48 sessions from 0 (M0) to 6 months (M6) for the intervention group (IG) and 24 sessions from 3 months (M3) to M6 for the control group (CG). Total PA time was measured at M3 using the Global Physical Activity Questionnaire (GPAQ) [3].

Results: A total of 27 patients (23 women) were included, including 15 with RA and 12 with AS. Mean age was 59 ± 12 years, and median disease duration was 10 years (IQR: 3-19). The majority of patients had background treatment (conventional and/or biological). At M3, 22 patients could be evaluated (11 GC patients and 11 GI patients), as 3 patients were lost to follow-up and 2 were unable to come in due to health or professional reasons. The 11 GI patients attended a median of 16 sessions (IQR: 8-22), i.e., approximately one session per week. At M3, the total PA time was not increased, regardless of the measurement method, GPAQ questionnaire (effect size and 95% confidence interval (CI): 0.03 [-0.60; 0.67], $p=0.91$) or accelerometer (effect size and 95% CI: 0.43 [-0.37; 1.24], $p=0.26$), and regardless of the intensity of the PA. No significant change was found for sedentary time, disease activity, fatigue, or anxiety. However, improvements were found in body appreciation as assessed by the Body Appreciation Scale 2 questionnaire ($p=0.016$), balance ($p=0.053$), wrist bending angle ($p=0.092$), and shoulder amplitude ($p=0.093$). The few participants in this study is explained by the geographic distance of the classes and their homes, the lack of availability of patients in professional activity, fatigue, or not liking dance (mainly among men).

Conclusion: The results of this pilot study suggest that one Argentinean tango session per week in CIR patients is more achievable than two sessions as originally planned. As the practice of classes in hospitals is constrained due to geographic distance, the sessions could be offered in adapted structures. Nevertheless, our pilot study shows that the Argentinean tango is beneficial for body appreciation in patients with CIR. A qualitative study is needed to better understand these effects.

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POS1476-HPR THE NEED FOR INFORMATION AMONG PATIENTS WITH ANCA ASSOCIATED VASCULITIS DIFFERS BETWEEN GROUPS

S. Brolin¹, B. Löfström¹, E. Welin², I. Gunnarsson^{1,3}, S. Pettersson¹. ¹Karolinska University Hospital, Department of Gastroenterology, Dermatology and Rheumatology, Stockholm, Sweden; ²Örebro University, School of Health Sciences, Örebro, Sweden; ³Karolinska Institutet, Rheumatology, Stockholm, Sweden

Background: Being diagnosed with ANCA associated vasculitis (AAV) can be a frightening experience and means facing changes that involves adapting to new situations. Patients that are provided adequate information are better equipped to make well informed decisions regarding their care and stay compliant to the treatment plan. In order to provide adequate patient-centered information at the appropriate time and to identify those who may need extra support, the information needs must be explored. There have been several studies on the information needs of rheumatological patients, although very few studies for patients with AAV.

Objectives: The aim of this study was to explore what information patients with AAV need from their rheumatological team and how it differs between groups (gender, disease duration).

Methods: Men and women over 18 years were included through a consecutive sample from a Rheumatology or Nephrology Clinic at Karolinska University Hospital in Sweden during 2008-2019. Patients with all forms of AAV (GPA, MPA and EGPA), that had the Rheumatology clinic as primary contact, were included.

The participants were given Educational Needs Assessment Tool (ENAT) that measures the patient's information needs. The initial question, 'Do you need information right now about something that can help you with your rheumatic disease?' is answered yes/no. ENAT then includes 7 domains (Managing pain, Movement, Feelings, Disease process, Treatments, Self-help measures and Support systems) each containing 4-7 items (4-point Likert scale, 'not at all

important = 0' to 'extremely important = 3'). The total sum is divided by the maximum score and gives the percentage response of maximum score (0-100%), 0% meaning no information need and 100% highest information need. The responses are presented as "mean % of the domain score". Independent-sample t-test was used to compare the mean between groups. One way ANOVA was used to compare the mean domain score between the different diagnoses and age groups.

Results: 178 individuals completed the questionnaire, equally divided by gender. Age ranged from 18-85, median 61. 33,7% had been diagnosed within 2 years. The mean total score was 56,8 % of the highest possible score (0-100%). The highest information need was found in the domains 'Disease process' (78,1%), 'Self-help measures' (68,5%) and 'Treatments' (63,6%) whereas lesser need for information was found in the domains 'Managing pain' (47,5%), 'Support systems' (46,5%) and 'Movement' (41,1%). The domain 'Feelings' was scored as moderate (55,5%).

Those who acknowledge a present information need also scored significantly higher overall in all the domains. Disease duration and gender showed significantly affect the information need. Highest scores were found among women with a disease duration < 2 years with significant difference in 3/7 domains. Age, disease activity, diagnosis and social status did not affect the ENAT scores.

