group and previous research\(^2\) in June 2022. The questionnaire consisted of 56 values that could be scored on a 6-point Likert scale. Patient research partners of RZN provided feedback on the questionnaire. The approved questionnaire was then translated into Polish, Arabic, Turkish, English and Spanish. After translation, the questionnaire was made available through a unique online link. Adult patients, treated at the Erasmus MC with IA and a migration background, were invited to complete the questionnaire during their visit with their rheumatology nurse. Twenty-four patients completed the questionnaire.

**Results:** • Values that were scored as very important by most respondents focused on the effectiveness of IA treatment (on pain, fatigue, inflammation and on physical functioning). Respondents also placed great importance on clear information about IA treatment. Values with regards to the healthcare professional (someone who helps to make a decision about treatment, who is involved, who has time and who listens) were also perceived as important. Finally, respondents placed great value on their wish not to depend on other people for their daily activities.

• Values amongst people with IA and a migration background were ranked very similarly to the values amongst people with IA in the general study in 2020\(^3\). Due to differences in the way values were scored in both studies, no statistical conclusion can be drawn from this.

**Conclusion:** Values with regard to the effectiveness of treatment and the supporting role of the healthcare professional are experienced as very important by patients with IA and a 1st and 2nd generation migration background. Healthcare providers should be aware of this and adapt their communication, if necessary. A safe environment is key for the willingness of people with IA and a migration background to participate in research. The question is if this safe environment is possible in a hospital setting.

**REFERENCES:**


**Acknowledgements:** A special word of gratitude goes out to the rheumatology nurses of the Erasmus Medical Center. Thanks to their efforts, it was possible to reach this group of patients. Our gratitude also goes out to the patient research partners who contributed to the patient perspective in this project by either being part of the working group or by sharing their perspectives in the focus group.

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**THE JOURNEY TOWARD DISEASE MANAGEMENT: A NATIONAL SURVEY OF GOUT PATIENTS SEEN BY A RHEUMATOLOGIST**

**Keywords:** Patient information and education, Quality of care, Gout

**J. Cooper\(^1\), M. Winoku2, K. Sero1, \(^2\)Alliance for Patient Access, Alliance for Gout Awareness, Washington, United States of America; \(^1\)Alliance for Patient Access, Alliance for Gout Awareness, Washington, United States of America

**Background:** The purpose of this survey is to assess the multifaceted impact of gout patients’ physical and emotional wellbeing prior to their seeking treatment from a rheumatologist.

**Objectives:** The objective of the survey is to better understand patients’ experience related to obtaining a gout diagnosis and care seeking for their symptoms. This information is helpful in that it can improve rheumatologists’ understanding of their patients’ experience and provide better patient-centered care.

**Methods:** An online survey of self-reported, physician-diagnosed individuals with gout was conducted between May and July 2022. The 30-question survey collected responses pertaining to frequency of gout flares, point of care location(s), point of care provider(s), comorbidities, and a 4-point Likert-scale (strongly agree, agree, disagree, strongly disagree) on experiences living with gout. Sociodemographic data was also collected.

**Results:** At total of 355 self-reported, physician diagnosed individuals participated in the survey; results presented are unweighted. Among respondents, 88% reported a gout flare has negatively impacted their ability to do their job, care for loved ones, participate in activities, remain socially active, and/or enjoy their life (Table 1). Just four in 10 participants saw a rheumatologist within a year of first suffering with symptoms of gout. It took 37% of patients 2-5 years, 13% 6-10 years, and 6% more than 10 years to see a rheumatologist for their gout. Moreover, 56% of respondents reported to have visited multiple health care providers without getting a clear answer about their gout, and 46% saw multiple health care providers without getting an effective treatment plan. Close to half of respondents reported having gone to the emergency department because of a gout flare, and of those, about three-quarters were prescribed an opioid for pain relief (Graph 1). Additionally, 58% reported anxiety, depression or hopelessness because of gout pain. However, after seeing a rheumatologist, 82% reported their gout is getting better, and they are learning how to manage it – even with other co-morbid conditions. A full 84% of respondents reported living with at least one co-morbid condition, the most common being high blood pressure (48%), cardiovascular conditions (30%), diabetes (28%), obesity (27%), kidney disease 20% and kidney stones (19%). The male to female distribution of gout patient respondents was 64% male, 36% female. Most respondents (58%) identified as white, 16% as Black and 15% as Hispanic with the remaining 11% representing other racial ethnic groups. The mean age was 43, and 42% are employed full-time. Roughly six in 10 are married and 43% have children under the age of 18.

**Conclusion:** Survey results demonstrate a substantial burden of disease has been placed on those suffering with undiagnosed, misdiagnosed or undertreated gout. The survey results confirm that many of those suffering with gout spend years searching for a diagnosis. Results also elucidate patients’ struggle to connect with a healthcare provider who is knowledgeable about gout and to receive an effective treatment plan for managing their gout. Without appropriate care, patients continue to live with the pain and receive opioids to urgently mask symptoms. As opioids do not actually treat gout, these patients are not receiving appropriate care. This is unfortunate as gout can be successfully managed by working with knowledgeable health care providers and adhering to a plan of care.

**Table 1.**

<table>
<thead>
<tr>
<th>Gout flares have impacted my ability to...</th>
<th>Percentage affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do my job</td>
<td>41%</td>
</tr>
<tr>
<td>Care for my children, spouse, or other family members</td>
<td>30%</td>
</tr>
<tr>
<td>Participate in hobbies or community activities</td>
<td>50%</td>
</tr>
<tr>
<td>Maintain friendships and stay socially active</td>
<td>28%</td>
</tr>
<tr>
<td>Enjoy my life</td>
<td>56%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>None of the above</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Note:** Respondents could select multiple categories.

**Graph 1.**

**REFERENCES:** NIL.

**Disclosure of Interests:** None Declared.

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**DIETARY PRACTICE AND CHRONIC INFLAMMATORY RHEUMATIC DISEASES. WHAT DO OUR PATIENTS?**

**Keywords:** Diet and Nutrition, Inflammatory arthritides

**M. Labrousse\(^1\), C. Allegra\(^1\), E. Gervais\(^3\), \(^1\)Poitiers University Hospital, Rheumatology, Poitiers, France; \(^3\)Poitiers University Hospital, Plateforme Méthodologie Biostatistique Data-Management, Poitiers, France

**Background:**

**Objectives:** Patients show interest in non-drug approaches in particular by the mode of feeding. The objectives of this study are to evaluate the prevalence of dietary changes among patients with chronic inflammatory rheumatism, describe their practices and food designs, to compare them between the different subgroups of patients as well as describe the potential impact on care and well-being of the patients.