

Innovations in arthritis health care

POS1571-PARE ONLINE COUNSELLING FOR PATIENTS WITH ARTHRITIS

S. Dorđević¹, M. Lapčević². ¹“Association Of Patients With Rheumatic Diseases of the Republic of Serbia”(ORS), Association of Patients, Belgrade, Serbia; ²“Association of Patients With Rheumatic Diseases of the Republic of Serbia” (ORS), Association of Patients, Belgrade, Serbia

Background: The Covid-19 pandemic has changed many aspects of our lives. Perhaps the biggest changes have been in medical services. Institutes specializing in RMD in Serbia were part of the covid system and patients only had access in emergency cases, there was no regular examinations.

Objectives: The paper will show how the “Online Counselling for Arthritis Patients (OCAP)” worked during the pandemic, how many rheumatologists and patients were involved and were patients satisfied with the service provided.

Methods: Through the platform “Lekarinfo” ORS,¹ in cooperation with pharmaceutical companies, organized an OCAP. Patients were informed about the possibility of using online consultations with rheumatologists via social networks, viber groups, email ... and they were given instructions how to use it, they were advised to send medical documentation before, so the doctor has time to look at it, which gives more time for conversation. Consultations were held by phone or online, depending of patient's wishes and abilities. The time set aside with a rheumatologist was 20 minutes and with a psychologist 30 minutes. One psychologist and 23 rheumatologists were available. The ORS distributed cards to rheumatologists with all necessary data about OCAP to inform their patients.

Results: ORS conducted a Survey about OCAP. It was completed by 100 respondents, aged 20 to 75 of whom 75% were women. The 44% of respondents were from Belgrade, but it also included respondents from all over the country. RA have 61% of respondents, but patients with other types of arthritis were also included. 4/5 of patients are non-smokers and half of them are on biological therapy. All but one respondents are ORS's members.

The results of Survey are the following: OCAP was used by 27% of respondents and all of them were satisfied except one. Everyone would use it again and would advise others to do so. Online consultation can replace live examination, when the disease is in remission, thinks 62% of respondents. The majority (90%) found it technically easy to use it, but also the majority of respondents felt that there is a space for improvement (70%). One third prefers to have online consultations with their rheumatologist, Half of them understand the importance of telemedicine, 61% think that C-19 pandemic has increased the need for it and 64% think that digital solutions are our perspectives and it should be further developed.

Conclusion: It is desirable to continue with this kind of telemedicine. Patients and their families should be encouraged and educated about using digital platforms, aim is to explain them the benefits of telemedicine and that consultations do not necessarily have to be with their rheumatologists. Regardless of the pandemic, digitalization is in every aspect of our life, it is inevitable, but also it is a great advantage that should not be missed. Investments in the development of online platforms, that will facilitate patients access to doctors are an investment in self-control of chronic diseases in extraordinary circumstances, but also in normal conditions when because of the overscheduled doctors, lack of time for employed patients or other reasons, it is not possible for frequent examinations. Telemedicine is an investment not only in physical health but also in mental health of patients, having a doctor “just a step from you” has calming and positively affects for patients. And without positive attitude it's hard to keep a chronic disease under control.

REFERENCES:

- [1] Dr Mirjana Lapčević: Online counselling for arthritis patients - patient's perspective, Rheumatology congress 2021.
- [2] Pedro Santos-Moreno and others: Experience of telemedicine use in a big cohort of patients with RA during covid-19 pandemic;
- [3] Sunčica Djordjevic and others: Mobile application “MojRa” - monitoring patients with RA. EULAR 2000;
- [4] F.S. Catarinella and others: Digital health assessment in rheumatology: current and future possibilities.
- [5] Elizabeth D. Ferucci and others: Outcomes and quality of care in patients with RA or without subsequent visits through video consultations

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.2899

POS1572-PARE HELPER'S WAY OF WORKING IN ORS BRANCH – NIS DURING THE COVID-19 PANDEMIC IN 2021

D. Jankovic¹, V. Filipovic¹. ¹Association of Patients With Rheumatic Diseases of the Republic of Serbia - ORS, Nis Branch, Belgrade, Serbia

Background: Helper is a person with RMD educated to help other patients. Based on the clearly defined authorizations this person helps in advising and information sharing among the ORS members.¹ Association of patients with rheumatic diseases of the Republic of Serbia (ORS) operates across the country

through the reference centers/ branches, but in pandemic the functioning of helper in an regular way was significantly impacted.

Objectives: In order to continue with the functioning in Association and with Helper during the Covid-19 pandemic, new communication and info-sharing methods has been applied. In this work will be shown how the strategy of communication was shifted from physical to digital, methods used for information sharing and communication tools of the modern world has been used for this purposes. Also, functioning of the branch in Niš and its Helper will be shown through statistical comparison of data prior and during the Covid19.

