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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.

REFERENCES:

- [1] Antunes M, Ferreira A, Oliveira D, Júnior JN, Bertolini S, Marques AP. There is association between the level of physical activity and quality of life of women with fibromyalgia?. *Annals of rheumatic diseases*. 2019;78(2):650-1. <http://dx.doi.org/10.1136/annrheumdis-2019-eular.2835>.
- [2] García-Ríos MC, Navarro-Ledesma S, Tapia-Haro RM, Toledano-Moreno S, Casas-Barragán A, Correa-Rodríguez M et al. Effectiveness of health education in patients with fibromyalgia: a systematic review. *European Journal of Physical and Rehabilitation Medicine*. 2019;55(2):301-13. <https://doi.org/10.23736/S1973-9087.19.05524-2>.
- [3] Oliveira DV, Ferreira AAM, Oliveira DCD, Leme DEDC, Antunes MD, Nascimento Júnior JRAD. Association of the practice of physical activity and of health status on the quality of life of women with fibromyalgia. *Journal of Physical Education*. 2019;30(1): e3027. <https://doi.org/10.4025/jphyseduc.v30i1.3027>.
- [4] Stuijbergen AK, Blozis SA, Becker H, Phillips L, Timmerman G, Kullberg V, et al. A randomized controlled trial of a wellness intervention for women with fibromyalgia syndrome. *Clinical Rehabilitation*. 2010;24(4):305-18. <https://doi.org/10.1177/0269215509343247>.

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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.

REFERENCES:

- [1] J. Ledingham et al | BSR/ BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs | *Rheumatology* 2017; 56: 865-8.
- [2] Chakravarty K et al | BSR/BHPR guideline for disease-modifying anti-rheumatic drug (DMARD) therapy in consultation with the British Association of Dermatologists | *Rheumatology* 2008; 47: 924-5.

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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,