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

P. Pennings MSc¹, H. Voogdt-Pruis^{2,3}, B. Maat⁴, T. Foekens⁴, L. J. Kranenburg - van Koppen⁵, A. Pasma⁵, J. Hoes⁶, I. Schoonen-Nuijten⁷, M. Van den Dikkenberg, MSc⁸, N. Basoski⁹, A. Weel^{8,9}, G. Willemsen- de Mey MSc¹.

¹National Association ReumaZorg Nederland, Patientparticipation and Communication, Nijmegen, Netherlands; ²National Association ReumaZorg Nederland, Projectmanager Project Shared Decision Making in RA Care, Nijmegen, Netherlands; ³University Medical Centre Utrecht (UMCU), Department of Julius Global Health, Utrecht, Netherlands; ⁴National Association ReumaZorg Nederland, Patientpartner for the department of Patientparticipation and Communication, Nijmegen, Netherlands; ⁵Erasmus Medical Centre, Department of Rheumatology, Rotterdam, Netherlands; ⁶Bravis Medical Centre, Department of Rheumatology, Roosendaal, Netherlands; ⁷Bravis Medical Centre, Department of Rheumatology, Roosendaal, Netherlands; ⁸Maasstad Medical Centre, Department of Rheumatology, Rotterdam, Netherlands; ⁹Erasmus University, Department ESHPM (HTA), Rotterdam, Netherlands

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

Y. Koumpourou¹, K. Antonopoulou², A. Papa³, K. Tsekoura³, N. Malliou⁴, M. Salamaliki⁵, E. Oikonomou⁶, S. Makri⁷. ¹University of West Attica, Department of Public and Community Health, Athens, Greece; ²Hellenic League Against Rheumatism, Headquarters, Athens, Greece; ³Hellenic League Against Rheumatism, Headquarters, Athens, Greece; ⁴Hellenic League Against Rheumatism, Thessaloniki, Thessaloniki, Greece; ⁵Hellenic League Against Rheumatism, Patras, Patras, Greece; ⁶Hellenic League Against Rheumatism, Thessaly, Trikala, Greece; ⁷Cyprus League Against Rheumatism, Headquarters, Nicosia, Cyprus

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

citizens, ten patients, two marketeers and two experts in mobile health applications participated. A participatory design methodology was followed in order to capture & address the whole user experience.

Results: An iterative process was followed bringing & different end-users on board. The different parties evaluated and assessed all modules implemented providing appropriate feedback. It currently runs only on Android operating system and supports: (i) pain management (intense & points of pain, medications used, underlying diseases, life style, etc.), (ii) raise awareness & education (through information nuggets & bite-sized learning), (iii) "Share your story" option to inspire others, (iv) fund raising using crowd-funding techniques, (v) become a volunteer, (vi) organize an inspiring event, (vii) networking, (viii) automatic creation of infographics on how pain affects peoples' lives. It has been awarded the first prize by BMP Innovation Grant.

Conclusion: StigmApp has been designed to support the ecosystem around chronic pain regardless of the underlying disease. Our main concern is to raise awareness in order to fight stigma associated with pain & make life easier for patients & their families. The involvement of all different potential actors in the design guarantees a product/service that could meet their needs & can be applied in real life. In the next months the final solution will be piloted by a number of different end users in order to assess it under real life conditions.

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POS0065-PARE HEALTH IMPACT OF OVERWEIGHT AND OBESITY IN PATIENTS WITH AXIAL SPONDYLOARTHRITIS. RESULTS FROM THE EUROPEAN MAP OF AXIAL SPONDYLOARTHRITIS (EMAS)

M. Garrido-Cumbrera¹, D. Poddubnyy², L. Christen³, C. Bundy⁴, R. Mahapatra⁵, S. Makri⁶, S. Sanz-Gómez¹, J. Correa-Fernández¹, C. J. Delgado-Domínguez¹, V. Navarro-Compán⁷ on behalf of IMAS working group. ¹Universidad de Sevilla, Health & Territory Research (HTR), Seville, Spain; ²Charité - Universitätsmedizin Berlin, Rheumatology Department, Berlin, Germany; ³Novartis Pharma AG, Patient Engagement, Basel, Switzerland; ⁴Cardiff University, School of Healthcare Sciences, Cardiff, United Kingdom; ⁵Axial Spondyloarthritis International Federation (ASIF), Patient Advocacy, London, United Kingdom; ⁶Cyprus League Against Rheumatism (CYPLAR), Patient Advocacy, Nicosia, Cyprus; ⁷Hospital Universitario La Paz, IdiPaz, Madrid, Spain

Background: Growing evidence on the negative role of overweight and obesity on the health outcomes of patients with axial spondyloarthritis (axSpA) exists.

