43 in CG). The means $\pm$ SD of the knowledge score were 75.3 ± 14.2 versus 73.0 ± 13.2 and 86.3 ± 12.6 versus 76.0 ± 14.1 in the IG versus CG at baseline and at M6, respectively. The patient's knowledge score improved at a greater magnitude in the IG ($+11.0 \pm 11.5$ versus $+3.0 \pm 10.6$ in the IG versus the CG respectively, $p < 0.0001$). The MPR at baseline were very high in both groups ($92.9 \pm 14.6\%$ versus $96.6 \pm 15.6\%$ in the IG versus the CG, respectively). There was a trend in a better adherence ($+2.2 \pm 13.9$ versus -0.6 ± 18.9 in the IG versus the CG in the MPR score respectively, $p = 0.691$). The disease activity (changes in BASDAI) remained stable during the study in both groups. All the patients were mostly or totally satisfied by the pharmacists' interview.

Conclusion: Pharmacists' educational interview on subcutaneous bDMARDs is effective in improving the knowledge of patients with SpA on their treatment. Regarding therapeutic adherence, a trend in favor of an improvement was observed in the intervention group but did not reach the statistical significance. Nevertheless, the results observed in this study are an argument to propose to include the pharmacists in the multidisciplinary team in charge of the management of patients with SpA.

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FRI0623-HPR HEALTHCARE RESOURCE USE IN PATIENTS WITH TRAPEZIOMETACARPAL OSTEOARTHRITIS

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Background: Trapeziometacarpal osteoarthritis (TMO) is one of the most debilitating forms of hand osteoarthritis (OA). According to the recent EULAR guidelines^{1, 2} and a systematic review,³ the efficacy of topical/oral non-steroid anti-inflammatory drugs (NSAIDs), orthoses, hand exercises, and psychosocial interventions for hand OA or TMO are supported by scientific evidence. Cortisone injections and acetaminophen are generally not recommended.^{1, 3} Besides, TMO management is suboptimal: only 21% of patients receive rehabilitative interventions prior to referral to hand surgeons.⁴

Objectives: We aimed at documenting the types of treatment TMO patients employ and their healthcare resource use.

Methods: A total of 227 TMO patients recruited from 16 healthcare institutions completed a questionnaire about 1) received interventions, 2) analgesic strategies, and 3) healthcare professional consultations.

Results: Acetaminophen (64.3% of the participants), oral NSAIDs (31.7%), topical NSAIDs (11.9%), and nutraceuticals (7.9%) were the most commonly used medications. More than 70% of the participants reported having received cortisone injection(s) (72.5%) and orthosis (75.7%). More than half employed hand exercises, massage and heat/cold application. Relaxation/respiration, meditation, distraction, assistive devices, and joint protection principles were used by smaller percentages of participants (13.0-30.9%). Patients with TMO reported having consulted various types of healthcare professionals: family physicians, plastic/orthopaedic surgeons, radiologists-interventionists, rheumatologists, physiatrists, occupational/physical therapists, osteopaths, chiropractors, pharmacists, and acupuncturists. Only 4.8% of the participants reported having received psychosocial interventions.

Conclusion: TMO patients use numerous types of modalities to relieve their pain. Provision of evidence-based interventions tailored to their needs is clearly needed.

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FRI0624-HPR A SYSTEMATIC REVIEW OF JOB LOSS PREVENTION INTERVENTIONS FOR PERSONS WITH INFLAMMATORY ARTHRITIS.

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Background: Persons with inflammatory arthritis (IA) have a higher level of absenteeism from work than those without IA and up to 20-30% become permanently work-disabled during the first years after being diagnosed with IA. Despite developments of new pharmacological and surgical treatments, people with IA still report reduced work ability. It is therefore relevant to offer effective interventions designed to prevent job loss and improve work function (i.e. job loss prevention interventions) to support people with IA to stay connected to the labour market. Initial effects of job loss prevention interventions have been established in a Cochrane review by Hoving et al. 2014 (1), but as only three randomized controlled trials (RCT) were identified, it seems relevant to investigate if new evidence has emerged.

Objectives: The aim of this study was to present an overview of the evidence of the effect of job loss prevention interventions, which can improve work participation and decrease absenteeism and job loss in persons with IA.

Methods: A systematic literature search was performed in the databases PubMed, EMBASE, CINAHL, PsycINFO and the Cochrane Library in two steps: 1) an update of the Cochrane review, restricted to studies published from January 2014 to February 2019 and 2) an additional search with updated keywords with no time restriction. Quality assessment and data extraction were performed independently by two authors. The results were summarized narratively.

Results: The first search identified 1276 titles and the second search identified 2384 titles. Six studies (including the three RCT's included in the Cochrane review (1)) were included. The results indicated that job loss prevention interventions may have effect on work ability, absenteeism and in particular job loss, but the results across study outcomes, were not consistent. This may be due to heterogeneity in the interventions delivered (i.e. dose, duration and setting) and outcome measures used. Most of the studies were of low quality. Therefore, the results should be interpreted with caution.