Methods: In the definition phase of Association's response on the new circumstances, it has been concluded that most of the members are using some of IM platform or e-mail. Based on this fact, out of 247 members of branch in Niš, 168 members have been joined through the most popular IM platform in Serbia – Viber. Through the group the patients has been sharing the information, notifications and other news important for the patients. Group administrators supported discussions, but also identified patients who did not use IM platforms and those members were notified by phone or e-mail. This method of communication was symbiotic with other projects of the Association because we used the same communication channels to increase the awareness of members about the activities of the Association.

Results: During 2019, Helper's work took place under normal conditions. At the Niska Banja Institute, Helper used the office where patients with rheumatic diseases used to come. Four lectures by eminent experts in the field of rheumatology and physiatry were organized, as well as socializing in the form of meetings and field trips. We marked the World Arthritis Day and the World Osteoporosis Day.² During 2021, most activities took place online or outdoors, depending on the intensity of the Covid-19 wave. Helper's work took place from home in January and February 2021, and from March to the end of 2021, Helper worked in the office. The lectures that were organized were exclusively online. We have marked the World Arthritis Day with a small number of participants. The event was realized with media support.³

Analysis and participation of members in 2019 and 2021 are shown below:

- In 2021, 208 vs 260 live contacts in 2019; on average 17 vs 22 contacts per month
 - In 2021, 216 contacts through online meetings; on average 18 per month. IN 2019 no such exercise.
 - In 2021, 2.000 vs 239 contacts in Viber group in 2019; on average 167 vs 20 members
 - In 2019, alternative communication methods were not used. In 2021, 1,023 contacts were made with messages, calls and emails, or 85 per month.

Conclusion: Based on the fact mentioned above, 2019 was richer and more fulfilling with lectures, socializing and direct contacts with members, while in 2021 communication was dominated by digital tools and methods (Viber groups, calls, emails) and consultation with doctors via e-consultations and by phone.⁴

The pandemic disabled direct contact with members of the Association and live lectures, but the Association used digitalization as a complement to new ways of working that connected us more than ever before, enabled instant transmission of information and created a basis for support at times when it was necessary the most. With this process in place, we not only fulfilled the goal of the Association, but we went a step further - we became the first contact for patients with RMD.

REFERENCES:

- [1] Marija Kosanović, dr Mirjana Lapčević – podrška pacijentima – dnevnik biološke terapije
- [2] Danijela Janković – Izveštaj Podružnice Niš za 2019 godinu
- [3] Danijela Janković – Izveštaj Podružnice Niš za 2021 godinu.
- [4] Dr Mirjana Lapčević: Online counselling for arthritis patients - patient's perspective, Rheumatology congress 2021.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2022-eular.3830

POS1573-PARE PATIENT-REPORTED OUTCOME MEASURES OF PAIN ALLEVIATION WITH CANNABINOID USAGE IN RHEUMATOID AND PSORIATIC ARTHRITIS: A CROSS-SECTIONAL STUDY.

T. Jehu¹, N. Bhaskar¹, S. Beg^{1,2}, K. Camargo Macias², S. Chalise³, N. Bhanusali^{1,2}. ¹University of Central Florida College of Medicine, Medical Education, Orlando, United States of America; ²University of Central Florida College of Medicine, Rheumatology, Orlando, United States of America; ³University of Central Florida College of Medicine, Statistics, Orlando, United States of America

Background: Patient-Reported Outcome Measures (PROMs) give us direct, immediate evidence of patient experience. Pain is a chronic, debilitating, multifactorial, presenting symptom that remains a difficult target to treat in populations with Inflammatory Arthritides.¹ Increasingly, cannabis products are being utilized and investigated for their potential analgesic and immune-modulatory effects.² The legislation and form of cannabis products deployed as therapy varies around the world and across populations. More data on usage and patient reported outcomes is needed to guide better clinical practice and inform sound legislative policy.

Objectives: To describe PROMs of pain, stiffness with cannabis use in a population of patients with Rheumatoid Arthritis (RA) or Psoriatic Arthritis (PsA).

Methods: This investigation was a monocentric, cross-sectional study. Inclusion criteria were adults receiving care at a University Rheumatology practice in Central Florida, USA from December 2019 to March 2020 who provided informed, written consent. Those who consented were provided with a brief, voluntary, and anonymous Qualtrics survey which queried patient-reported prevalence and outcome measures of short and long-term pain relief. 236 RA and 43 PsA patients were enrolled in this study. All subjects met the criteria for Rheumatoid, Psoriatic, or Inflammatory Arthritis (seronegative RA). Subjects' scores before and after cannabinoid use were compared with a paired T-test after the parametric nature of the data was established. Ethical approval was obtained from the University of Central Florida Institutional Review Board (Study00001041).

