Conclusion: Through this scoping review, we identify that knowledge of MTX improves when education by nurses is provided. Patient education about MTX can be de delivered in different forms and can result in better satisfaction and adherence. More RCTs with powered samples are required.

REFERENCES:

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HPR Interdisciplinary research.

POS0797-HPR
LIVING WITH RA GIVES NEW INSIGHTS TO LIFE - PATIENTS' EXPERIENCES AFTER 1-2 YEARS OF DMARD TREATMENT

Keywords: Rheumatoid arthritis, Qualitative research methods, Lifestyles

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Background: Rheumatoid arthritis (RA) is a disease that greatly impacts all aspects of life. Living with RA affects patients’ physical, emotional, psychological, and social health. Patients with RA are treated with disease-modifying anti-rheu-mat drugs (DMARDs) and monitored with tight control to achieve low disease activity or remission. Nevertheless, RA can be life-changing when the patients need long-term treatment to control the disease activity. The goal of treatment for patients with chronic diseases such as RA is to achieve optimal health and normal life. It is therefore important to gain knowledge about how patients experience everyday life a short period after the initiation of DMARD treatment.

Objectives: The purpose of the study was to describe patients’ experiences of living with RA after 1-2 years of DMARD treatment.

Methods: The study has a qualitative design with an inductive approach. Focus groups (n=17) and individual (n=5) interviews were conducted with 22 patients with RA. The participants consisted of 15 women and 7 men with a mean age of 57 years and a disease duration of 12-21 months. The participants were treated with conventional or biological DMARDS for 12-20 months. The main questions were: “Can you tell me how RA impacts your daily life?” “Which outcomes of your RA are important to you?” The interviews were analyzed with latent qualitative content analysis[1,2], and five categories with an overarching theme emerged (Table 1).

Table 1. Overview of the theme, categories, and sub-categories showing patients’ experiences living with RA after 1-2 years of DMARD treatment.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Living with RA gives new insights to life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories</td>
<td>Surrendering to disease limitations</td>
</tr>
<tr>
<td>Sub-categories</td>
<td>To be restricted by pain</td>
</tr>
<tr>
<td></td>
<td>To be restricted by fatigue</td>
</tr>
<tr>
<td></td>
<td>To be restricted in function</td>
</tr>
</tbody>
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POS0793-HPR
OBSERVATIONAL STUDY IN REAL CLINICAL PRACTICE OF THE TREATMENT OF NON-INFECTIONOUS UVEITIS

Keywords: Uveitis, Spondyloarthritis, Treat to target

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Background: Uveitis is an ocular disease that is a major cause of morbidity and blindness in the developed world. Although Immunosuppressive drugs and biologic therapy have been shown to be effective in their treatment there are no clear protocols for their use.

Objectives: To describe the characteristics of patients with uveitis associated with immunologic or idiopathic disease who require immunosuppressive treat-ment and their response in real clinical practice.

Methods: Observational, descriptive, longitudinal, and retrospective study of a cohort of patients diagnosed with uveitis associated with immunologic or idiopathic diseases attended in a multidisciplinary consultation between January 2011 and February 2022. To assess the response to treatment, we evaluated the change in visual acuity and vitritis and the presence of macular edema.

Results: We included 356 patients (mean age at diagnosis 42.8 ± 15.8 years, 50% female). Of the total, 157 (44%) had a single flare and 164 (46%) more than three. The involvement was bilateral in 85 patients (24%) and anterior (73%) and idiopathic (43%) were the most frequent. Twelve percent required treatment with systemic corticosteroids and 66 patients (18.5%) immunosuppressive/biological treatment, methotrexate being the most used (35%). Ten patients of the 66 (15%) started treatment with biologics and 34 (48%) required them at some point during the disease, adalimumab being the most used. Thirty-five patients (53%) needed to change drug due to lack of response. There were no differences between different drugs in the resolu-tion of vitritis and improvement of vision. Disappearance of macular edema was achieved in all patients treated with tocilizumab.

Although patients adapt their lives to the new conditions, they are affected by symptoms such as fatigue, pain, stiffness, and side effects such as nausea, hair loss, and weight gain. However, patients highlight the positive impact of how exercise influences their health and how living with RA gives new insights to life.

REFERENCES:
Conclusion: The use of systemic corticosteroids and immunosuppressive/biologics was necessary in a high number of patients with non-infectious uveitis. In our series tocilizumab proved to be significantly more effective in the resolution of macular edema.

