[.0]; Extensive [$>.26$]). The CME activity launched on Jul 6, 2020, and the data were collected through Aug 31, 2020.

Results: A total of 54 rheumatologists completed the pre- and post activity assessments during the study period. Overall the activity had a significant impact ($P = .0002$) on rheumatologists' knowledge and competence related to optimisation of treatment in psoriatic disease, with a Cramer's V value of 0.210 indicating a considerable educational impact. The average percentage of correct responses rose from 67% pre-activity to 85% post-activity. A repeated pairs analysis showed that 21% of rheumatologists improved their knowledge and 64% reinforced their knowledge, respectively. The changes in percentage of correct responses from pre- to post-assessment for all questions are shown in Table 1. More than 60% of rheumatologists had a measurable improvement in confidence in their ability to identify patients with psoriatic disease who are candidates for first-line therapy with biologics.

Table 1. Impact of education on rheumatologists' knowledge of psoriatic disease

Question #	Question topic	Aggregated data		Linked Learner Results ^a	
		Average % of correct responses Pre- vs. Post-education	P-value	% Improved ^b learners Pre- vs. Post-education	% Reinforced ^c learners Pre- vs. Post-education
1.	Prevalence of the various manifestations of psoriatic disease	46% vs 80%	.0002	35%	44%
2.	Clinical data with biologic therapies in psoriatic disease	69% vs 78%	NS	17%	61%
3.	Competence related to identification of patients who may benefit from biologic therapy	87% vs 98%	.027	11%	87%

^aEach individual learner tracked pre and post-education^bIncorrect answer pre-education, Correct answer post-education^cCorrect answer pre-education, Correct answer post-education

Conclusion: This online CME activity significantly improved rheumatologists' knowledge and competence related to the optimization of treatment in psoriatic disease. However, there is room for further improving physicians' knowledge of clinical trial outcomes with biologics in patients with PsA, since 22% of rheumatologists provided incorrect answers to question 3 post-education. This topic can be addressed in future educational programs.

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AB0850 DUTCH RHEUMATOLOGISTS' PERSPECTIVE ON MRI EDUCATION: DO WE NEED TO CHANGE?

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Background: Studies have shown the value of magnetic resonance imaging (MRI) as an objective tool for diagnosis, follow up and detection of complications for a broad spectrum of rheumatology associated diseases [1]. With increasing (potential) clinical applications of MRI, rheumatologists need basic knowledge about the technique and interpretation of the images to get most out of MRI use in clinical practice. Although radiologists will remain the experts of MRI protocols and readings, lack of sufficient rheumatologists training will not yield in optimal interaction between the specialists and will negatively influence the benefit of the MRI contribution to patient care. Despite offered MRI courses within EULAR, in the Netherlands there is currently no structural MRI education for rheumatologists (in training). This while rheumatologists are intrinsically motivated to improve their MRI skills [2,3].

Objectives: By use of a developed questionnaire:

- [1] To create an overview of the current communication methods between rheumatologists and radiologists regarding MRI and rheumatologists' perspectives on the efficiency and effectiveness of the imaging requests and radiologists reports.

- [2] To make an inventory of current knowledge and interpretation skills of rheumatologists concerning MRI.
- [3] To assess the needs of rheumatologists for education to work with MRI requests, reading and reports in routine clinical care by development of a questionnaire to determine the current clinical situation.

Methods: A questionnaire was created.

Results: A total of 109 respondents (28% respons) have filled in the form with a 100% completion rate.

1. Communication:

Communication regarding MRI in rheumatology is done largely per request of the rheumatologist with a high level of satisfaction concerning the quality of the discussion. Most medical centers have no multidisciplinary team meeting with the radiology department, discussions are mostly performed on demand.

2. Interpretation:

Rheumatologist predominantly rely on the conclusion of the radiology report with little understanding of the technical and anatomical characteristics of the images. Only a small percentage (6%) of rheumatologists is able to interpret the images. Half of the responders do not feel competent to teach fellow colleagues about imaging.