Results: Cannabis product usage was reported in 16.95% of RA subjects (40/236) and 11.63% of PsA subjects (5/43). Of this group, 71% (RA) and 40% (PsA) endorsed current usage. Inhalation was the most prevalent form used in RA (27.50%). In PsA, the most commonly reported forms were liquid (30%) and topical/skin (30%). On the 10-point pain scale, RA patients reported a significant reduction in average pain by 1.83 ± 1.91 points in the long-term and 2.28 ± 2.10 points in the short-term. Those with PsA reported a significant reduction in average pain by 1.60 ± 0.89 points in the long-term and 1.80 ± 0.84 points in the short term. Stiffness was also reduced in the RA group (7.3%). 17.5% of patients with RA using cannabinoids reported side effects not leading to cessation.

Conclusion: In an academic rheumatology practice population, a substantial number of RA and PsA patients are choosing to self-treat with cannabis therapy to manage their pain and other symptoms. Subjects reported significant reductions in both short- and long-term pain; some patients reported total pain resolution with ongoing cannabinoid therapy. Stiffness was also reduced in a subset of RA patients. Subjects that reported adverse effects did not find these severe enough to warrant cessation. These study results may allow for a more open discussion to improve safety and optimize outcomes. Additionally, the significant prevalence of usage and pain reduction reported provide a compelling rationale for further interventional studies in populations with Inflammatory Arthritis.

REFERENCES:

- [1] Scott DL, Wolfe F, Huizinga TW. Rheumatoid arthritis. *Lancet*. 2010;376(9746):1094-1108. doi: 10.1016/s0140-6736(10)60826-4.
- [2] Fitzcharles, Mary-Ann et al. "Position Statement: A Pragmatic Approach for Medical Cannabis and Patients with Rheumatic Diseases." *The Journal of Rheumatology* vol. 46,5 (2019): 532-538. doi:10.3899/jrheum.181120.

Disclosure of Interests: Tara Jehu: None declared, Neha Bhaskar: None declared, Shazia Beg: None declared, Kathryn Camargo Macias: None declared, Sweta Chalise: None declared, Neha Bhanusali Consultant of: healthcare consultant (non-pharmaceutical)

DOI: 10.1136/annrheumdis-2022-eular.5412

Psychosocial support

POS1574-PARE **PATIENTS REPORT HIGH LEVELS OF CONCERNS ABOUT MEDICATION FOR PSORIATIC AND RHEUMATOID ARTHRITIS: UNMET NEEDS REVEALED BY A UK PILOT WEB SURVEY.**

S. Chapman^{1,2}, A. Jordan³, W. Tillet^{2,4}. ¹King's College London, Waterloo Bridge Wing, Franklin Wilkins Building, Institute of Pharmaceutical Sciences, London, United Kingdom; ²University of Bath, Pharmacy & Pharmacology, Combe Down, United Kingdom; ³University of Bath, Psychology, Bath, United Kingdom; ⁴Royal United Hospital, Rheumatology, Bath, United Kingdom

Background: Patients with rheumatoid arthritis (RA) and psoriatic arthritis (PsA) are often nonadherent to prescribed symptom-modifying drugs. [1] Concerns about the potential negative effects of medication have been implicated in medication nonadherence. Few evidence-based interventions to address concerns about medication and support medication-taking are available in the UK context.

Objectives: To inform the development of intervention to support people with RA and PsA to manage medication we conducted a survey of unmet needs relating to perceptions of arthritis and arthritis medication, medication-taking behaviour and experience of side effects.

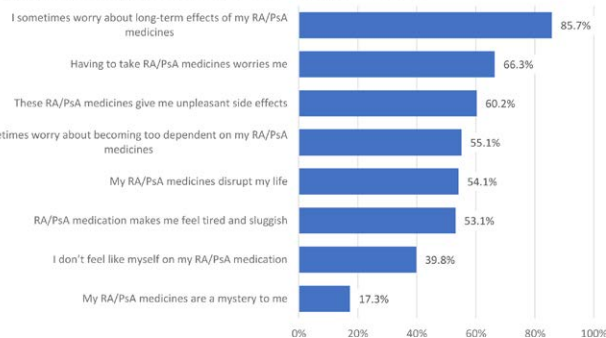
Methods: We recruited people with arthritis via local and national patient groups for participation in an online survey. The survey included clinical and demographic questions, validated measures of treatment (Beliefs about Medication Questionnaire; BMQ) and illness perceptions (brief Illness Perception Questionnaire; bIPQ), medication adherence (Compliance Questionnaire Rheumatology; CQR), and patient-reported side effects. Participants were asked about consequences of taking and not taking their arthritis medication as free text to contextualize scores.

