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 17.5% 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 15.33 ± 3.8 , the mean score of harm was 13.44 ± 2.9 , the median of the necessity score was 18 and the median of the overuse 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

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

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

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3274

AB0920-PARE WHAT WE LEARNED DURING COVID-19 PANDEMIC

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Background: When the first official cases of pneumonia of unknown etiology in the city of Wuhan were reported by Chinese authorities to the World Health Organization (WHO) on 31st of December, 2019 nobody couldn't imagine that only month later new disease reached Europe and so fast change lives around the world. The first case of COVID-19 in Poland has been detected on 4th March 2020 and 16 days later Polish government introduced an epidemic state connected with new law regulations and with lockdown.

Objectives: Fast shared new coronavirus was a challenge for all. People with rheumatic and musculoskeletal diseases (RMDs) in very short time lost their sense of security. They received different information about COVID-19. One of the main information was that people with RMDs have higher risk of COVID-19. Providing real information in era of fake-news and giving of possible solutions during pandemic has become the goal of activities of patients organizations.

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 during 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 of new technology in medicine and in activities of associations give an opportunity for future but nothing can replace personal contact.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3304

AB0921-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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Background: The new coronavirus disease has become a public health emergency that has not been seen for generations. Covid-19 disease leads to an extreme immune activation and cytokine response and constitutes a big risk and a challenge for patients with inflammatory conditions such as rheumatoid arthritis (RA). During the Covid-19 pandemic, rheumatologists and health-care professionals have faced many challenges to provide an adequate follow-up and treatment to RA patients; one of them, has been the establishment of lockdown for populations older than 60 years and the limitation of having face-to-face consultations, moving us to telemedicine activities. On the other hand, in our center an education program for patients with RA had been established in the second semester of 2019, which due to the epidemiological risk control measures, it was necessary to interrupt when we only had 5-6 months of a project that was planned for 2 years; it was mandatory to pause it and implement virtual education alternatives; this educational program for RA patients was also moved to virtual mode later.

Objectives: To describe possible changes in the practices and behaviors of patients with rheumatoid arthritis (RA) during the lockdown that started in March 2020 in Colombia due to the Covid-19 pandemic, who previously partially attended to an educational program on RA.

Methods: We included patients who attended previously a face-to-face educational program, that aims to teach and empower patients in all aspects related to RA. After the lockdown, the educational program had to stop abruptly while an online strategy was developed later; meanwhile the patients did not have any educational activity for 3-4 months. For this study, patients answered to a telephonic survey in July 2020; the survey included questions about their practices related to the Covid-19 pandemic, SARS-Cov-2 symptoms, adherence to rheumatoid arthritis treatment, virtual rheumatology consultations compliance and, the influence of news on their adherence.

Results: A total of 260 patients took part in the survey; mean age of the respondents was 60 years IQR (54-66), 93% were female. In July 2020 88% of patients had accessed a telemedicine-based and 12% a face-to-face rheumatology consultation; only 3.5% of patients reported having been less adherent to pharmacological therapy due to information received through media or social networks. Regarding the prevention measures taken during the pandemic, 98% reported to have stayed in their houses since the lockdown was established in Colombia, and have implemented or increased hand washing from one or none to more than three times per day. Also 8% of respondents lived with people who were at bigger risk of having SARS-CoV-2 (i.e. health care professionals, workers at public transportation, and supermarkets among others), the main measurement taken was to be completely separate from the person at risk to avoid contagion and maintaining hygiene measures and physical distancing (Fig 1). Only one patient was positive for SARS-CoV-2, due to a possible contagion from a relative at home and reported only flu-like symptoms without any complications. Patients highlighted the necessity to return to the educational on RA program agreeing to attend to an online modality. Patients highlighted the need for educational sessions focused on the relationship between rheumatoid arthritis, its treatment, and Covid-19.

Figure 1. Behaviors, practices, and its changes due to Covid-19 pandemic

Conclusion: An educational on RA program shows to be helpful tool to maintain high adherence rates to the RA treatment despite of the new challenges associated to the pandemic and despite being incomplete due to lack of time; patient-centered education programs should continue to address the patient's concerns and beliefs about their disease and the Covid-19 issues.

Disclosure of Interests: Fernando Rodriguez: None declared, Diana Buitrago-Garcia: None declared, GUILLERMO SÁNCHEZ: None declared, Pedro Santos-Moreno Speakers bureau: Pedro Santos-Moreno has received fees for conferences from: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi., Consultant of: Pedro Santos-Moreno has received fees for counseling and advisory boards from: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi., Grant/research support from: Pedro Santos-Moreno has received research grants from: Abbvie, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi.

DOI: 10.1136/annrheumdis-2021-eular.3434

AB0922-PARE OSTEOPOROSIS AWARENESS LEVEL AS A METHOD FOR IMPROVING PRIMARY PREVENTION

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Background: Having complete information about osteoporosis is a prerequisite for preventive behavior, which determines the conscious adherence to the principles of a healthy lifestyle.

