stiffness and fatigue, while the least common symptom was skin pain/discomfort related to psoriasis patches. In the BWS, patients reported pain-related symptoms (i.e., joint pain and lower back or spine pain) as the most bothersome, while the least bothersome symptoms were psoriasis-related (Figure 1). Patients reported ability to perform physical activities as the most important disease impact to improve, followed by ability to live/function independently, sleep quality, and ability to do daily activities. Nearly half the sample (49%) stated they would strongly prefer a treatment for PsA that does not include methotrexate. Among patients who were not satisfied with methotrexate, the top reason was dislike of the short-term side effects after each dose. When asked to choose among four different ways of taking their PsA medication (oral once a day, oral twice a day, injection every 2 weeks, injection once a month), the most preferred method was oral once a day (38%) followed by injection once a month (26%), with 24% indicating no preference. Additionally, 49% of the sample felt that mode of administration was an important factor when deciding to start a new therapy.

Conclusion: Among real-world patients with PsA, the most bothersome PsA symptoms were related to pain while patients most wanted to improve functional impacts of their disease. Patients most preferred an oral once a day treatment option and treatment regimens that do not include methotrexate. These findings can serve to better inform development of new therapies and guide shared patient-provider treatment decision making.

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POS0063-PARE IMPLEMENTING SHARED DECISION MAKING TO ADVANCE PATIENT CENTRED RHEUMATOID ARTHRITIS CARE: A ROLE FOR A PATIENT ORGANISATION

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Background: In rheumatoid arthritis (RA) care, patients and professionals face treatment decisions regularly due to the high number of treatment options, the chronic character of the disease and challenges around multi-morbidity. Recent studies have underlined the added value of shared decision making (SDM) between patients and professionals in RA care for health outcomes (i.e. disease activity, pain and joint damage) ¹⁻⁴. Therefore, effort is needed to facilitate the implementation of SDM in daily clinical practice in order to advance patient centred RA care.

Objectives: The aim of this implementation project was to improve SDM about treatment options for patients with RA. In addition the use of (Patient Reported) Outcome Measures in the process of SDM was taken into account.

Methods: An implementation programme was developed by the National Association ReumaZorg Nederland (RZN) in co-creation with patientpartners and RMD professionals. Three hospital departments of rheumatology in the Netherlands participated in the project between January 2020 and March 2021. The implementation of SDM was supported by a project team of RZN.

Results: The implementation programme started with the recording of RMD consultations in three participating departments of rheumatology. The consultations were then evaluated on the process of SDM (OPTION5) and discussed during the training of professionals that followed. Three observed improvements in SDM in RA care were: a. A more explicit introduction of choice for a patient is needed during the consultation; b. Tasks within the process of SDM should be allocated clearly among RMS specialists and nurses working together, in order to avoid unnecessary repetition of the same - or even inconsistent information; c. Besides the use of (patient reported) outcome measures in the SDM process, it is also important to include patients' values (what matters to them?) when deciding on the best fitting treatment option. After the training, implementation support for SDM was given and aids to support the SDM process (i.e. redesign of health care processes, task allocation, hand card with explanation of the 4 steps of SDM) were developed. The implementation programme was tailored to the needs and stage of change for each hospital. Implementation materials for the hospital teams were developed in co-creation with patientpartners and the professionals. At the end of the project, a second set of consultations was recorded and evaluated on SDM. The hospital teams concluded that a continuous improvement cycle is needed to further enhance SDM.

Conclusion: A continuous implementation programme on shared decision making could stimulate the enhancement of patient centred care in daily practice. Patient organisations could take a significant role in such a programme.

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POS0064-PARE DESIGN OF AN INNOVATIVE MHEALTH SOLUTION FOR FIGHTING STIGMA ASSOCIATED WITH CHRONIC PAIN

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Background: Pain is associated with a plethora of diseases. The statistics reveal that chronic pain affects around 100 million people across Europe and is closely associated with high unemployment rates, depression, substance abuse & social exclusion. Stigma is a significant and persistent problem for those with chronic pain. Lack of public awareness & stigma associated with pain affect not only patients but also society.

Objectives: The present research proposes a holistic solution to combat stigma using the latest technological developments. A mobile health application has been designed in order to serve the various stakeholders (patients, families, community) in the field under study. The objective of the final "StigmApp" solution is 4-fold: (i) to facilitate pain management, (ii) to aware the general public, (iii) to educate all different parties & (iv) to facilitate actions & research to combat stigma. Another innovative feature is that it delivers the required information to each party in a highly automated, personalized & digestible way making the whole experience enjoyable, while ensuring user engagement.

Methods: A multidisciplinary team was formed at the beginning of the project in order to ensure the desired outcome. Two patient organizations from Cyprus & Greece, two behavioral scientists, three physicians, one psychologist, ten