Conclusion: Even though only 38% of participants stated a current need for information, the results indicate that there are certain areas that patients with AAV consider important to receive more information about. Special consideration needs to be taken to women with short disease duration since they were shown to have a significantly higher need for information.

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POS1477-HPR GOUT PATIENTS IN REMISSION, AND THEIR PERSPECTIVES ON URATE LOWERING THERAPY TREATMENT STOP OR CONTINUATION STRATEGIES

I. R. Peeters^{1,2}, S. A. C. Wanten^{1,2}, L. M. Verhoef¹, A. Den Broeder^{1,2}, N. Van Herwaarden^{1,2}, M. Flendrie¹. ¹Sint Maartenskliniek, Rheumatology, Nijmegen, Netherlands; ²Radboud University Medical Center, Rheumatology, Nijmegen, Netherlands

Background: Urate lowering therapies (ULT) are used to reduce hyperuricemia in gout patients (1). When gout remission is reached, patients often ask if ULT should be continued lifelong (treat to target strategy, T2T), or if tapering or stopping (a treat to symptom approach, T2S) can be attempted. In fact, although current rheumatology guidelines (1,2) suggest continuation, conclusive evidence for this is absent. Since ULT therapy adherence also remains suboptimal, exploring gout patients' beliefs on different long term ULT treatment strategies is of great value.

Objectives: To identify cognitions and emotions on ULT treatment strategies (T2T continuation and T2S cessation) of gout patients in remission with current or previous ULT use.

Methods: Purposive sampling (3) was used to recruit patients from a general practice and a rheumatology department (Nijmegen, the Netherlands), with a clinical diagnosis of gout, current or previous ULT use and remission according to adapted (without serum urate criterion) preliminary gout remission criteria(4). Semi-structured interviews were conducted by two interviewers and audio-records were fully transcribed. Inductive thematic analysis (5) was used to analyse and interpret our data using the ATLAS.ti software.

Results: From a total of 18 patients (16 male/2 female), 14 patients were treated by a rheumatologist (10 currently using ULT, 1 intermittent and 3 previously) and 4 were treated by a general practitioner (all currently using ULT). Patients were satisfied with a T2T strategy, due to the absence of flares, a feeling of certainty and the reassurance of serum urate monitoring. Reluctance towards medication was reported, the importance of indefinite ULT use was questioned and its chronic use was addressed as a drawback. Reducing medication use by a T2S strategy was assessed positively and this strategy was considered less burdensome. A wish for and the willingness to follow a T2S approach was expressed. Fear and concerns of flaring after ULT cessation were expressed and were deemed both acceptable and unacceptable. See Table 1 for a schematic overview of the results.

Table 1. Overview of patients' perspectives on ULT treatment strategies

Motivation for a T2T strategy	Drawbacks of a T2T strategy
1. Being free of flares	1. Resistance to (any) medication use
2. Acceptance of and contentment with chronic ULT use	2. Side effects of ULT
3. Feels secure due to regular SU monitoring	3. Possibly detrimental to healthcare costs
4. No desire for change	
Motivation for a T2S strategy	Drawbacks of a T2S strategy
1. Doubt if chronic ULT use is necessary	1. Fear and insecurities on
a. Possible restorative capacity of the body	a. Flaring and not being able to function
b. Curious to effects of ULT cessation	b. Joint damage
2. Being free of ULT side effects	2. Feels uncontrolled
3. Long term damage ULT unknown	3. Hassle with visits, blood tests and medication adjustments when a flare occurs.
4. Less burdensome for patient and body	
5. Wish for minimization of (any) medication use	

Conclusion: This study provides an overview of perspectives on ULT treatment strategies of gout patients in remission. These results must be considered in developing educational material for patients and in future research on gout management, particularly in designing randomised clinical trials on this subject.

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POS1478-HPR NURSE LED REMOTE MANAGEMENT OF OSTEOPOROSIS – DO PATIENTS APPROVE?

J. Begum¹, J. Fourmy¹, M. K. Nisar¹. ¹Luton and Dunstable University Hospital, Rheumatology, Luton, United Kingdom

Background: Specialist services are heavily reliant on consultant delivered models however lack of sufficient consultant appointments pose a significant operational challenge. Clinical nurse specialists (CNSs) are highly trained and can fill this gap whilst maintaining a high standard of care.

Objectives: We designed an innovative proof-of-concept osteoporosis service with patients only consulting a metabolic bone CNS and a consultant providing remote oversight. The aim of the project was to improve the efficiency of the service by eliminating consultant appointments and reducing unnecessary hospital visits whilst continuing to deliver high-quality care.

Methods: A new pathway was implemented where a consultant rheumatologist and a CNS virtually triaged women over the age of 65 into the service. A dedicated proforma provided the template for the CNS to undertake new patient telephone consultation. Relevant investigations were requested during the telephone clinic and treatment related information was despatched to help with shared decision making. All patients were then reviewed in a consultant-CNS virtual MDT. Appropriate parenteral treatment option was agreed and confirmed to each individual. The CNS worked through a safety checklist and provided further advice and support to the patient as necessary. We surveyed 100 consecutive patients to gain their feedback regarding the service using a ten-item questionnaire employing binary and Likert scale options.