REFERENCE:

Disclosure of Interests: None Declared.

Figure 1. Timeline of immunosuppressive treatments and/or biologics administered in patients with non-infectious uveitis who required at least two treatments, according to diagnosis. Shaded: treatment that resolved the uveitis. RAAU: recurrent acute anterior uveitis AS: axial spondyloarthropathy MTX: Methotrexate ADA: adalimumab MFM: mycophenolate mofetil IXA: infliximab TCZ: tocilizumab SAR: sarilumab CYA: Cyclosporine SSZ: sulfasalazine

Acknowledgements: NIL.

Disclosure of Interests: None Declared.

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HPR Epidemiology and public health (including prevention)

POS0794-HPR SNAPS JIA - SURVEY OF ADOLESCENTS’ NEEDS AND PARENTS’ VIEWS ON SEXUAL HEALTH IN JUVENILE IDIOPATHIC ARTHRITIS

Keywords: Education, Inflammatory arthritides, Patient information and education

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Background: According to the world health organization, sexual health (SH) is “a state of physical, emotional, mental and social well-being in relation to sexuality”. Studies on the impact of juvenile idiopathic arthritis (JIA) on SH are scarce especially during the critical phase of adolescence. We can ask ourselves: are health professionals (HP) “good” interlocutors for JIA patients?

Objectives: We aimed to determine the expectations of JIA adolescents (10–19 years) and the perceptions of their parents regarding exchanges with HP in the field of SH.

Methods: A multicenter survey was performed in nine French rheumatology centers and three patient associations from September 2021 to April 2022, among JIA patients, aged 18–45 years and their parents. On the advice of two child psychologists and a psychiatrist, we interviewed an adult population to obtain convincing data about their adolescence with the necessary hindsight on the subject. Self-administered questionnaires and questionnaires were designed (for JIA patients and parents) after an extensive literature review and experts’ consensus and distributed to participants.

Results: 76 patients and 43 parents completed the anonymous questionnaires. Most patients were women (75%), with a mean age of 26 (72) years and an education level higher than high school (89%). Parents were mainly mothers (88%), with a mean age of 54 (6.6) years and an education level higher than high school (56%). Half the parents considered that JIA impacted their love life. The main causes were body complexes (46%) and low self-esteem (40%). The impact on their sex life was not clear-cut. Love life was discussed with parents for 52% and sexual life for 20% of patients. 59% of patients reported they were comfortable to discuss SH with an HP (yet, only 26% had done). Their main sources of information were referees (at school (46%), family (43%) or social networks (34%). If patients reported that SH has been discussed, it was mainly when the HP was proactive (56%), with the hospital rheumatologist (50%), from a biomedical perspective. Focusing the needs for optimal care, patients and parents agreed to address SH during an individual patient education session in hospital (51% vs 35%), a regular consultation (47% vs 53%) or a dedicated consultation by request of the adolescent without parents being informed (38% vs 21%). Most patients and parents agreed that the HP should be proactive (78% vs 70%). At hospital, for patients, the most competent or the most affordable HP were the gynecologist (68%; 47%, respectively), the rheumatologist (55%; 41%), and the psychologist (53%; 39%). Patients and parents both considered that a peer expert would make patients feel more comfortable (38% vs 37%); however, contrary to patients, fewer parents point out their skills (46% vs 25%, p=0.0276). The opportunity of a suitable moment (64% of patients vs 53% of parents), an HP comfortable with the subject (59% vs 53%), and availability of brochures (45% vs 49%) seemed to be helpful for both. The only statistically significant difference concerned HP gender, less cited by parents (7% vs 43%, p <0.0001). The use of digital resources was significantly more cited by patients than parents (video information (29% vs 9%, p=0.0127); smartphone application (25% vs 9%, p=0.0372). 79% of patients were looking for general information (impact of JIA and treatments on sexuality), discussion (68%), reassurance (65%), and listening (51%). General information (58%, p=0.0158) and discussion (39%, p=0.0022) were significantly less cited by parents.

Conclusion: To our knowledge, this is the first study to address the SH needs of adolescents with JIA. HPs should take up this real need about SH, especially in hospital for adolescents and their parents. Indeed, there are expectations directly linked to the specifics of the disease. The main difference between patients and parents would be the use of digital tools. There could be an interesting vector of communication with adolescents if the sources are reliable and parents reassured about their content.

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