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POS1190-HPR   **WHY LUPUS? – PATIENTS' THOUGHTS OF TRIGGERS OF SYSTEMIC LUPUS ERYTHEMATOSUS AND PERCEIVED HEALTH**

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Background: It is well known that genetic factors and environmental triggers contribute to the inflammatory process and onset of systemic lupus erythematosus (SLE). Yet, other contributors may still be unknow, and few studies have to date systematically explored patients' views on what caused SLE onset. In a longer perspective, we also need to pay more attention to health literacy, and to patients' understanding of their disease since these aspects are important for treatment compliance, patients' perceptions of health and patient education.

Objectives: To explore patients' thoughts of the cause of SLE and to analyse their reports in relation to perceived health and quality of life.

Methods: Adult patients with SLE (≥ 4 ACR criteria) recruited to a cohort study in tertial care. The participants answered the written question *"Do you have any thoughts of why you got SLE?"* and additional questions of perceived SLE activity during the last three months (score 0-10, 0= no activity), SLE health last week (score 0-100, 0=good SLE health) and current general health (score 0-100, 100=full health). The participants' free written answers were categorized according to the content. We explored if patients' age, educational level, disease duration as well as perceived health differed between the categories.

Results: 375 patients were included. The main question regarding their thoughts of why they got SLE, was commented by 290 patients (77%), mean age 48 years, range 18-87, mean disease duration 15 ±14 years. The replies on the health scales ranged from minimum till maximum. SLE activity was low to moderate (mean 4.2 ±3), perceived SLE health mean 34.7 ±25.9 and current general health mean 63.1 ±21.0. The highest reported level of education was university education for 47% and high school for 36%. Among the patients who answered the main question (n=290), 33% (n=95) answered that they had no idea/thoughts of why they got SLE. Men (p = 0.041) and persons with lower educational level (p = 0.038) were more common in this group, also reporting slightly better general health (p= 0.050) than the group that had explicit thoughts of why they got SLE. Age, disease duration or perceived SLE parameters did not differ between the two groups. The answers of patients' thoughts of why they got SLE were sorted into categories: genetics (n=82), stress/trauma (n=65), infections/immunization (n=36), hormones/treatment (n=28), lifestyle behavior (n=28), treatment/disease other than SLE (=26) and environmental factors (n=5). A majority (n=135, 69%) wrote one potential factor of why they got SLE, two factors were reported by 49 patients (25%), one patient wrote five potential reasons. It was exclusively answers from women that could be categorized as "hormones/treatment" or "treatment/diseases other than SLE", and only one man wrote a statement of stress/trauma" as potential trigger of SLE. Patients in the category "hormones/treatment" had shorter disease duration (p=0.029), higher perceived SLE activity (p=0.011) and worse general health (p= 0.002) compared to those that had no statement that could be sorted into the category. Only five patients reported environmental triggers and these perceived worse SLE health (p= 0.022) and worse general health (p=0.038). Patients who reported stress/trauma as potential triggers of SLE onset had in a lager extent university education (p= 0.027) than those who did not report stress/trauma as a trigger.

Conclusion: Beside genetic factors, a prominent number of patients in this study reported stress/trauma or hormones as important triggers for developing SLE. In these groups perceived health and educational levels had different patterns. Additionally, infections/immunization were perceived as triggers for SLE but without the same difference in perceived health or educational level. Further studies should extend these results and investigate patients' perceptions of triggers for SLE flares, and high disease activity, information which can enhance our understanding of factors that may contribute to important aspects of SLE and patients' perceptions of health.

POS1191-HPR   **ULTRASONOGRAPHIC AND FUNCTIONAL CORRELATION OF THE FEET IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

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Background: Systemic lupus erythematosus (SLE) is a chronic immune-mediated disease with involvement of various organs[1,2]. El 95% of patients with SLE have musculoskeletal involvement[1], most often in the form of arthralgias or non-erosive arthritis affecting mostly the hands and knees. A subgroup of patients with SLE, which is seen with increasing frequency, late develops a deforming arthropathy as a result of laxity of ligaments and peritendinous apparatus resulting in joint subluxations and tendon ruptures which is part of the accumulated damage of the disease. The foot is a heavily affected structure that may initially go unnoticed, but results in significant disability.

Objectives: To determine the relationship between inflammatory activity measured by ultrasound in metatarsophalangeal (MTF) and questionnaires of foot functionality, hand deformities and SLE activity.

