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HOW TO SELF-EXAMINE FOR TENDER AND SWOLLEN JOINTS: CO-DEVELOPMENT OF A TRAINING VIDEO FOR PEOPLE WITH RHEUMATOID ARTHRITIS

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Background: COVID-19 has catalysed the transformation of healthcare services, with outpatient services increasingly dependent upon remote models of care. Healthcare professionals now have to make clinical assessments based on remote patient examinations. The number of tender and swollen joints a patient has drives decision-making in RA, making it particularly important that people with RA and HCPs have a shared understanding of these examinations. Even before remote consultations became widespread, long gaps between clinic visits create challenges in enabling HCPs to form an accurate picture of disease activity over time. The REMORA (REmote MONitoring of Rheumatoid Arthritis) app aims to address this issue by asking people with RA to track disease activity, including counting the number of tender or swollen joints, weekly(1). Data are integrated into the electronic patient record for clinicians to access with patients during clinical consultations. As part of the supporting materials for the REMORA app, we planned to develop a video to train people with RA how to examine their own joints. This video may now help meet the need created by the recent expansion in remote consultations.

Objectives: To describe the co-production, implementation and evaluation of a video to train patients how to examine their own joints.

Methods: The need for the video to fill a current gap in patient education was identified by the REMORA patient and public involvement and engagement (PPIE) group. A core working group comprising the PPIE lead, a nurse consultant, rheumatology clinicians, project and communications managers was formed. A storyboard was drafted and feedback gained from the PPIE group and wider REMORA team. Images were sourced from licenced suppliers, or co-developed with the PPIE group where necessary. No ethical approval was required as the PPIE group lead was acting as an equal member of the research team. Written informed consent was gained from video participants. Filming took place between two national lockdowns during the COVID-19 pandemic, providing a challenge to ensure social distancing and requiring the use of masks.

Results: A 15 minute video to train people with RA to self-examine for tender and swollen joints was developed. An introduction outlining the rationale behind self-examination is followed by a nurse consultant coaching an RA patient in individual joint self-examination. Shoulders, elbows, wrists, metacarpophalangeal joints, proximal interphalangeal joints and knees are included, all of which are counted in disease activity scores.

Early feedback from stakeholders has been overwhelmingly positive. The video will be publicly available on YouTube from February 2021. A survey of patients and HCPs aims to obtain more formal feedback on the video, with a view to a further iteration, if required. Leading national organisations in rheumatology will promote the video, as it supports national programmes including the British Society for Rheumatology national early inflammatory arthritis audit and ePROMS (electronic patient report outcome measure) platform, both of which include entry of patient reported tender and swollen joint counts.

Conclusion: This video was co-designed by people with RA, aiming to support self-examination of tender and swollen joint counts. Hits on YouTube and survey responses will help assess its impact. Evaluation to assess whether the video affects patients' ability to self-examine for tender and swollen joints before and after watching is planned. We hope the video will support remote consultations and help people with arthritis to better understand and self-manage their arthritis, and to have shared decision making conversations with their clinicians.

REFERENCES:

- [1] Austin L, Sharp CA, van der Veer SN, Machin M, Humphreys J, Mellor P, et al. Providing 'the bigger picture': benefits and feasibility of integrating remote monitoring from smartphones into the electronic health record: findings from the Remote Monitoring of Rheumatoid Arthritis (REMORA) study. *Rheumatology*. 2020;59(2):367-78.

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THE EMERGING EULAR NETWORK (EMEUNET): AN INTERNATIONAL SURVEY REFLECTING ON A TEN-YEAR JOURNEY

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Background: The Emerging EULAR NETWORK (EMEUNET), founded in 2009, aims to promote education, foster research collaborations and facilitate the integration of young researchers and rheumatologists within EULAR.

Objectives: After 10 years, we aimed to interview our members to assess how EMEUNET is fulfilling its goals, understand if there are unmet needs and explore new ideas.

Methods: In July 2019 a survey was circulated for 3 months among EMEUNET members via its social media channels. The survey contained 18 closed and 2 open items, in addition to general questions on age, job and country of origin and work.

Results: Out of 124 total respondents, most completed all items (120/124) and only a minority had some missing items (4/124). A little over half of the respondents were female (n=69, 54.8%) and median age was 33y (range 25y-42y). Most respondents were born (n=109, 88.6%) and/or worked in Europe (n=114, 92.7%) (fig. 1), although there was also a representation from extra-European countries, which is in line with the general EMEUNET membership (<https://emeunet.eular.org/map.cfm>).

Figure 1. Country of origin and where respondents work at the time of completing the EMEUNET VISE questionnaire.