REFERENCES:


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

Keywords: Rheumatoid arthritis, Best practices, Patient information and education

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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 (81%). 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. 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.

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.

REFERENCES: NIL.
Disclosure of Interests: None Declared.
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POS1193-HPR
AN EVALUATION OF PATIENT EXPERIENCE OF THE BELFAST HEALTH AND SOCIAL CARE TRUST RHEUMATOLOGY ETANERCEPT BIOSIMILAR SWITCH PROGRAMME

Keywords: Patient information and education, Best practices, Patient reported outcomes

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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 (Benepli). 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%)] shared 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 751 (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 784 (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.

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POS1194-HPR
EFFECTS OF RAMADAN INTERMITTENT FASTING ON RHEUMATIC DISEASES

Keywords: Spondyloarthritis, Rheumatoid arthritis

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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 the rheumatic diseases.

Objectives: The present study was conducted to assess the impact of IF during the month of Ramadan on rheumatoid arthritis (RA) and spondyloarthritides (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 ± 5.68) (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 ± 1.73a ± 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).

Conclusion: Intermittent fasting during the month of Ramadan is associated with an improvement in RA and SpA activity.
Table 1. Themes and narratives of patients with ARDs on reproductive health issues

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications/ Breastfeeding</td>
<td>Medication</td>
<td>&quot;But I don't know, uh, which medications to take, no...&quot;, &quot;the truth, and I don't remember.&quot; (27 yrs., AR, pregnant).</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding</td>
<td>&quot;I know that there is much more myth about (breastfeeding), ... I feel that there is a lot of misinformation about it and that there are minimal medications that interfere with breastfeeding&quot; (34 yrs., RA, pregnant).</td>
</tr>
<tr>
<td>Contraceptive Methods</td>
<td>Contraceptive factors influencing choice</td>
<td>&quot;My mom helped me to make the decision&quot; &quot;She told me, &quot;If you want to use that one, that's fine&quot; (23 yrs., RA, pregnant).</td>
</tr>
<tr>
<td></td>
<td>Planning</td>
<td>&quot;Because first, you have to check that everything is okay in your health, they have to make sure that your disease is asleep, that nothing is altered, that everything is under control&quot; (22 yrs., SLE/RA, reproductive age).</td>
</tr>
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<td></td>
<td>Heredability</td>
<td>&quot;Well, there is a certain percentage, according to what the geneticist explained when I went to her office. Yes, I knew something about it because my mother has rheumatoid arthritis. I don't think it is a fact that I will pass it on to my baby&quot;. (34 yrs., RA, pregnant).</td>
</tr>
<tr>
<td>Accompaniment</td>
<td></td>
<td>&quot;Well, that they have all the information about both arthritic and pregnancy because, for me at least, it gives me a lot of comfort to be in the clinic because I know that I have this communication...they then not being with one doctor and then with another and explaining to one what the other one told me. (23 yrs., RA, pregnant).</td>
</tr>
</tbody>
</table>

All quotes were extracted from interviews conducted in Spanish. Quotes were further translated to English.