(bDMARDs) in respectively 67.4% and 30.6% of cases. Corticosteroids and Non-steroidal Anti-Inflammatories (NSAIDs) intake was noted in 39.1 and 33.7% of patients.

Difficulties to access to rheumatologist care appointments were reported in 82.9% of the participants. Reasons of those difficulties are summarized in Figure 1.

Figure 1. Causes of difficulties of access to Rheumatologist care during COVID-19 pandemic.

Half of patients declared that the pandemic had affected their therapeutic compliance. Discontinued drugs were in decreasing order: Synthetic antimalarials (68.4%), NSAIDs (45.8%), Methotrexate (43.8%), bDMARDs (25.2%), Sulfasalazine (18.2%) and Corticosteroids (10.2%).

Causes of treatments interruption are summarized in Table 1.

Table 1. Causes of treatments interruption in patients with CIRD

Drugs	Not found in pharmacies	The pharmacy refuses to give me the treatment without a recent prescription	To avoid the decrease in immunity and therefore to avoid catching Covid-19	I stopped the follow-up, and so I stopped the treatment...	Other reasons
NSAIDs	0	27.8	74.1	44.4	27.8
Corticosteroids	0	14.3	92.9	57.1	50
Methotrexate	70.1	3	10.4	16.4	22.4
Sulfasalazine	0	12.5	25	75	100
Synthetic antimalarial	69.2	0	0	23.1	61.5
Leflunomide	0	0	0	0	0
bDMARDs	0	7.4	40.7	44.4	51.9

Conclusion: The COVID-19 pandemic impacted heavily on therapeutic maintenance in CIRD patients in our country. Patients expressed many difficulties in access to appropriate management. Facing to all those consequences, we need to develop as soon as possible adequate solutions adapted in such health crisis, especially therapeutic education and telemedicine.

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AB0900-HPR

THE EXPECTATIONS AND EXPERIENCES OF PATIENTS WITH RHEUMATOID ARTHRITIS AFTER ENROLLING INTO AN EDUCATIONAL PROGRAM. RESULTS FROM A MIXED STUDY APPROACH

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Background: Rheumatoid arthritis (RA) is a high-cost disease, usually diagnosed at a productive age in life. RA brings significant changes in a patient's life. On an emotional level, the patient perceives a strong impact that generates disorientation, denial, depression, hopelessness, anger and fear due to the uncertainty of the development of the disease and the doubt of the turn that his life will take. However, each patient has different ways of coping with the disease and adapting to it (1,2). These changes require attention from health personnel. In this regard, different studies have reported the effect of educational, support and empowerment programs for patients on reducing the effects of the disease and the benefits are oriented towards improving lifestyles by improving self-care (3,4).

Objectives: To describe the experience of patients with rheumatoid arthritis, their perception and expectations about entering a multicomponent educational program in a specialized center in Bogotá - Colombia.

Methods: For this study a concurrent mixed design was used, in which quantitative and qualitative methods are applied simultaneously, we invited patients with rheumatoid arthritis who attended a specialized center in Bogotá - Colombia who enrolled in an education program called UNIVERSITAR. The quantitative phase included a descriptive analysis and the application of the expectations scale adapted from Borkovec and Nau (5); this scale collects information about

the level of expectations and satisfaction of the program. The scale ranges from 0 (not at all) to 10 (very much). Immediately after the application of the scale, the participants were invited to a focus group that allowed the dialogue on the perception and expectations of the participants regarding the program, through a dynamic process in which the participants exchanged their ideas and opinions. A group interview script was used, aimed at identifying the patients' experiences with their diagnosis and their expectations regarding the program. Two focus groups were held with an average duration of one hour; the discussion was recorded on audio and transcribed in its entirety.

Results: We included 31 participants and were distributed in two focus groups. The median age of the participants was 60 years IQR (54-67), 92% were female. 77% of participants reported high scores for the satisfaction regarding the program. In the qualitative phase two categories emerged that speak of the experience of the participants with the disease. They highlighted the appearance of this disease in their lives in an unexpected way, the doubts and uncertainties that were generated from the diagnosis and the implications that this condition causes health in their everyday life. However, in the second category, the expectations and motivations of the participants towards the educational program are highlighted, and the factors that influence their participation and their motivation to train and empower themselves to make decisions and as expert patients, capable of educate, guide and support other patients with the same diagnosis.

