Two- and three-dimensional visualized pathological joints from X-ray and computed tomography generated images in a patient with long-standing (inadequately treated) RA (A) and a patient with early RA (B). Overall rating (range 0-10) on the VR application divided into four different professional subgroups (C); recommendations of VR application in the four different professional subgroups (D). HC, health care professionals; Boxplot explanation: Crossbars represent medians, whiskers represent 5-95 percentiles (points below the whiskers are drawn as individual points), box always extends from the 25th to 75th percentiles (hinges of the plot).

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POS1493-HPR IMPACT OF THE EULAR HCP CORE COMPETENCIES ON RHEUMATOLOGY PHYSIOTHERAPISTS IN THE UK: SURVEY RESULTS

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Background: A European Alliance of Associations for Rheumatology (EULAR) initiative in 2019 saw the first-ever publication of Core Competencies for Health Care Professionals (HCPs) working in Rheumatology (Edelaar et al 2019). This document sets the tone for how HCPs in Rheumatology should be working. One of the listed research agenda items created as a part of this project was to define discipline-specific competencies related to each of the HCPs unique roles in the multidisciplinary team.

Objectives: In response to this call for discipline-specific application, a recent national survey of physiotherapists working in rheumatology in the UK included a section looking at the comfort these clinicians feel in the day-to-day application of these Core Competencies.

Methods: In late 2019, an internet-based survey was emailed, and shared via other digital platforms, aiming to target all UK-based rheumatology physiotherapists. Other areas were covered and have been published (Gregory, Burchett and McCrum 2021), but there are unpublished data from Question 8 on this survey which involved listing the EULAR HCP Core Competencies and asking respondents to rate on a 5-point Likert scale their comfort with these statements in relation to their day-to-day practice.

Results: Ninety-seven UK-based physiotherapists working at least some of their job in rheumatology completed the survey. Overall the EULAR HACP core competency statements with the highest scores were statements 2 and 5; those statements with the lowest comfort response were statements 4 and 6.

Statement 2 relates to assessment and statement 5 to non-pharmacological management; it is in line with the traditional physiotherapy job role that these are the two areas identified by survey responders as their strongest areas.

Statement 4 relates to pharmacological management, and as this is not a formal part of expected specialist rheumatology physiotherapist job role at banding levels below band 8, this result was lower level of comfort probably to be expected. Statement 6 relates to patient education and whilst this is clearly a big part of the physiotherapist role, we expect the lower score here represents respondents awareness that broader disease education may sit better with other members of the rheumatology multi-disciplinary team.

Conclusion: Written for all HCPs, the competency statements do show less comfort on this survey of physiotherapists with regards to less profession-specific statements, namely medication management and disease education. Team working means these areas will be picked up by other rheumatology HCPs. Generally there is a good amount of familiarity with and comfort in application of these new core competencies. An alternative conclusion is that the EULAR

working group creating the competencies achieved a strong understanding of the HCP roles and the competencies are hence seen to fit well in this survey. As per the concluding statements of the 2019 EULAR core competencies document, there does remain a requirement to work on profession specific competencies in rheumatology.

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HPR Interdisciplinary research

POS1494-HPR THE COLLABORATION OF RHEUMATOLOGY-DERMATOLOGY IN THE EVALUATION OF RHEUMATIC DISEASES PATIENTS: EXPERIENCE IN A UNIVERSITY HOSPITAL

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Background: Dermatological manifestations are not rare in patients with rheumatic diseases (RD). Multidisciplinary management and direct interaction between these disciplines are essential. According to Dermatology-Rheumatology clinics, most diagnoses evaluated are systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA), with dermatitis being the most common manifestation. It is important to be aware that skin problems in RD patients are not always related to the underlying condition(1). Nowadays, there is significant evidence to support the manifold advantages of the joint dermatology-rheumatology clinics, including improved quality of care for patients and multidisciplinary training for new physicians(2). This ongoing trend is intended to highlight the important interaction between specialties that treat overlapping conditions, and it has been incorporated in academic health centers to give a comprehensive approach to patients.

Objectives: Our purpose was to describe the collaboration between the Rheumatology and Dermatology services during the evaluation of RD patients.

Methods: An observational, retrospective study was performed in the Rheumatology Service of the University Hospital "Dr. Jose Eleuterio Gonzalez" in Monterrey, Mexico, between March 2019 and February 2020. All the patients with a Rheumatology or Dermatology consultation requested were included (hospitalized and outpatients). Demographic (age, gender, baseline diagnosis), the reason for consultation, specialty requested, type of treatment, final diagnoses, and agreement in final diagnosis were registered. Results are shown in descriptive statistics.