Objectives: To assess the level of awareness of osteoporosis among women.

Methods: A survey was conducted of 750 female respondents aged 15 to 55 years in the Chuvash Republic. The survey was conducted from January to December 2019. The questionnaire consisted of 30 questions. One point was awarded for each correct answer. The minimum score for passing the test was 75% correct answers. The questions addressed both general knowledge about osteoporosis and the relationship between disease onset and diet, physical activity, vitamin D, cigarette smoking, excessive alcohol consumption, and being overweight. The respondents were divided into two groups: group A (n = 375) - females from 15 to 35 years old and group B (n = 375) - females from 36 to

55 years old. Survey data was processed in Statistical Analysis Software 15.0. Statistical significance was calculated using Analysis of Variation.

Results: We obtained the following results for the Main Aspects of the survey: 1. Osteoporosis is a rare condition that occurs primarily in women (Awareness level: Group A - 47%; Group B - 67,5%; Analysis of Variation > 0,05). 2. Postmenopausal women are more at risk of osteoporosis (Awareness level: Group A - 73,5%; Group B - 70,4%; Analysis of Variation > 0,05). 3. Prevention of osteoporosis is impossible (Awareness level: Group A - 78,8%; Group B - 89%; Analysis of Variation > 0,05). 4. Vitamin D is synthesized by direct exposure to UV radiation on the skin (Awareness level: Group A - 53,1 %; Group B - 69,1%; Analysis of Variation > 0,05). 5. Effective prevention of osteoporosis are: I. Balanced diet; II. Absence of bad habits; III. Occupation with health-improving physical culture. IV. Reduction of excess body weight (Awareness level: Group A - 69,2%; Group B - 47,1%; Analysis of Variation > 0,05). 6. Increased consumption of table salt, sugar and excessive consumption of protein foods, vegetarianism negatively affects the quality of bone tissue (Awareness level: Group A - 56,7%; Group B - 70,4%; Analysis of Variation > 0,05).

Conclusion: The conducted survey shows that the level of awareness of osteoporosis and its prevention is low among women in different age groups. In some cases, it is even a cause for concern. We believe that respondents' statements that osteoporosis cannot be effectively prevented are the most important findings of our study. Starting from adolescence, women should be well aware of the main risk factors for the development of osteoporosis, the mechanisms of its development and its consequences. This knowledge will help substantiate why it is necessary to lead a healthy lifestyle, which will help to prevent the development of this disease in the future. The concept of prevention of osteoporosis should include the following recommendations for the general population: to maintain a physically active lifestyle and to spend sufficient time under the influence of sunlight, avoid smoking and drinking large amounts of alcohol, ensure that dietary calcium intake is in line with the recommended level in the area, and maintain an appropriate body weight.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2021-eular.3856

Building patient led organisations

AB0923-PARE WHAT IS THE IMPACT ON THE QUALITY OF LIFE (QOL) OF PEOPLE LIVING WITH SPONDYLOARTHRITIS (SPA)*?

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Background: SpA describes a group of chronic inflammatory arthritic diseases with common features including inflammation of the spine, eyes, skin and gastrointestinal tract. These conditions can be painful and debilitating for many. Delayed diagnosis and treatment can lead to irreversible damage to the spine and other joints. Diagnosis of these conditions can take, on average, 7 years or more. We don't know what causes SpA and there is no cure. The onset of symptoms can be in early childhood and expands throughout one's lifespan. It affects children, women and men worldwide.

Objectives: To understand how living with SpA impacts QOL (including relationships, work and day-to-day life) and what is important to patients in order to help the CSA** prioritize advocacy focus and resource development.

Methods: The CSA surveyed the community virtually from 11/19/19 to 01/21/20. The results of 838 respondents were analyzed after the survey closed.

Results: 66% of respondents had been diagnosed with Ankylosing Spondylitis and 24% with Psoriatic Arthritis. 22% were diagnosed with more than one form of SpA.

Over 70% reported their day-to-day life was negatively impacted by SpA. Only 7% indicated no impact on their daily life and 22% said it was somewhat impacted. Ability to remain in the workplace was impacted and 16% reported being on long-term disability and 4% on short-term disability. There were 7% who retired early due to their disease.

Sleep loss/interruption was reported by 89% and 74% said they avoid social events. 41% of participants are highly restricted by SpA when it comes to tasks like outdoor yard work. Other highly restricted tasks include exercise (36%) and cleaning (31%). Tasks of medium restriction include preparing meals (31%) and engaging in intimate relations (30%).

Upon diagnosis and disease progression, many reported less frequent participation in exercise, travel, intimate relationships, social outings and family activities. Some even said they stopped participating in these all together.

When asked to rank what was most important regarding QOL, most ranked living with no/reduced pain as most important, followed by improved sleep/no fatigue. The least important were returning to work and going out with friends.