Conclusion: The expectations and perceptions of the patients are of great importance, since through these the conditions with which these educational programs provide interventions and a better quality of life to these patients can be improved.

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AB0901-HPR

SOCIAL AND PSYCHOLOGICAL IMPACT OF THE CONTAINMENT DURING COVID-19 PANDEMIC ON PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES

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Background: Covid-19 pandemic had a worldwide impact on the population, global economy and health care systems.

Objectives: To evaluate the psychological state and social impact of patients with Chronic Inflammatory Rheumatic Diseases (CIRD) during this pandemic in order to understand how to optimize their quality of life.

Methods: It's a cross-sectional survey, where the data were collected through the online survey tool "google forms". A pilot test were conducted with the study committee members who analyzed the apparent validity of the questionnaire and identified issues that could lead to misunderstandings, and their suggestions were refined by a retest reliability until general agreement.

The social and psychological impacts were evaluated by 14 questions exploring the different effects of the containment on negative feelings, interest in the family, changes in daily activities and plans, quality of sleep, practice of physical activity before and during containment, as well as the impact of the Coronavirus on psychological health. Statistical Analysis System IBM SPSS Statistics V20.0.0 was used to analyze the survey data.

Results: 350 patients had participated in this online survey (mean age of 46,1 ± 14,4, 68% were women, 15.7% were illiterate, 45.7% were unemployed, rural residence in 11.7% of cases).

Patients reported that their mental health has been negatively affected by Coronavirus in 59.1% of cases. Table 1 summarizes the psychological events during the containment.

Table 1. Negative feelings during the containment

Negative feelings (%)	N = 350
Hopelessness	23.7
Anxiety	55.4
Fear	29.7
Frustration	22.9
Loneliness	17.4
Anger	22.6
Powerlessness	24.3

Patients reported that they paid more attention to their family in 87.1% during containment. Their daily lives and their life plans had changed because of

Coronavirus(in 89.7% and 81.4%). Sleep during the pandemic has been negatively affected in 72.6% of patients. Physical activity practice had significantly decreased during containment (26.6% vs 51.7%)

Conclusion: This study illustrates the social and psychological impact of COVID-19 pandemic on patients with CIRD. In the light of those results, we have launched an awareness campaign to reinforce psychologic and social support of patients with CIRD during this global health crisis.

Disclosure of Interests: None declared

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AB0902-HPR

COVID-19 PANDEMIC: KNOWLEDGE, BELIEVES AND FEARS IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATIC DISEASES IN A DEVELOPING COUNTRY

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Objectives: To investigate the knowledge, believes, and fears of patients with Chronic Inflammatory Rheumatic Diseases (CIRD) in Morocco regarding the Covid-19 pandemic.

Methods: COVID-19 related knowledge was evaluated through following items: clinical presentations, age of infection, transmission routes, self-reported preventive behaviors, patient's approach in case of suspicion of being infected by COVID-19 and vaccination. We also investigated the source of the patients' information. Believes and fears of patients regarding COVID-19 was assessed using 2 items that explored participant's perception of the degree of threat to public health and their individual infection susceptibility compared to the general population.

Results: A cross-sectional study was conducted among patients with rheumatic diseases using a questionnaire providing information on patients and disease characteristics. 350 patients had participated in this online survey (mean age of 46.1 ± 14.4, 68% were women, 15.7% were illiterate, 45.7% were unemployed, rural residence in 11.7% of cases). The correct answer rates of the 6 questions of the knowledge section of the questionnaire were 53.4-100% with an average mean of 90.7%. The mean COVID-19 knowledge score was 5.4/6 (SD:0.48). Most participants (96.6%) correctly identified the age group concerned about Covid-19 infection. Remarkably 92.3% of the participants recognized 3 clinical features when 97.7% and 72.3% of the sample recognized perfectly modes of transmission and disease prevention measures. 87.4% of patients knew the recommended course of action to do if they have fever or cough and have recently been in contact with an infected patient. 64% of the study population thought that there was no vaccine available yet.

The sources of information on COVID-19 were in descending order: rheumatologist (56.6 %), personal research (on the internet or other) (43.4%), video broadcasts on national television channels (28%), other Awareness Video (24.2%). Regarding the patients believes and fears toward COVID-19, 81.7% of patients believed that the pandemic is a serious threat for the public health and 80.6% thought that their CIRD makes them more exposed to the risk of contamination than general population.