Results: One hundred and seventy-four patients were included, 142 (81.6%) patients from the outpatient clinic and 32 (18.4%) patients hospitalized. The mean age was 45.1 (SD±15.8) years, 135 (77.6%) were females, 54 (31%) patients were under initial diagnosis evaluation, 30 (17.2%) had RA, 25 (14.4%) patients had SLE, 15 (8.6%) patients had psoriatic arthritis, 12 (6.9%) patients had systemic sclerosis, 6 (3.4%) patients had dermatomyositis. The main reasons for consultation in hospitalized patients were acute lupus (15.6%), subacute lupus (12.5%), purpura (12.5%), cutaneous vasculitis (9.4%), urticarial dermatitis (9.4%), dermatomyositis (6.3%) and others (34.3%). The consultation requested was: 156 (89.7%) to Dermatology and 18 (10.3%) to Rheumatology. The type of treatment prescribed was topic/local in 37 (21.3%) patients, systemic in 25 (14.4%) and both in 92 (52.9%) patients. The final diagnoses were related to the underlying disease in 102 (77%) patients and unrelated in 40 (23%) patients. The agreement between initial clinical suspicion and final diagnoses reached 75.9% between Rheumatology and Dermatology services. Figure 1.

Conclusion: The collaboration between Rheumatology and Dermatology services are very important. Most of the patients were under initial evaluation. All the rheumatologists and dermatologists should be aware of the interdependence from both specialties to give the best quality of care to the patients.

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Figure 1.

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POS1495-HPR THE EXPERIENCE OF A RHEUMATOLOGY UNIT DURING THE COVID19 LOCKDOWN: TELEMEDICINE ALLOWS A SAFE FOLLOW UP OF PATIENTS WITH RHEUMATIC DISEASES

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Background: In March this year, most of the routine activities were cancelled during the streaming of the pandemic in Italy. This prompted a pragmatic reorganization of the traditional care model of nursing and medicine, to quickly give an efficient clinical response. During the first phase of the pandemic, outpatient visits dropped by more than 60%, forcefully shifting to telemedicine to assure continuity of care despite the lockdown.

Objectives: The aim of the present work was to describe the strategy adopted during and immediately after the lockdown to assure the follow up of patients and the maintenance of their treatment in an outpatient "virtual" telemedicine clinic dedicated to RDs.

Methods: the patient flow to a rheumatology division during the lockdown was evaluated retrospectively from March to September 2020 in accordance with local restrictions, and three periods are described.

Results: 653/913 (71.5%), 542/542 (100%) and 1.048/1.048 (100%) infusion activities scheduled were performed at the centre for daily infusion and pre-infusion assessment, respectively during the 1st, 2nd and 3rd period. In the outpatient clinic during the 1st period, 96.96% of the cases was shifted to Telemedicine, which decreased to 52.45% in the 2nd period; while in the 3rd period, 97.6% of the performances were carried out at the clinic. Diagnostic procedures, such as ultrasound, capillaroscopy, and joint injection were generally postponed during the 1st period, reduced drastically during the 2nd and performed regularly during

3rd period. Ulcer treatment and the Clinical Trial Unit never stopped their activity. The flow of the activity of the outpatient clinic and the day hospital is represented as monthly trends in graph 1 (See Graph 1).

Conclusion: Our data show the feasibility of Telemedicine in a lockdown condition. Shifting stable patients to Telemedicine has the potentiality to minimize the risk of contagion and allow continuity of care. In the future, the use of Telemedicine for specific clinical uses might assure patient assistance also in non-pandemic conditions.

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Graph 1. Monthly trend for telemedicine and visits during the SARS Cov2 emergency

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POS1496-HPR IS NUTRITIONAL FOLLOW-UP IN PATIENTS LIVING WITH RHEUMATOID ARTHRITIS BETTER WITH TELECONSULTATION? - EXPERIENCE BEFORE AND AFTER PANDEMIC

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Background: Nutritional follow-up as part of the integral attention for patients living with rheumatoid arthritis (RA) has been limited due to the COVID-19 pandemic. It made necessary to implement a remote monitoring for the care of the patients and to evaluate the outcomes of the changes in the care model.

Objectives: To identify the effects of the telemonitoring intervention within the pandemic scenario and the outcomes of the traditional face-to-face nutrition consultation.

Methods: A retrospective analysis of health records and the administrative data base of the patient's follow-up, between 2019 and 2020, was developed at the arthritis specialized center of the Santa Fe de Bogotá Foundation in Bogotá, Colombia. The outcomes measured include the number of visits per year and the proportion of patients who attend their nutritional follow-up by telemonitoring in 2020 vs patients attending to face-to-face nutrition consultation. Differences in the Body Mass Index (BMI) and the changes based on eating habits, defined by the quality of food consumption per day, were also measured.

Results: A total of 212 patients from 2020 and 179 from 2019 were analyzed; An increase of 61.5% in the number of consultations, using nutritional telemonitoring per year, was identified in 2020 (n=412) compared to 2019 (n=255). In patients followed from 2019 to 2020, 13% (10/77) experienced an increase of more than 2 units of their BMI, while 22% (17/77) showed a decrease; in 2% of patients was not possible to evaluate their current weight; in the same way, 49% (103/212) in 2020 showed a positive change in their feeding habits compared with a 12% (21/179) in 2019. 135 new patients were recruited for nutritional telemonitoring 2020.

Conclusion: Nutritional telemonitoring to follow-up patients with RA has increased considerably in terms of consultations per year and changes in the feeding habits. However, more evaluation is required for this model.