3. Educational wishes:

When asked to prioritize the subject of imaging education, most people prefer interpretation skills, followed by instructions on how to provide most optimal clinical information and question(s) on the request form as well as knowledge on anatomy. Least preferred is education concerning the MRI technique itself.

The preferred method of advanced imaging education is a combination of classroom teaching and e-learning.

Conclusion: Dutch rheumatologists express a satisfactory communication with their radiologists, which is mostly not performed structurally. Rheumatologists indicated that education, in particular in MRI imaging reading, will provide a better understanding in the MRI technique and applicability as well as confidence in self-interpretation of the images.

The preferred method of MRI imaging education is blended (e.g., a combination of classroom teaching and e-learning).

The results therefore show that MRI education of rheumatologists is still a need in clinical practice in the Netherlands. MRI education of rheumatologists can contribute to more efficient application of MRI in rheumatology patient care, including a more optimal interaction between radiologists and rheumatologists.

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AB0851 CONDUCTING PATIENT SCHOOLS AS A WAY OF MANAGING RHEUMATOLOGIC DISEASES

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Background: 2020 year has become a landmark for the medical care system around the world. A huge number of patients and doctors were involved in the fight against an unknown and rapidly spreading infection, while many patients with chronic diseases or those who were just planning to see a doctor were left without this opportunity. The consequence was the active development of the online format of patient-doctor communication.

Objectives: To determine the value of conducting schools for patients with rheumatologic diseases or related complaints in a pandemic.

Methods: On the basis of the Clinical Rheumatology Center of the Medical Association "New Hospital", online schools were organized for patients with rheumatological diseases and complaints. In just 3 months, 6 schools were held, in which 299 people took part. At the end of each session, patients were asked to answer questions about the level of satisfaction and the value of the information received. The survey was conducted in Google form.

Results: about 80% of the responders lived in the region where the schools were held, 20% were from other regions of Russia or other countries. One third of patients (33.9%) were 31-40 years old, a quarter (25%) were 51-60

years old, and every fifth (19.6) was from 61 to 70 years old. The overwhelming majority (61.1%) learned about the training from employees' announcements or on the website of a medical organization. Interestingly, almost a third of the participants (31.9%) listened to the lecture to "prevent problems in the future" or "for general development," the rest either get sick themselves or have relatives with these problems. The significance and usefulness of the school on a scale from 0 to 10 points was assessed by 75% participants at 10 points, another 21% from 7 to 9 points, and for 1 participant - by 3 and 4 points. When answering the question: "Will something change in the understanding of your disease or further managing after today's lesson?" most of the listeners answered that "they are planning to change their lifestyle" (55.4%), a little less - "understands that you need to come to an in-person appointment" (27.4%), "listened due to problems with relatives" (30.4%) and "understands that it is necessary to adjust the treatment" (23.2%). 87.5% of the responders rated the degree of interest with which the teacher led the school at 10 points; all 100% of participants expressed a desire to attend the following events. When comparing the school with television programs or other similar events, 83.9% of people noted a higher level of information importance and 87.5% of accessibility of its presentation. All responders with a high probability were ready to recommend schools to another people (85.7% for 10 points), trust the doctor conducting such schools (94.6% for 10 points) and would turn to this doctor if possible (87.5% for 10 points). Also, all participants actively answered the question about the desired topic of future schools.

Conclusion: The conducted evaluation of the online format of schools for patients with rheumatic diseases or complaints has confirmed the high satisfaction of patients with this form of communication, the presence of a certain "request" for such format, clarity and accessibility of the transmitted information. The most important result of the training can be considered the readiness of patients to change their lifestyle and the understanding that it is necessary to observe or consult a doctor.

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AB0852

BREAKING THE GLASS CEILING IN MEXICAN RHEUMATOLOGY

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Background: The term "glass ceiling" has been used since the late eighties, to designate an invisible barrier that prevents highly qualified women from reaching positions of responsibility in the organizations they work. (1) At first, this concept was used to analyze the career of women who, having a professional career and a high level of competition in their workplaces, encountered an interference when trying to advance in their careers. (2). The so-called "glass ceiling" refers to a last barrier based on prejudice towards women that prevents them from advancing to high-level positions.