Conclusion: Job loss prevention interventions may have an effect on work ability, absenteeism and in particular job loss among persons with IA. Further studies of high quality regarding job loss prevention interventions for people with IA are recommended.

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FRI0625-HPR

APPS TARGETING SYMPTOMS ASSOCIATED WITH SJÖGREN'S SYNDROME AND POTENTIAL USERS' PERCEPTIONS OF THEIR FEATURES: CONTENT ANALYSIS AND THINK ALOUD STUDY

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Background: Sjögren's syndrome (SS) is a rheumatic disease requiring self-management which may be delivered through smartphones. When developing digital interventions it is important to review what is already available (market segmentation)¹ to identify unique selling points and aid uptake and adoption. While there are no dedicated SS apps, many are publicly available for other rheumatic conditions². Understanding user preferences for existing apps may help to design an engaging app for SS self-management.

Objectives: To explore apps targeting SS symptoms of dryness, sleep disturbances, fatigue and pain. To explore views of people with SS on these app features.

Methods: Apple Store apps were retrieved on 04 March 2019 using the following search terms: *dry, dry eye, sleep, insomnia, fatigue, tiredness and pain*. Included apps were English and in Medical or Health & Fitness genres. Exclusion criteria were; duplicates, additional external devices required and apps targeting alcohol reduction or children.

Included apps were grouped by symptom. App descriptions were open-coded to generate a thematic coding framework (i.e. full list of features) for each symptom which was then applied to all app descriptions. To obtain views of people with SS, several of the reviewed apps for each symptom covering the full list of features were given to 13 focus group participants to use in 'think aloud' sessions (n=4). Audio data was recorded, transcribed and deductively analysed using the framework to gather opinions relating to each feature.

Results: Of 914 apps retrieved, 542 were included. Features within apps targeting dryness (n=15) provided dry eye information, self-assessment and reminders to blink or look away from screens. Apps targeting sleep (n=310) included features to support sleep restriction, sleep hygiene, sleep tracking (sleep onset and wake up times, time in bed, overall sleep quality), relaxing sounds, guided meditation, sleep stories, snore recording and alarms. Fatigue apps (n=79) included features to detect current physical and mental fatigue levels, support pacing (i.e. track fatigue, label tasks as 'high energy', prioritise tasks), and self-massage instructions. Apps targeting pain (n=138) featured pain tracking (of severity, affected body areas), guided exercises, and mindfulness.

Dryness apps prompted participants to reflect on its impact on daily activities, but further dryness features were desired relating to: using a humidifier; eye drop reminders; and dryness tips for other body areas e.g. vaginal dryness. Sleep restriction features were believed to be irrelevant but viewing and selecting sleep hygiene tips to "try" were considered useful. Beyond entering sleep onset and wake up times, participants wished to track "when and why I woke up", to understand night awakenings in relation to other symptoms. Fatigue detection features

were felt to be more useful for those recently diagnosed, as experienced participants could easily identify when they were fatigued ("I don't need an app to tell me!"). Participants valued pacing features but found them difficult to use. Daily pain tracking was considered demotivating, but useful for remembering and explaining issues to healthcare professionals. Participants believed that a dedicated app for SS would support self-management and raise SS awareness.

Conclusion: Existing apps targeting SS symptoms do not meet the needs of those with SS. App features should be tailored to SS by supporting dryness management in body areas beyond eyes, and night-awakenings. Pacing features must be easy to use. The ability to track pain should be optional and tracking prompts should be limited. Design considerations should be implemented alongside evidence-based behaviour change techniques to support self-management.

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FRI0626-HPR

DEVELOPMENT OF A TOOL TO SUPPORT PATIENT AND NURSE IN COMMUNICATING ON SELF-MANAGEMENT SUPPORT NEEDS PROJECT OF V&VN RHEUMATOLOGY RESEARCH GROUP

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Background: Self-management, ability of patients to optimally integrate their illness or disorder into their daily lives, is explicitly part of the new definition of health.

Self-management is considered essential in rheumatology care but is also a challenge for patients and rheumatology nurses. Often patients need support, but clarifying their support needs is difficult. Also, nurses experience difficulties in providing self-management support. A communication tool might help patients and nurses.

Objectives: In preparation for development of an online self-management program, a framework comprising 55 needs from 11 different domains has been developed (1).

The objective of this study is to develop a tool, based on this existing framework that can support patients and nurses in making targeted choices for adequate support.

Methods: The tool was developed in two steps. First, it was explored if existing framework as such was useful as a basis for the tool. It was discussed in a brainstorming session with rheumatology patients and rheumatology nurses. Second, two additional workshops, one with patients and one with nurses were organised. In these sessions, yellow cards with 55 needs from the framework (1) were compared with a more generic framework for self-management support in chronic diseases: the self-management web (2), figure 1. Goal of the workshop was to gain insight into usability of models and to gauge the ideas for a tool. The choice for these two models was based on the scientific background as well as the use with patients with a chronic or rheumatic disease.

Picture 1 : Workshop

Results: In the first brainstorming session 5 patients and 5 rheumatology nurses participated.