Objectives: The aim of the study is to evaluate the association between Body Mass Index (BMI) categories and sociodemographic, disease-characteristics and patient-reported outcomes (PROs) in a large sample of axSpA patients.

Methods: Data from 2,846 unselected patients of the European Map of Axial Spondyloarthritis (EMAS) through an online survey (2017-2018) across 13 European countries were analyzed. Using self-reported height and weight patients were classified into under and normal weight (<24.9 Kg/m²), overweight

(25.0-29.9Kg/m²) or obese (>30.0Kg/m²) following WHO guidelines. The Kruskal-Wallis test was used to compare the means of numerical variables between polytomous variables, the χ^2 test was used to compare the distribution between the categorical variables. Simple and multivariate logistic regression were used to identify possible associated factors.

Results: A total 2,846 axSpA patients participated in the EMAS survey: mean age was 43.9 years, 61.3% female, 48.1% had a university degree and 67.9% were married and 71.3% were HLA-B27 positive. The percentage of patients with obesity was 18.7%, overweight 33.5%, normal weight 44.0% and underweight 3.8% with an accumulate prevalence of overweight/obesity of 52.2% (compared to 51.6 % of the EU's population¹). Those with obesity engage less frequently in sport (50.1% vs 33.3%; p<0.001) and in intimate relationships since disease onset (36.5% vs 20.4%; p<0.001), have higher functional limitations when tying shoe laces (46.8% vs 34.6%; p<0.001) and higher functional limitations regarding housework (52.2% vs 48.2%; p=0.024). Furthermore, they present greater disease activity (6.1±1.8 vs 5.4±2.0; p<0.001) and spinal stiffness (8.6±2.3 vs 7.4±2.5; p<0.001) compared to under and normal weight. For obese patients, the percentage of depression is higher (34.5% vs 23.7%; p<0.001), presenting a poorer mental health (5.7 ± 4.3 vs 5.0 ± 4.2; p<0.001). The factors most strongly associated with obesity were higher functional limitation when tying shoe laces (OR=1.467; p<0.001), the female gender (OR=1.433; p<0.001) and lesser frequency of intimate relation (OR=1.239; p<0.001; see Table 1).

Table 1. Logistic regression analysis to predict presence of obesity (N = 1,194)

	Simple			Multivariate		
	OR	95% CI	p-value	OR	95% CI	p-value
Age	1.026	1.018, 1.034	<0.001	1.026	1.012, 1.040	<0.001
Gender (female)	1.336	1.095, 1.629	0.004	1.433	1.031, 1.990	0.032
Marital status (married)	1.384	1.184, 1.617	<0.001	0.982	0.746, 1.292	0.897
Educational level (university)	0.776	0.681, 0.884	<0.001	1.046	0.849, 1.289	0.674
Employment status (employed)	1.035	0.987, 1.085	0.154	NA	NA	NA
Engage in sports (much less than before)	1.313	1.202, 1.433	<0.001	1.143	0.978, 1.336	0.093
Travel/ excursions (much less than before)	1.316	1.186, 1.461	<0.001	0.981	0.800, 1.202	0.852
Intimate relations (much less than before)	1.571	1.393, 1.772	<0.001	1.239	1.003, 1.530	0.047
Tying shoe laces (high)	1.433	1.232, 1.666	<0.001	1.467	1.176, 1.830	0.001
Housework / cleaning (high)	1.226	1.048, 1.434	0.011	0.760	0.596, 0.970	0.028
BASDAI (0-10) N:2,584	1.220	1.156, 1.288	<0.001	1.127	1.021, 1.244	0.018
Spinal Stiffness (3-12) N:2,660	1.184	1.136, 1.234	<0.001	1.057	0.987, 1.133	0.115
Sleep disorders diagnosis	1.558	1.284, 1.892	<0.001	1.045	0.753, 1.449	0.793
Depression diagnosis	1.648	1.340, 2.027	<0.001	1.267	0.892, 1.799	0.186
Psychological distress GHQ-12 (0-12)	1.053	1.029, 1.078	<0.001	0.995	0.954, 1.038	0.813

Conclusion: Results from the largest European axSpA survey reveal a similar prevalence of overweight and obesity to the general population. However, compared to normal weight, obese patients present greater disease activity, spinal stiffness and poorer mental health. Additionally, women with axSpA appear to be more vulnerable than men to obesity.

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POS0066-PARE REHABILITATION WITH KINESIOTHERAPY IN MUSCLE FUNCTION AND WEIGHT LOSS IMPROVING IN OBESITY PATIENTS

V. Vasileva¹, M. Eryomushkin¹, L. Marchenkova¹. ¹National Medical Research Center of Rehabilitation and Balneology, National Medical Research Center of Rehabilitation and Balneology, Moscow, Russian Federation