PsA 85 %), aged 55±13 and 50±12. Less than 35% of patients had an under-
standing of diagnostic tests, what was measured and the implication for disease,
with 75.5% also concerned about heredity. There was a high level of understand-
ing of how specific medications treat inflammatory arthritis (72.9%). Adherence
was also very high (87%), with the main reasons for stopping medication with-
out the advice of their clinician, ‘feeling better’ and ‘side effects’ however a signif-
icant proportion of patients (69.9%) reported a disease-flare following cessation
of medication. Patients of childbearing age (69%) were also concerned that
inflammatory arthritis reduced their chances of getting pregnant, with only 8% believ-
ing arthritis medications were safe to take during pregnancy. Finally, only
9% of patients had ever been asked to participate in a research study.
Conclusion: This study demonstrates a need for the development of stronger
patient-partnerships with clinicians and researchers in relation to patient educa-
tion and engagement with research, to create a platform where patients can have
meaningful input and involvement in future research studies.
Acknowledgements: We wish to thank all the patients who contributed to this study

Disclosure of Interests: Mary Canavan: None declared, Viviana Marzaioash: None declared, Alex Donnelly: None declared, Siobhan Wade: None declared, Alexander Fraser: None declared, Tim O’ Sullivan: None declared, Sinead Har-
ney: None declared, Arthritis Ireland: None declared, Douglas Veale Speakers bureau: Abbvie, Janssen, Novartis, MSD, Pfizer, UCB, Consultant of: Abbvie, Janssen, Novartis, MSD, Pfizer, UCB, Grant/research support from: Janssen, Abbvie, Pfizer, UCB, Ursula Fearon Speakers bureau: Abbvie, Grant/research support from: Janssen, Abbvie, Pfizer, UCB

DOI: 10.1136/annrheumdis-2021-eular.2085

AB0919-PARE KNOWLEDGE ON SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) AND ITS MANAGEMENT AMONG SLE PATIENTS ATTENDING RHEUMATOLOGY CLINIC AT NATIONAL HOSPITAL OF SRI LANKA

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Background: Systemic Lupus Erythematosus (SLE) is a chronic relapsing and
remitting multi-system involving autoimmune condition mainly affecting females
of reproductive years. As any other chronic disease needing long term treatment and
follow up, proper patient education and high level of patients’ knowledge on their
own diagnosis is mandatory for the optimum management. It is proven that poor
patient awareness has led to poor compliance and catastrophic relapses. There were no Sri Lankan study to assess patients’ knowledge on SLE and its management.

Objectives: To describe the demographic data, any exposure to patient educa-
tion and to assess knowledge about their own diagnosis and its management among a group of already diagnosed patients with SLE attending rheumatology clinic in National Hospital of Sri Lanka.

Methods: A cross sectional descriptive study was carried out with convenience
sampling and data were collected using interviewer administered questionnaire.
All already diagnosed patients with Systemic Lupus Erythematosus attending the
Rheumatology clinic during the data collection period were invited to participate in
the study and total of 45 were enrolled with 100% response rate.

Results: Overall 45 participants were in the study and all were females. The mean age was 37 (±12.53) years and the average disease duration was 62 months. Considering the exposure to patient education 89.87% had at least one type of patient education and 10.1% had none. A significant proportion (84.4%) was aware about their own diagnosis and 82.2% was able to correctly mention their current medication. Overall knowledge about the disease and its manage-
ment was moderate (68.7%) among this study population according to our scor-
ing system. However, they had a poor knowledge (45%) relating to pregnancy and
contraception.

Conclusion: The above study describes important demographic data, exposure to
patient education and patients’ knowledge about their own disease in popu-
lation of Systemic Lupus Erythematosus patients attending National Hospital of
Sri Lanka. Their overall knowledge regarding SLE, its management and complica-
tions were at a moderate level and awareness regarding pregnancy and contraception in a SLE patient was at a lower level. Therefore, clinicians should pay more attention to patient education when managing conditions like SLE as it
directly affect the patients’ compliance and overall disease outcome.

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Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.2497

AB0918-PARE FAMILY PLANNING AND RMDS: A SURVEY

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Background: It is well known and universally acknowledged that RMDs are not related to old age, as those who are affected by these illness between 30 and 45 years old are a big number, perhaps the biggest one. Therefore, family planning and pregnancy are topics even more actual and their management is certainly one of the biggest source of distress and troubles in people affected by RMDs and their spouses.

Objectives: to define and deeply understand the problem’s dimension, ANMAR made a survey according to the CAPIRE Observatory.

Methods: an episodic questionnaire was given to patients waiting for a rheumatolo-
gical consultation, during 6 months in 2020.

Results: Over 300 women with an RMD fulfilled the questionnaire: 7 on 10 women are trying to become pregnant 51% of them did not notice it to their Rheumatologist. 57% of them has been already pregnant.

Conclusion: In Italy, women with RMDs are over 3.5 millions and the a lot of
them are women of childbearing potential. As therapies actually used are really effective, but may induce side effects on the reproductive system, it is absolutely needed to inform the Rheumatologist about the intent to procreate and to have suggestions about the correct choice of contraception models.

Communication between patient and Rheumatologist must be improved, even in this important topic.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3040

AB0919-PARE WHAT DO OLD PEOPLE THINK OF THEIR RHEUMATOID ARTHRITIS TREATMENTS?

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Background: Managing chronic diseases such as rheumatoid arthritis (RA) is a challenge on a daily basis for rheumatologists and convincing our patients to properly take their medication may be difficult especially with elderly. First step comes with our patients’ education and suppressing misbeliefs and misconceptions.

Objectives: To study beliefs of elderly RA patients on DMARDs and see what
they really think of their treatments.

Methods: A cross-sectional study was conducted in a rheumatology clinic over a
period of 4 months. Patients over the age of 65 having RA and being treated with
conventional DMARDs or biologics were questioned about their medication. The belief about medicines questionnaire (BMQ) was used to assess different beliefs. It is a validated questionnaire of 18 items. Patients responded freely to each item using a Likert scale. The clinician later collected the data and 4 scores were calculated (concern (c), necessity (n), overuse and harm), thus classifying patients on 4 different groups as follows: accepting if nc 15 and c<15, ambivalent nc 15 and c>15, indifferent if nc 15 and c<15 and skeptical if nc 15 and c<15.