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 (79.9%). 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 childhood age (69%) were also concerned that
inflammatory arthritis reduced their chances of getting pregnant, with only 8.%
believing 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.

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AB0917-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
year of patient education and 10.1% had none. A significant proportion (84.4.4)
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.

REFERENCES:
[8] Petro M, Perez-Guthmann S, Longenecker JC, Hochberg M. Morbidity of sys-

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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 illnesses 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 poseite questionnaire was given to patients waiting for a rheumatolo-
gy 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 reproductice system, it is absolutely needed to inform the Rheumatologist
about the intent to procreate and to have suggestions about the correct chice of
contraception models.

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

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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
 misconception.

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 (control (c), necessity (n), overuse and harm), thus classifying
patients on 4 different groups as follows: accepting if n ≥15 and c≥15, ambivalent
n ≤15 and c≤15, indifferent if n ≤15 and c <15 and skeptical if n<15 and c ≤15.
Results: Forty elderly patients joined the study. The median of age was 66 years. They were mostly women (82.5%) with other comorbidities in 55% of the cases. The mean of DAS 28 score was 4.65±1.77 and the mean of the VAS pain score was 5 out of 10. Only 175% of the patients were on remission or low disease activity. Radiological destructions were detected in 87.2% of the patients and deformities in 60% of them. Rheumatoid factor and/or citrullinated peptide antibodies were detected in 81.6% of the cases. 95% of the patients were on methotrexate (MTX), 12.5% on Sulfasalazin and 12.5% on biotherapies. Corticosteroids were prescribed in 85% of the patients. Responses to the BMQ specific and general questionnaire are showed in table 1. The mean score of concern was 15.3±3.8, the mean score of harm was 13.4±2.9, the median of the necessity score was 13.5. Analysing patients’ beliefs, the majority of them were ambivalent towards their DMARDs (44.4%), 33.4% were accepting, 11.1% were skeptical and 11.1% were indifferent.

Table 1. BMQ responses

<table>
<thead>
<tr>
<th>BMQ specific responses</th>
<th>Do not agree at all %</th>
<th>Do not agree %</th>
<th>Uncertain %</th>
<th>Agree %</th>
<th>Agree very much %</th>
</tr>
</thead>
<tbody>
<tr>
<td>My health at present depends on my RA medicines</td>
<td>5.6</td>
<td>22.2</td>
<td>27.8</td>
<td>44.4</td>
<td>0</td>
</tr>
<tr>
<td>Having to take RA medication worries me</td>
<td>5.6</td>
<td>44.4</td>
<td>0</td>
<td>38.9</td>
<td>11.1</td>
</tr>
<tr>
<td>My life would be impossible without my RA medication</td>
<td>5.6</td>
<td>16.7</td>
<td>22.2</td>
<td>33.3</td>
<td>22.2</td>
</tr>
<tr>
<td>Without my RA medication i would be very ill</td>
<td>11.1</td>
<td>22.2</td>
<td>16.7</td>
<td>38.9</td>
<td>11.1</td>
</tr>
<tr>
<td>I sometimes worry about the long-term effects of my RA medication</td>
<td>27.8</td>
<td>11.1</td>
<td>11.1</td>
<td>44.4</td>
<td>5.6</td>
</tr>
<tr>
<td>My health in the future will depend on my RA medication</td>
<td>5.6</td>
<td>33.3</td>
<td>5.6</td>
<td>50</td>
<td>5.6</td>
</tr>
<tr>
<td>My RA medication is a mystery to me</td>
<td>5.6</td>
<td>33.3</td>
<td>5.6</td>
<td>50</td>
<td>5.6</td>
</tr>
<tr>
<td>My RA medication disrupts my life</td>
<td>5.6</td>
<td>38.9</td>
<td>5.6</td>
<td>44.4</td>
<td>5.6</td>
</tr>
<tr>
<td>I sometimes worry about becoming too dependent to my RA medication</td>
<td>0</td>
<td>38.9</td>
<td>11.1</td>
<td>44.4</td>
<td>5.6</td>
</tr>
<tr>
<td>My RA medication protects me from becoming worse</td>
<td>16.7</td>
<td>5.6</td>
<td>61.1</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td>BMQ general</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors use too many medicines</td>
<td>0</td>
<td>16.7</td>
<td>27.8</td>
<td>44.4</td>
<td>11.1</td>
</tr>
<tr>
<td>People who take medicines should stop their treatment for a while every now and then</td>
<td>11.1</td>
<td>44.4</td>
<td>22.2</td>
<td>22.2</td>
<td>0</td>
</tr>
<tr>
<td>Most medicines are addictive</td>
<td>0</td>
<td>5.6</td>
<td>22.2</td>
<td>61.1</td>
<td>11.1</td>
</tr>
<tr>
<td>Natural remedies are safer than medicines</td>
<td>11.1</td>
<td>11.1</td>
<td>27.8</td>
<td>22.2</td>
<td>27.8</td>
</tr>
<tr>
<td>Medicines do more harm than good</td>
<td>11.1</td>
<td>27.8</td>
<td>27.8</td>
<td>27.8</td>
<td>5.6</td>
</tr>
<tr>
<td>All medicines are poisons</td>
<td>5.6</td>
<td>22.2</td>
<td>22.2</td>
<td>22.2</td>
<td>22.2</td>
</tr>
<tr>
<td>Doctors place much trust in medicines</td>
<td>5.6</td>
<td>16.7</td>
<td>33.3</td>
<td>27.8</td>
<td>16.7</td>
</tr>
<tr>
<td>If doctors had more time with patients they</td>
<td>0</td>
<td>11.1</td>
<td>22.2</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>would prescribe fewer medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: Elderly RA patients should me more reassured about the safety of DMARDs and the importance of taking them and try to establish a better patient-doctor relationship.

