Over half the patients (56%) were starting DMARDs for the first time, of those 8% requested a telephone consultation to discuss treatment further with the Rheumatology nurses. Of the 44% of patients already taking a DMARD and due to start a second medication 24% required a telephone clinic appointment. As this is a new service, we asked for feedback, receiving replies from 34%, all scoring between 9/10 and 10/10.

We have released > 7 hours of specialist nurse time for telephone/helpline clinics.

Conclusion: The development of digital / remote medication clinics has been a success and we will continue with this approach. We have limited face-to-face appointments, started patients on rheumatology medications more quickly and efficiently than previously (but maintained safety), allowed the nursing staff time to spend more time working in our telephone clinics and have had excellent patient feedback. Although, we are aware, this is at a cost of no peer-to-peer interaction, which has been of value in the past.

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HPR Professional education, training and competencies

AB0910-HPR LEVELS OF DEPRESSION AND ANXIETY DURING COVID-19 PANDEMIC: AT WHAT DEGREE ARE HEALTH CARE WORKERS AFFECTED IN TUNISIA?

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Background: Since December 2019, a novel pneumonia caused by coronavirus-19 (COVID-19) has been spreading internationally. Facing this critical pandemic, health care workers who are involved in treating these patients are at risk of developing psychological distress.

Objectives: To evaluate mental health outcomes among health care workers treating patients exposed to COVID-19.

Methods: This cross-sectional study collected demographic data and mental health measurements from health workers in different hospitals using an online questionnaire. Participants were divided in two groups: G1 included participants working in a COVID-19 unit and G2 included those who worked in a normal ward. Participants were asked to complete the 9-item Patient Health Questionnaire (PHQ-9) and the 7-item Generalized Anxiety Disorder scale (GAD-7). The total scores of these measurement tools were interpreted as follows: PHQ-9 normal (0-4), mild (5-9), moderate (10-14) and severe (15-21) depression; GAD-7 normal (0-4), mild (5-9), moderate (10-14) and severe (15-21) anxiety. We compared the two groups in terms of psychological distress using a Chi-square test.

Results: A total of 155 individuals with a mean age of 31.3 ± 25 years [26-45] and a sex-ratio of 0.3 completed the online questionnaire. Seventy-two participants (46%) worked in a COVID-unit. The mean number of nightshifts per month in the COVID-unit was 9.5 in G1 and 1.3 in G2 respectively. The mean number of work hours per day in the COVID unit was 5 hours in G1, and 0 in G2. G2 participants worked in COVID-units during nightshifts only. An increase in workload compared to the pre-epidemic was noted only in G1. Depression and anxiety scores were higher among participants of G1 compared to G2 (Table 1).

Table 1. Comparison of the participants according to the PHQ-9 and GAD-7 scores:

Score	G1	G2	p
Mild depression	33%	12%	0.001
Moderate depression	14%	9%	0.000
Severe depression	7%	0.9%	0.002
Mild anxiety	29%	17%	0.005
Moderate anxiety	18%	7.3%	0.002
Severe anxiety	8.4%	2.1%	0.001

G: Group

The need for psychological support was more frequent in G1 compared to G2 (38% vs 9%; p=0.005). Participants of G1 were diagnosed with depression (9 cases), anxiety (9 cases) and burn-out (3 cases). In G2, 4 participants were diagnosed with anxiety. The prescribed treatments were: antidepressants (5 cases), anxiolytic (10 cases), and psychotherapy (12 cases).

Conclusion: Individuals experience varying levels of distress during pandemics. In our study, health care workers in the frontline of COVID-units experienced high levels of anxiety and depression. Thus, necessary measures should be attached to psychological support strategies for health care workers.

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AB0911-HPR ROLE OF MOBILE APPLICATIONS IN RHEUMATOLOGY CARE: A MULTICENTRIC SURVEY

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Background: Although mobile health applications (apps) are becoming increasingly popular across several medical specialties, no data are available in rheumatology. The aim of this study is to investigate whether apps are routinely used by rheumatologists.

Objectives: In our study we aim assess real-life use of mobile applications in rheumatology clinical activity and to evaluate mobile apps role in rheumatology training, in particular for residents, and clinical activity.

Methods: We invited a non-selected sample of rheumatologists (consultants, residents and medical students committed to begin rheumatology residency) to participate in an anonymous web-based survey. This survey investigated mobile application use in rheumatology care and issues and concerns about mobile device use in rheumatology.

Results: Sixty participants completed the survey (40% consultants, 48.3% residents, 11.7% students). 52/60 (86.7%) declared to use mobile apps during their work. More than 50% used apps at least once a day. Apps were mostly used for calculating clinical disease activity scores for chronic inflammatory arthritides. Most rheumatology residents stated that these apps could be a useful tool in medical training. However, using a smartphone during a clinical examination was deemed to be inappropriate by 26/60 (43.3%).

Conclusion: Mobile apps as clinical tools are widespread among rheumatologists.

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HPR Interdisciplinary research

AB0912-HPR

AMIGOS DE FIBRO (FIBRO FRIENDS): EDUCATIONAL PROGRAM TO PROMOTE THE HEALTH OF PEOPLE WITH FIBROMYALGIA IN BRAZIL

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Background: Health education is pointed out as the front line in non-pharmacological approaches in fibromyalgia.