Methods: A cross-sectional study was performed. Thirty-six subjects with a diagnosis of SLE in the Rheumatology Unit were consecutively recruited between March and June 2022. Inclusion criteria were: patients with SLE diagnosis according to EULAR/ACR 2019 criteria, with at least one year of evolution and age equal or older than 18 years. A Rheumatology nurse collected information on socio-demographic data, questionnaires and ultrasound scans. The SLE activity questionnaires completed were: SLEDAI and SLICC, quality of life: EQ-5D, foot function: FFI (Foot Function Index), FAAM (Foot and Ankle Ability Measures Questionnaire), FPI (Foot Posture Index). As for hand malformations collected were: Jaccoud arthropathy, non-reducible arthritis, z-finger, grommet finger, non-reducible arthritis, burst finger and gooseneck finger. A descriptive, bivariate and R-Pearson correlation analysis was performed.

Results: Thirty-six SLE patients (97.2% female) with a mean (SD) age of 49.31 (11.4) years with a range 23-66 years participated. A total of 30 patients (83.3%) showed at least one MTF synovitis, the most frequent being 2nd MTF left (58.8%) and right (44.4%), followed by 1st MTF right and left (41.7%). The number of patients with and without ultrasound synovitis, as well as the degree of synovitis and Doppler signal in each joint are shown in Table 1. A significant direct correlation was observed between inflammatory activity with Doppler in the 1st MTF of the right foot with the SLICC (r=0.439; p=0.007) and SLEDAI (r=0.608; p<0.001) questionnaire; as well as an inverse relationship between synovitis in the 1st toe of the right foot with the FPI questionnaire of the right foot (r=-0.340; p=0.040) (Table 2). Likewise, a significant relationship was observed between deformity in the hands with the synovitis of 5 right (p=0.042) and left (p=0.005) MTFs.

Conclusion: Ultrasound synovitis in MTFs is common in SLE patients and is associated with disease activity, some deformities and functionality.

Table 1.   Description of inflammatory activity by ultrasound in metatarsophalangeal joints of 36 patients with SLE.

Variable	Grade 1 Synovitis	Grade 2 Synovitis	Grade 3 Synovitis	Doppler 1	Doppler 2
Rigth Foot					
1° MTF	3(8,3%)	13(36,1%)		2 (5,6%)	1 (2,8%)
2° MTF	8 (22,2%)	6 (16,7%)	1(2,8%)	2 (5,6%)	
3° MTF	11 (30,6%)	3 (8,3%)			
4° MTF	3 (8,3%)	4 (11,1%)	1 (2,8%)	1 (2,8%)	
5° MTF	7 (19,4%)				
Left Foot					
1° MTF	6(16,7%)	9 (25%)		1 (2,8%)	
2° MTF	10 (27,8%)	9 (25%)			
3° MTF	14 (38,9%)	2 (5,6%)	1 (2,8%)		
4° MTF	3 (8,3%)	6 (16,7%)	1 (2,8%)		
5° MTF	3 (8,3%)	1 (2,8%)			

Table 2. R-Pearson correlation analysis.

	Doppler 1st right toe	
	R Pearson	P value
SLICC	0,439	0,007
SLEDAI	0,608	<0,001
	Synovitis 1st right toe	
	R Pearson	P valor
Rigth FPI	-0,341	0,04

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POS1192-HPR   **ASSESSMENT OF KNOWLEDGE AND ATTITUDE IN MOROCCAN PATIENTS WITH RHEUMATOID ARTHRITIS**

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Background: Rheumatoid arthritis (RA) is a chronic, disabling condition that impairs quality of life.
Objectives: The objective of the study was to evaluate the knowledge and attitude of Moroccan patients with rheumatoid arthritis, and to determine the factors associated with them. Thus, it will be possible to set up a targeted education program for a better adherence to treatments.
Methods: This is a descriptive and analytical monocentric study of patients followed up for RA at Al Ayachi University Hospital, Sale, Morocco; and of patients who are members of the Moroccan Association for the fight against Rheumatoid Arthritis (AMP), from December 2021 to July 2022. The consent of the study population was free and informed. The interview questionnaire was developed by the team of rheumatologists and included sociodemographic data, the patients' knowledge about their disease, the treatments and their side effects, the follow-up and the patients' attitude toward self-medication. A score was indicated between 0 and 10 and represents the rate of correct answers per patient.
Results: We recruited 200 patients. The mean age was 55.1 ± 12.0 years, and the majority were women (91%). More than half of the population (57.5%) was illiterate and only 5.5% of the patients had a university education. ¾ of the population was urban (74.5%), and 93% were not working. 64.5% correctly identified the nature of RA as an autoimmune disease, and 26% correctly recognized that RA has a genetic predisposition. 58.5% of patients do not use corticosteroids over the counter against medical advice, 78% do not discontinue corticosteroids abruptly. Whereas 49.4% of patients undergoing biotherapy do not discontinue methotrexate against medical opinion. Moreover, the majority of patients (85%) had a favorable attitude for not accepting paramedic's opinions. Only about a third of patients (30%) knew that pneumopathy could be a possible complication of Methotrexate. 56% did not know what a biomedical drug is, 82.1% did not know that infection is an adverse effect of a biomedical drug, and 98% had no idea what a biosimilar is. The study revealed that 67% of the patients had a total score of correct answers more than 5.0, and the remaining 33% had a score between 2.0 and 4.5.
Conclusion: The level of knowledge of the disease and attitudes among Moroccan patients with RA was globally satisfying. The maintenance and improvement of this level of knowledge and the acquisition of good practices remain fundamental, in particular by diversifying the sources of information: awareness campaign by direct doctor-patient contact, multimedia supports and patients' associations.