Currently, there is almost the same number of men and women affiliated to the Mexican College of Rheumatology (CMR). The position of president is the highest directorial position, we undertook the task of evaluating the percentage of women who have historically held that leadership position.

Objectives: To assess the percentage of woman who have occupied the position of president of the Mexican College of Rheumatology.

Methods: Observational, cross-sectional study. We evaluated the number of man and women who have historically held the position of president of the CMR.

Results: Currently, the CMR has 630 active members, 308 women (48.9%) and 322 men (51.1%). Among rheumatologists younger than 40 years of age, women represent 58% (n=128). We found that historically the CMR has had 48 presidents, of which only 4 (8.3%) are women.

Conclusion: There is a big gender gap between presidents of the CMR. It is important to talk about the gender perspective and recognize the causes that have originated this gap. Incorporating the gender perspective in senior management is a pending issue for our CMR.

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Educational cases

AB0853

IGG4-RELATED DISEASE CAUSING OCULAR NERVE PALSIES AND ORBITAL APEX SYNDROME: CASE REPORT AND LITERATURE REVIEW

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Background: IgG4-Related Disease (IgG4-RD) is a systemic immune-mediated fibroinflammatory condition. The epidemiology is not well defined: it usually affects adults from middle-age onwards, predominantly male. Both B and T-cells are central in IgG4-RD pathogenesis, as demonstrated by the efficacy of B-cell depletion therapy. IgG4-RD can affect multiple organs including the central and peripheral nervous system, producing a constellation of clinical symptoms and signs, depending on the organ structures involved.

IgG4-related orbital disease is relatively rare can implicate all extra-ocular muscles, structures emerging from the Orbital apex, optic canal, or superior and inferior orbital fissure. Depending on the structures involved, it can produce different or sometimes subtle clinical presentations, posing diagnostic challenge. There were case reports of IgG4-related ophthalmic disease misdiagnosed as intraocular tumour.

Objectives: IgG4-RD is increasingly recognised as an entity affecting the head and neck region. However, it rarely involves skull base and presents with orbital apex syndrome. In this current case report, we describe an interesting case of IgG-related orbital disease presenting with ocular nerve palsies and orbital apex syndrome.

Methods: Case report.

Results: A 36-year-old gentleman with cocaine and alcohol misuse presented with a 2-month history of left sided headache, diplopia, recurrent ear infections, otalgia and hearing loss. Initial imaging suggested left otomastoiditis and intravenous antibiotics were commenced. Contralateral partial third nerve palsy with pupil sparing was elicited. 2 months later, there was worsening right eye ptosis, proptosis, right relative afferent pupillary defect, reduced visual acuity and colour vision as well as a near-complete ophthalmoplegia. Subsequent imaging showed worsening soft tissue swelling centred on the upper left parapharyngeal and masticator space, with multiple perineural enhancement and lateral extension to right orbital apex and orbital fissures. Blood tests only revealed raised IgG4 subclass. Infectious aetiology was excluded. Left nasal mass biopsy performed showed no fungal organism or malignancy. There were lymphoplasmacytic proliferation but no storiform fibrosis or obliterative phlebitis. IgG4 immunostaining on two assessable fields revealed 22 and 17 positive plasma cells respectively, and an IgG4: IgG ratio of <10%, and 50% in the other. Significant improvement was seen clinically and radiologically with antibiotics and a tapering regime of oral Prednisolone. Patient was commenced on Azathioprine as long term immunosuppression.

Conclusion: A high degree of clinical suspicion is necessary to diagnose IgG4-RD when presenting with orbital apex syndrome and ocular nerve palsies. IgG4-RD can mimic mastoiditis of infectious aetiology. Other differentials may include cocaine-induced midline destructive lesions and granulomatosis with polyangiitis. The diagnosis can be supported by elevated serum IgG, elevated IgG index and pathognomonic histopathological findings. The diagnosis of IgG4-related orbital disease should be deliberated on by a multidisciplinary group, with every effort being made to exclude an infectious aetiology, before embarking on immunosuppressive therapy. Primary treatment is with steroids. However, immunotherapy using azathioprine can be utilised in recurrent disease or patients with steroid intolerance.

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