REFERENCES:

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**AB0924-PARE** PRACTICES AND BEHAVIORS DURING THE COVID-19 PANDEMIC IN PATIENTS WHO PARTIALLY ATTEND TO AN EDUCATIONAL PROGRAM ON RHEUMATOID ARTHRITIS. A CROSS-SECTIONAL SURVEY

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Methods: Lack of appropriate knowledge about new coronavirus forced different activities among entities acting for the benefit of patients. Our rheumatic patients organizations suspended group exercises and face to face meeting counting that it was only for 1-2 months. In social media from early March 2020 we support action “stay at home” like a warranty of safety. We tried to stay in contact with member organizations and in regional organizations with their members. We participated in action “Patient units us” organized by Minister for Patients Rights – during duty hours we had a chance to inform calling us people about different solutions connected with pandemic. Using our social media we inform people with RMDs about statement of EULAR and Polish Society for Rheumatology. After short break we are continuing works in Council of Patients Organization to the Minister for Patients Rights. Having contacts with RMDs patients we learn from them about their problems met in everyday lives.

Results: COVID-19 pandemic interrupted typical activities of our associations. After summer holidays we could organize group exercises and real meetings only after 2 months to new wave of coronavirus. Many members resigned from participation fear of infection. For the same reason people resigned from medical consultation and examination. Following confirmed information we could share it among our followers using websites and social media. Majority of medical consultations was remotely when physician calls to patient on time of appointed visit.

Conclusion: COVID-19 pandemic accelerated progress of e-health and of using of new technologies. On the one hand it give a challenge for people who didn’t use it before to start to do it but on the other hand digital exclusion has deepened among people who never use Internet and stay alone in pandemic times. Virtual activities of associations give a chance to keep a contact with members, increase their knowledge, dispel doubts. Some changes forced by coronavirus infection are good and will stay among us like e-prescription, e-referral, internet patients account, virtual workshops and lectures. We are concerned that teleconsultations can replace medical examination in out-patient center. It can be danger for people with inflammatory arthritis. So long break in face to face meetings in associations can be a reason of lost of members especially older. Fast learning of using new technology in medicine and in activities of associations give an opportunity for future but nothing can replace personal contact.

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