Results: Questionnaire responses from 98 participants (42 with PsA, 56 with RA, 89.8% female) indicated participants typically viewed arthritis negatively with ratings on the bIPQ indicating high emotional impacts, symptoms and affects on everyday life, and doubts about their ability to control their arthritis. Analysis of the BMQ indicated ambivalence about RA/PsA medications; while few people

expressed doubts about their personal need for medication, concerns about RA/PsA medications were common, see Figure 1). Most, 85.7% (n=84), reported a side effect in the last month, with a mean of 10 'moderately severe' or 'very severe' side effects (m=10.02, sd = 5.98). Just over a quarter (26.0%, n=25) were classed as low adherers using the CQR with 54.6% reporting they had missed some of their arthritis medication over the last year. Free text responses indicated that some participants had additional concerns about medication (e.g. worries about impact on life expectancy) not addressed in the questionnaire measures.

Figure 1: Concerns about arthritis medication

Percentage of participants strongly agreeing/agreeing with statements about their medication



Conclusion: In this pilot survey, many participants reported concerns about medication, doubts about whether medication controls arthritis symptoms, severe side effects and medication nonadherence. Although our small sample is unlikely to be generalizable to all arthritis patients, these findings suggest potential targets for intervention and indicate that some patients have needs for support with medication that are not currently being addressed.

REFERENCES:

- [1] Van Den Bemt BJ, Zwikker HE, Van Den Ende CH. Medication adherence in patients with rheumatoid arthritis: a critical appraisal of the existing literature. *Expert review of clinical immunology*. 2012 May 1;8(4):337-51.

Acknowledgements: We acknowledge the financial assistance of Bath Institute of Rheumatic Diseases, the people who volunteered their time to respond to this survey and the efforts of Elena Mut and Kishwar Khanum in assisting with data collection.

Disclosure of Interests: Sarah Chapman: None declared, Abbie Jordan: None declared, William Tillet Speakers bureau: Abbvie, Amgen, Celgene, Eli-Lilly, Janssen, MSD, Novartis, Pfizer and UCB, Consultant of: Abbvie, Amgen, Celgene, Eli-Lilly, Janssen, MSD, Novartis, Pfizer and UCB, Grant/research support from: Abbvie, Celgene, Eli-Lilly, Janssen, and UCB

DOI: 10.1136/annrheumdis-2022-eular.4525

Work and rehabilitation

POS1575-PARE **WORKING AND HEALTH STATUS IN NORWEGIAN PATIENTS WITH TAKAYASU ARTERITIS**

T. Garen¹, A. Tollisen², H. Andersson¹, B. Gudbrandsson³, Ø. Palm³. ¹Oslo University Hospital, Rikshospitalet, Department of Rheumatology, Oslo, Norway; ²Lovisenberg Diaconal Hospital, Oslo, Unger-Vetlesens Institute, OSLO, Norway; ³Oslo University Hospital, Rikshospitalet, Department of Rheumatology, Oslo, Norway

Background: Takayasu arteritis (TAK) is a rare vasculitis of large vessels, mainly in young women, with a point prevalence of $25.6/10^6$ in a Norwegian population. TAK is most prevalently limited to the aortic arch and its branches (Type 1) among North Europeans (1). Early symptoms include fever, myalgia and loss of appetite. Later, irreversible vascular damage and ischemic symptoms with claudication of the extremities may occur. We have previously observed a reduced life expectancy, mainly due to cardiovascular complications and a median age among those deceased of only 58 years (2). These findings clearly indicate that TAK may have severe impact on the wellbeing of the patients and their physical capacity. Furthermore, being part of the working life is a major component of life but is affected in chronic autoimmune diseases (3,4)

Objectives: (i) To describe general health status and quality of life in patients with different working status.

(ii) To estimate the rates of patients having paid work or receiving disability benefits, compared to the general Norwegian population.

Methods: Patients with TAK registered in "The Norwegian Systemic Connective Tissue Disease and Vasculitis Registry" (NOSVAR) were included. All patients fulfilled the American College of Rheumatology classification criteria and/or the modified Ishikawa diagnostic criteria for TAK. (3). General health status was measured with 10-cm visual analogue scale (VAS) of pain and fatigue, ranging from 0 (best possible score) to 10 (worst possible score) and with Patients' global assessment (PtGA) of health measured by a five-point Likert scale with scores ranging from 1 (very good health) to 5 (very bad health). The SF-36 was applied