

**Conclusion:** The relationship between RA and fertility seems to be misunderstood in young women with RA. Clinicians must routinely discuss this issue with these young patients to preserve their fertility by learning them the mechanisms by which RA may affect their fertility: the disease itself and medication. Appropriate information about fertility can help women in productive age reach and carry a healthy pregnancy.

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#### AB1573-PARE WHAT DO OSTEOPOROTIC PATIENTS KNOW ABOUT THEIR DISEASE?

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**Background:** Osteoporosis (OP) is a systemic skeletal disorder characterized by low bone mass responsible of fracture. It is a major public health problem. Knowledge assessment is an essential step in therapeutic education which could improve the management of osteoporosis.

**Objectives:** The objective of this study is to assess the degree of knowledge of osteoporotic patients regarding their disease as part of therapeutic education in order to improve management and develop a shared decision with the patient.

**Methods:** This is a cross-sectional epidemiological study conducted on osteoporotic patients at the rheumatology department of the university hospital center Mohamed VI Marrakech. Descriptive data, knowledge evaluation, patient expectations and therapeutic adherence were collected and analysed by SPSS 20. The comparison was made by the Chi-square test for qualitative variables.

**Results:** 137 patients were included with an average age of 63.7 years, with a female predominance (94.9% female vs 5.1% male), 70.1% were illiterate, 58.4% had postmenopausal OP, 36.5% secondary OP and 5.1% (n=7) male OP. 14.6% of the patients had diabetes, 9.5% had arterial hypertension, 5.8% had breast cancer under aromatase-inhibitors, 13.9% had rheumatoid arthritis and 9.5% had other chronic diseases, 16.1% were on long-term corticosteroids, 98.5% were on oral bisphosphonate and only 2 patients were on intravenous zoledronate, 51.1% had osteoporosis for less than 2 years, 9.5% had a history of fracture with 2.9% major fractures. 9.5% of patients answered that osteoporosis was linked to bone fragility, 29.2% thought it was age-related, 26.3% had a confusion between osteoporosis and osteoarthritis, 16.8% believed it was an inflammatory rheumatism. 81% supposed it was a female pathology, 92% presumed that their rheumatological manifestations were linked to osteoporosis, 58.4% didn't know OP's risk factors, 14.6% and 8.8% had recognized aging and menopause as OP's risk factors respectively. 59.1% and 61.3% didn't know any fall nor fracture related factors respectively. Concerning the clinical manifestations of osteoporosis, 48.2% thought OP manifested by arthralgia, 21.2% by myalgia, 2.2% by bone pain and only 5% assumed that it is a silent disease. 95.6% assumed that physical activity is harmful and 32.1% had made environmental modifications. 52.6% were convinced by their anti-osteoporotic treatment, 32.8% said they trusted the doctor's decision and 14.6% were not convinced of the treatment but took it anyway. In bivariate analysis, there was a statistically significant correlation (p=0.008) between non-adherence to treatment and poor knowledge of OP's risk factors.

**Conclusion:** The knowledge evaluation being the first step of therapeutic education, it is necessary to encourage OP's knowledge improvement and consequently increase therapeutic adherence.

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#### AB1574-PARE "ABITARE" PROJECT – HOME FOR PATIENTS WITH RHEUMATIC DISEASES

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**Background:** Talking about home means talking about ourselves. Our home represents the "movie set" where the film of our lives is shot, and we can choose whether to be simple actors or the directors of it. The house expresses our

personality, it identifies us in a unique way, like a fingerprint. Talking about our home means understanding how the way we relate to it can create well-being or discomfort.

**Objectives:** The goal of this project is to promote the empowerment of people with disabilities and chronic diseases. We aim to do that starting from a greater awareness of their living needs and the quality of life and self-esteem enhancements that derives from a tailor-made home.

**Methods:** 308 people participated in the survey and were distributed anonymous questionnaires regarding their experience at home.

**DEMOGRAPHIC PARAMETERS:**

**Gender:** 72 males and 236 females

**Age:** 24 (18-25); 44 (26-34); 32 (35-42); 88 (43-50); 44 (51-58); 44 (59-66); 32 (67-75)

**Percentage of disability:** 36 do not know their own percentage; <25%: 52; >25<50: 44; >50<75: 60; >75<100: 112

**Pathologies found:** Psoriatic arthritis: 52; Rheumatoid arthritis: 116; Connectivitis: 44; Fibromyalgia: 16; Ankylosing spondylitis: 16; Muscle diseases: 64

We found the highest number of severely disabled people (>75<100) among patients with muscle diseases (93.7%), followed by patients with connectivitis (45%) and Rheumatoid arthritis (44%).

**Results:** 92% of the participants agree "very/very much" with the phrase "An accessible home ... (question 12)", 6% "fairly" agree and only 1.2% "do not agree". 43% of people like their home "a lot/very much" (question 4), another 43% "quite" and only 13% (40 people) "don't like it at all/like it a little". Curiously, 90% of those who do not like it perceive their home as "not very/not at all welcoming"; 70% feel "little /not at all autonomous" and 100% report that the house "reflects them only a little/not at all"; therefore 80% think that the house should "change fairly/a lot", (but only 10% have done renovations). 82% of the people who carried out renovations (question 9), were aware of tax breaks, while only 36% of those who did not carry out renovations knew about the tax breaks. Males who have done renovations represent 25% of this population and all of them had a great disability (100%); a particular degree of disability was not prevalent among women. 65% of those who have done renovations report that the improvement in their quality of life as a result of the work is "fairly" (question 11), and for the remaining 45% the quality of life has improved "a lot". The most necessary and reported renovation works are not "frivolous requests" or "whims", but practical needs for the daily life: removal of architectural barriers, stair lifts, mobile wall units and adaptation of toilets. All this is essential and necessary for people with reduced mobility and/or disabilities. The most interesting part of the survey concerns the "more intimate and personal" question (question 16): "What does your home represent for you?". The concept that is most expressed is "Refuge" or others like that such as "Safe Harbor", "Nest", "Freedom" ... concepts that go far beyond the "architectural" and "material" sense of the house.

**Conclusion:** The home represents, for the general population, but above all people with disabilities, a place to take refuge from the dangers/anxieties/worries of everyday life. Therefore, every effort to inform patients about the possible facilities to make their home more comfortable is fundamental, as well as those to raise the awareness of governments in order to increase the facilities for patients who will need them.

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#### AB1575-PARE DIETS AND JOINT SYMPTOMS: SURVEY OF MOROCCAN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATISM

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**Background:** The role of diet in triggering or aggravating chronic diseases, in particular chronic inflammatory rheumatism (CIR), is a question frequently asked by patients.

**Objectives:** The objective of our study is to investigate whether Moroccan patients report a relationship between certain diets or foods and the symptoms of the disease and also to study whether patients adopt specific eating behaviors in order to relieve their symptoms.

**Methods:** This is a survey based on a questionnaire that included any patient followed for CIR who presents to the rheumatology department. The questionnaire