Results: The questionnaire was posted to 100 patients. Mean age of participants was 77.2 years (65-92). 75 returned the survey. 67 (89%) were happy with the waiting time and seventy (93%) found thirty-minute appointment acceptable. 66 (88%) were happy with the phone consultation and agreed that the care plan was adequately explained. 73 (97%) were happy for the CNS review in future and would recommend the service. 67 (89%) were satisfied with the overall service. Though most (95%) were able to take the call maintaining privacy, eleven (15%) participants would've found physical appointment more convenient. When asked which medium they would prefer for future reviews, only fifty (66%) patients would keep telephone as their choice. Sixteen (21%) would prefer face to face consultation, seven (9%) a combination of the two and only two would choose online option.

Conclusion: To our knowledge, this is the first successful example of an innovative service wholly provided by CNSs. Most patients were satisfied with this model of care and would highly recommend it. They were happy to be reviewed by CNS in the future. However a significant minority did not like the remote element and a higher proportion would choose physical review in future if offered. Interestingly, telephone consultation still scored substantially higher than online platform despite being physically visible in the latter. This is intriguing as most

remote services strive for online consultations assuming its preference to phone. Our study suggests against this notion certainly in older patient group. Overall, a nurse-delivered osteoporosis treatment pathway is highly effective, safe and provides an innovative solution though remote consultations may not be the optimal delivery model.

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POS1479-HPR PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN EARLY RA: A QUALITATIVE STUDY

E. Landgren^{1,2,3}, A. Bremander^{1,3,4,5}, E. Lindqvist^{1,2}, M. Nylander^{3,6}, I. Larsson^{1,3,7}. ¹Lunds University, Department of Clinical Sciences, Section of Rheumatology, Lund, Sweden; ²Skåne University Hospital, Department of Rheumatology, Lund, Sweden; ³Spenshult Research and Development Centre, Halmstad, Sweden; ⁴University of Southern Denmark, Department of Regional Health Research, Odense, Denmark; ⁵University Hospital of Southern Denmark, Danish Hospital for Rheumatic Diseases, Sønderborg, Denmark; ⁶Swedish Rheumatism Association, Stockholm, Sweden; ⁷Halmstad University, School of Health and Welfare, Halmstad, Sweden

Background: Data on patients' experience can identify strengths and weaknesses with given care, why a person-centred care will improve health care quality. In rheumatology care, most research on patient preferences for and experiences of RA care is performed in patients with established RA and less often in patients with early RA. In the early course of RA patients often struggle to manage their new life situation with a chronic disease and its treatment. Expectations and experiences of health care may change over time why it is important to understand how newly diagnosed patients perceive person-centred care.

Objectives: To explore patients' perceptions of person-centred care early in the RA disease course within the framework of person-centred care.

Methods: In this qualitative study 31 patients with early RA from four rheumatology specialist outpatient clinics were interviewed. An abductive qualitative content analysis was conducted based on the framework of McCormack and McCance (2006, 2016). The four constructs: prerequisites, care environment, person-centred processes, and person-centred outcomes constituted the four categories in the deductive part of the study. An inductive analysis revealed eleven sub-categories exploring the content of person-centred care for patients with early RA.

Results: For patients with early RA person-centred care was described as; 1. *Prerequisites* were to be treated with respect, to meet dedicated healthcare professionals, and to meet professional competence. 2. *The care environment* was to have access to a multidisciplinary team, to have access to health care, and a supportive organization. 3. *Person-centred processes* were to be listened to, to be supported, and to be involved in decision-making. 4. *The person-centred outcomes* were to be satisfied with received health care and to achieve optimal health.

Conclusion: A true person-centred care is important to patients early in the RA disease course, supporting the relevance to implement person-centred approach at all stages in the health care system. This study contributes to information about how to further develop person-centredness in rheumatology care also early in the disease course.

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POS1480-HPR IMPLEMENTATION OF TELEMEDICINE IN RHEUMATOLOGY: VIRTUAL CONSULTATION AS A TOOL FOR DIRECT COMMUNICATION WITH PRIMARY CARE

I. Garcia Hernandez¹, D. V. Mendoza Mendoza¹, P. Muñoz Reinoso¹, J. J. Pérez Venegas¹. ¹Hospital Universitario Virgen Macarena, Rheumatology, Sevilla, Spain

Background: Virtual consultation is defined as the provision of a healthcare service when there is a distance between the subjects and information and communication technologies are used to carry out the consultation. This tool has been successfully implemented in different specialties. It is useful for providing quick solutions, improving the overload of the medical care and for the early detection of inflammatory diseases¹. In our centre, virtual consultation from Primary Care (PC) to Hospital Care (HC) has been implemented.

Objectives: The main objective is to describe our experience with the use of virtual consultation and its value as a new modality of specialised medical care.