Conclusion: The results of this survey show a high prevalence of patient concern about COVID-19. However, the majority of patients responded correctly on the mode of transmission and the means of protection for the COVID-19 infection. Those results could be explained by enormous awareness-raising efforts carried out by our different departments of our government.

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HPR Service developments, innovation and economics in healthcare

AB0903-HPR

DURATION OF TELEPHONE CONSULTATIONS AMONGST RHEUMATOLOGY PRACTITIONERS IN A DISTRICT GENERAL HOSPITAL - ADAPTING TO REMOTE CONSULTATION IN A COVID-19 PANDEMIC

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Background: The Covid-19 pandemic has resulted in a rapid adoption of remote consultations in order to limit face to face clinical contact wherever appropriate, as recommended by the British Society for Rheumatology. The same clinic templates which existed for face-to-face encounters have been retrospectively adapted, without consideration of any potential difference in duration of consultations. Rheumatology practitioners from a variety of clinical backgrounds work alongside the rheumatology consultants, providing clinical care to patients with both inflammatory arthritis and connective tissue disease.

Objectives: To record the duration of all scheduled telephone consultations carried out by advances rheumatology practitioners in a 4-week period.

Methods: All scheduled telephone clinic encounters over a 4-week period were timed and the duration recorded in a spreadsheet. Data was collected in real time by all 8 rheumatology advanced practitioners working within the rheumatology department of a district general hospital, following each clinic episode.

Results: Data was recorded from a total of 337 clinic appointments. Of these, 317 (94%) were booked as routine, 3 (0.9%) as urgent, 4 (1.2%) were expedited following an advice line contact, and 13 (3.9%) no data was recorded. 28 (8%) of the patients did not answer when contacted. 80 (24%) clinic appointments lasted 15 minutes or less, 186 (55%) lasted 16 - 30 minutes, 37 (11%) lasted 31 - 45 minutes, and 6 (2%) lasted 46 - 60 minutes. The average duration was 22 minutes.

Conclusion: Within this department, remote consultations appear to have a similar duration when compared against the traditional clinic template for a fully face-to-face clinic, with some encounters lasting significantly longer than the planned duration. This would appear to differ to telephone consultations used in other settings, such as general practice where the duration is reportedly shorter¹. This may be representative of the additional complexity and co-morbidity of a typical rheumatology patient, or due to the multi-faceted nature of a rheumatology follow-up appointment². Although remote consultations are effective in limiting risk of exposure to Covid-19, they may not offer a quicker or more efficient service compared with the face-to-face model. Further study in this field is required to evaluate this widely adopted new pattern of working.

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AB0904-HPR

RHEUMATOLOGY NURSING AND COVID19: FIRST WAVE EXPERIENCES

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Objectives: To know the impact of the first wave of COVID19 (March to June 2020) in the nursing activity in rheumatology and explore improvements in patient care during the pandemic situation.

Methods: 2 surveys were sent to nurses working in the rheumatology area (Both in the Outpatient department and day care unit) during October 2020 in Spain. The first survey had 10 questions about what happened in the rheumatology units in the first wave of the COVID19 pandemic (March to June of 2020) and the second survey had 10 questions about the standards of quality of nursing care in times of pandemic. Google forms were used to collect and analyze data.

Results: 32 nurses completed the survey (30 women (93.8%)) with an average age of 49.6 ± 10.2 years. 93.8% work in the outpatient clinics and 2(6.2%) in day care units. The main results of the effects of the first wave of the pandemic are as follow: 4(12.5%) nurses were transferred to other areas of the hospital, 27(84.4%) showed changes in their care activity; and in 12(37.5%) of the surveyed centers, (slightly less than half of the medical staff) left their usual activity to care for covid-19 patients. In June 2020, at the end of the first wave, 17(53.1%) reported more decompensated patients and 22(68.8%) reported that they had both telephone and face-to-face consultations; 15(46.9%) reported that their clinical activity had increased.

Regarding the standards of quality during the pandemia: 27(84.4%) believed that rheumatology units should be strengthened, 31(96.9%) reported the need to carry out COVID educational campaigns in rheumatic patients and 30(100%) stated that nursing education should lead that education; 31(96.7%) believed