POS1193-HPR   **AN EVALUATION OF PATIENT EXPERIENCE OF THE BELFAST HEALTH AND SOCIAL CARE TRUST RHEUMATOLOGY ETANERCEPT BIOSIMILAR SWITCH PROGRAMME**

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Background: The Belfast Health and Social Care Trust Rheumatology department commenced a biosimilar switch programme in July 2019, switching patients from Etanercept (Enbrel) to biosimilar (Benepali). Patients attended a bespoke switch clinic providing education and training before proceeding with biosimilar switch.
Objectives: To evaluate patients' experience of the Etanercept biosimilar switch programme including understanding of, attitudes towards and satisfaction with the switch process.
Methods: A service evaluation of patients invited to undergo biosimilar switch was undertaken. Ethical approval was not required. Patients' views were surveyed with a web-based questionnaire via text message/QR code or completed via telephone by an evaluator entering responses into the survey-tool.
Results: 182/342 patients responded (53%). Most [171 (94%)] reported discussing biosimilars with a healthcare-professional, received written information [174 (96%)] and felt adequately informed [172 (95%)]. 140 (77%) thought the reason for switching was to save money and 83 (45%) understood biosimilars as "*A highly similar but not identical copy of a biologic medicine*". Most [118 (65%)] reported a shared decision-making process but 52 (28%) thought "*Rheumatology team alone decided*". Most [126 (69%)] had no reservations about biosimilars, but 53 (29%) were concerned about its effectiveness. Mean visual analogue score for confidence in the biosimilar was 7.51 (median 8, 1-10). 168 (92%) reported switching to biosimilar agent. 103/168 (61%) reported no problems afterwards. Switch-back rate was 13% (22/168). 95% (161/168) rated support provided afterwards as adequate or better. Mean visual analogue score for satisfaction was 7.84 (median 8, 1-10).
Conclusion: The Etanercept biosimilar switch programme was successful with high switch rates, high levels of patient confidence and satisfaction. Recommendations for future include improving the process of shared decision-making during consultation to ensure fully informed patient consent.

POS1194-HPR   **EFFECTS OF RAMADAN INTERMITTENT FASTING ON RHEUMATIC DISEASES**

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Background: Intermittent fasting (IF) during the month of Ramadan is one of the 5 fundamental pillars of Islam. Many patients report that IF improves or worsens their symptoms during this month, however, few studies had assessed the impact of IF on rheumatic diseases.
Objectives: The present study was conducted to assess the impact of IF during the month of Ramadan on rheumatoid arthritis (RA) and spondyloarthritis (SpA) activity.
Methods: The study included 71 patients with RA or SpA who fasted during Ramadan of 2022. Patients were assessed in 2 visits: 4 months before the month of Ramadan and the second after fasting at least after 15 days.
Results: RA group: 49 patients were included. IF was associated with a significant decrease in VAS (Visual analogue Scale) pain (5.76± 2.16 to 3.14 ±1.47) (p < 0.001), duration of morning stiffness (47,76 ± 39,68 minutes to 11,73 ± 11,11 minutes) (p < 0,001), number of painful joints (13,35 ± 5,43 to 7,36 ± 0,71) (p<0.001), number of synovitis(12,84 ± 6,715 to 3,04 ± 3,6) (p<0.001), CDAI (18.29 ± 4.74 to 12.35 ± 3.48) (p<0.001), SDAI (20.39 ±4.86 to 10.32± 4.68) (p < 0.001), DAS28 ESR (4.003 ± 0.1 to 2.55 ± 1.39) (p < 0.001), and DAS 28 CRP (4.06 ± 0.89 to 2.15 ± 0.77) (p < 0.001). SpA group: 22 were included. IF was associated with a significant decrease in VAS pain (5,14 ± 1,93 to 3,05 ± 1,70) (p < 0.001), number of painful joints (10,91 ± 5,63 to 1,27 ± 4,24) (p<0.001), number of synovitis (12,41± 6,71 to 1,73± 1,38) (p<0.001), BASDAI (4.92 ± 0.88 to 2.28 ± 0.81) (p<0.001), ASDAS CRP (4.44 ± 0.69 to 2.49 ± 1.29) (p< 0.001), and ASDAS ESR (4.12± 0.83 to 2.55± 1.39) (p<0.001).