Objectives: To develop an interdisciplinary educational program to promote the health of individuals with fibromyalgia in Brazil.

Methods: This is a qualitative study, through a focus group, carried out in a Basic Health Unit in the city of São Paulo, SP. The guiding questions were about the needs and demands exposed by patients with fibromyalgia and health professionals who work in primary health care. 12 individuals with fibromyalgia and 10 health professionals participated. The data were analyzed using the content analysis method proposed by Bardin, specifically the thematic content analysis.

Results: Amigos de Fibro (Fibro Friends) should be conducted through lectures, dynamics and conversation circles. The educational program must include 15 meetings with weekly frequency. The meetings are: 1st to present the program and socialization activities. 2nd: Doctor presents the concepts of fibromyalgia. 3rd: Nurse informs about practices and environments that favor self-care. 4th: Social Worker shows the importance of support. 5th: Physiotherapist shows the main body practices and physical activity. 6th: Nutritionist presents an adequate and healthy diet. 7: Psychologist shows mental health practices. 8th: Pharmacist informs about medicines. 9, 11 and 13: participants perform activities at home. 10: Naturologist presents integrative and complementary practices. 12th: Occupational Therapist encourages methods to save energy. Day 14: Speech therapist helps in the quality of sleep. 15: closing activity.

Conclusion: Amigos de Fibro is a program that presents interdisciplinary educational information for individuals with fibromyalgia, being considered a trend of care for the future. The next step is to conduct a clinical trial to verify the effect of this intervention and then implement it in the health service in Brazil. Fibro Friends was created from the conjoint action of patients and healthcare professionals, it can be an effective educational tool to be implemented at primary health attention centers, promoting the self-care, life quality and the promotion of health in individuals with Fibromyalgia. Fibro Friends is an excellent tool for patient education and counseling in Brazil.

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Patient information and education

AB0913-PARE

METHOTREXATE FOR RHEUMATOID ARTHRITIS: PATIENT PERSPECTIVES ON MONITORING IN PRIMARY CARE

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Background: Monotherapy with methotrexate (MTX) is one first-line option for newly diagnosed Rheumatoid Arthritis (RA)¹. Although treatment is usually commenced by a specialist, repeat prescribing and monitoring responsibilities often lie with primary care. While inadequate monitoring is a safety concern, unnecessary duplication of monitoring invariably has cost implications for General Practice (GP).

Objectives: To ensure that patients in one South-West GP practice who are taking oral MTX for RA are appropriately monitored in line with current guidance from the British Society of Rheumatology (BSR). Current guidance recommends that once a stable MTX dose is maintained for six weeks, followed by monthly bloods for the next three months, that at least twelve weekly blood monitoring is sufficient from then on¹.

Methods: A randomised sample of 50 patients registered in one South-West GP practice that were taking a stable dose oral MTX for RA; for at least 6 months; was collected. The length of time between the patient's two most recent blood tests was recorded. A random selection of ten patients with more frequent monitoring than BSR guidance suggest were asked a series of questions to determine patient perspectives on reasons for monitoring frequency.

Results: 58% of patients had more frequent monitoring bloods than current BSR guidelines recommend. Within this group, the mode frequency of monitoring was four weeks, in line with the previous National guidance which was superseded in 2017². The most common themes in patient's perspectives on monitoring frequency were:

- a. Previous abnormal blood results requiring close monitoring
- b. Multiple disease modifying anti-rheumatoid drug (DMARD) regimes that included MTX
- c. Patient preference
- d. Unclear or unknown reason

The purported increased monitoring for multiple DMARD regimes were not in line with current national guidelines¹.

Conclusion: This audit demonstrates that over half of patients taking MTX for RA in one GP practice are having more frequent blood monitoring than BSR guidance suggests is necessary. Furthermore, it demonstrates that patient's understanding of their perceived need for increased monitoring is largely inaccurate or unclear to them. There is a clear deficit in patient education surrounding monitoring frequency which must be addressed in order to empower patients, as well as reducing unnecessary duplication of blood tests. As a result of this audit, patient education on MTX monitoring frequency was formally introduced as part of the RA annual patient review. An information sheet with these monitoring requirements was produced to aid practitioners in the education process.

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AB0914-PARE

INFORMATION PREFERENCES ABOUT TREATMENT OPTIONS IN DIFFUSE CUTANEOUS SYSTEMIC SCLEROSIS: A DELPHI CONSENSUS STUDY

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Background: Diffuse cutaneous systemic sclerosis (dcSSc) has a high impact on quality of life and is associated with increased mortality. Several treatment options are available in dcSSc, including immunosuppressives, chemotherapy and hematopoietic stem cell transplantation. Shared decision making is key in choosing the appropriate treatment strategy. In earlier studies however, patients reported that the lack of accessible and reliable patient information about treatment options complicates decision making. In order to provide information that meets the needs of patients and addresses relevant benefits and harms, more insight in the preferences of patients is needed.

Objectives: The aim of this study was to identify and prioritize aspects that should be addressed when informing patients with dcSSc about treatment options, from a patient's perspective.

Methods: A three-round Delphi study was conducted with a panel of patients with dcSSc. The first questionnaire was based on a systematic literature search regarding benefits and harms of the four main treatments in dcSSc: methotrexate,