

presented remission/LDA by ASDAS/BASDAI-RCP. Only 4 patients included presented higher activity scores but were considered clinically controlled.

Table 1.

	BASAL MEAN	FINAL MEAN	MEAN DIFFERENCE
<b>BASDAI</b>	1,725 (SD 1,496)	2,268 (SD 1,3420)	0,5434 (SD 1,1483)
<b>BASFI</b>	2,108 (SD 1,619)	1,943 (SD 1,6228)	0,1492 (SD 1,3420)
<b>ASDAS-RCP</b>	1,288 (SD 1,496)	1,608 (SD 0,6297)	0,3198 (SD 0,6005)
<b>AsQOL</b>	2,53 (SD 3,311)	2,35 (SD 2,906)	0,2456 (SD 1,7856)

We did not find meaningful clinical differences between basal to final visits in BASDAI, BASFI, ASDAS-RCP or AsQOL.

3 patients with reduced dose of biological drug needed to increase to standard dose with no other need to treatment adjustment.

**Conclusion:** We consider asynchronous teleconsultation is promising, and not inferior to face to face consultation in terms of keeping disease control and quality of life, especially for follow-up in patients with stable rheumatic disease. The clinical results presented here are consistent with this considerations.

**Acknowledgements:** Grupo INNOBIDE.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.3753

AB1787-HPR

**A REAL-LIFE OF EXPERT PATIENT WITH RHEUMATOID ARTHRITIS. AN EVALUATION OF THE PATIENT ACTIVATION MEASURE PAM-13**

**Keywords:** Rheumatoid arthritis, Patient reported outcomes

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**Background:** In 2021, a group of rheumatoid arthritis (RA) patients were certified as an expert patients. These were trained for the care and management of their disease. During their training, they answered the Patient Activation Measure PAM-13 questionnaire, which measures people's knowledge, skills and confidence in self-managing their health and medical care.

**Objectives:** The aim of this study is to know the activation and empowerment levels of the patients in their daily life and in their exercise as expert patients in RA, determining the self-management they have of their disease and the perspective they have developed towards their health and towards their health care team.

**Methods:** A group of expert patients with a diagnosis of RA were included. A socio-demographic characterization was carried out and variables such as age in years, marital status, educational level and support networks, among others, were measured. Patients filled out the PAM-13 questionnaire. This tool contains some phrases that people use to talk about their health. Each sentence contains response options that include: "strongly agree," "agree," "disagree" and "strongly disagree". This exercise seeks to find out what patients think about aspects related to the care of their health condition and medical care. Descriptive statistics were done and the responses of the first two options were totaled ("strongly agree" and "agree").

**Results:** A total of 91 patients were evaluated with the PAM-13 tool. General sociodemographic and clinical characteristics are shown in table 1. With respect to the responses of the 13 variables of the PAM-13 questionnaire, the patients state [n(%)] that they have developed a high level of awareness in the care management of their disease [83 (91)], they have developed a high therapeutic adherence [83 (91)], understand that lifestyles are essential to avoid complications [83 (91)], adopted an effective and clear communication language with their medical team [82 (90)], developed self-care lifestyles [80 (88)], understand the importance of using prescribed medications [80 (88)], developed habits oriented towards a healthy and active life [78 (85)], understand the nature and symptoms of their disease [78 (85)], are aware that they are the main co-managers of their condition [78 (85)], frequently assist their medical team and use emergency services [79 (87)], act in crisis situations [80 (88)], follow instructions of their medical team [73 (80)] and make shared decisions as [65 (71)] (see Figure 1).

Table 1. Demographic characterization of the participating patients.

Participant's characteristics		n= 91
Gender (n %)	Male	6 (7)
	Female	85 (93)
Age in years, mean		61
Age in years, group (n %)	<65	62 (68)
	≥65	29 (32)
Marital status (n %)	Married	46 (51)
	Divorced	11 (12)
	Single	29 (32)
	Widowed	5 (5)
Education (n %)	Primary School	8 (9)
	High School	34 (37)
	Vocational training	26 (29)
	University or more	22 (24)
	None	1 (1)
Duration of disease in years (n %)	≤20	52 (57)
	>20	39 (43)
Support and family (n %)	Direct support	81 (89)
	No support	10 (11)

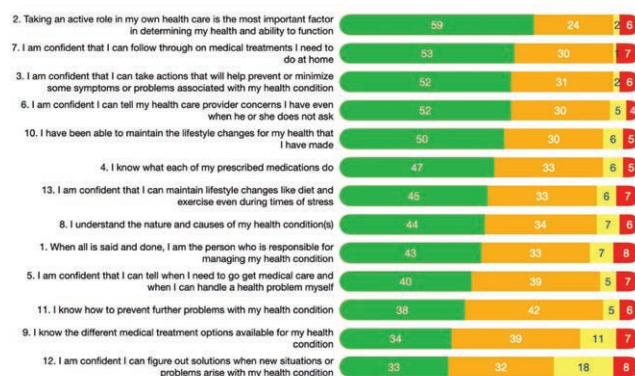


Figure 1: Results of the PAM-13 tool in expert patients with RA

**Conclusion:** In general, expert RA patients are proactive with their health and have developed strong self-management skills evaluated through PAM-13. The use of these tools is important to assess the role of the patient in their treatment. This allows generating strategies that increase the commitment of patients during their therapy.

**REFERENCES:** NIL.

**Acknowledgements:** NIL.

**Disclosure of Interests:** Fernando Rodriguez: None declared, Gabriel-Santiago Rodríguez-Vargas: None declared, Adriana Rojas-Villarraga: None declared, Pedro Santos-Moreno Speakers bureau: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Grant/research support from: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi.

**DOI:** 10.1136/annrheumdis-2023-eular.3863

AB1788-HPR

**ASYNCHRONOUS TELECONSULTATION BY WHATSAPP CHATBOT IN CONTROLLED AXIAL SPONDYLOARTRITIS PATIENTS UNDER BIOLOGICAL THERAPY: PATIENTS' PERSPECTIVE**

**Keywords:** Telemedicine, Spondyloarthritis, Quality of life

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**Background:** Before COVID pandemic, rheumatologists were not confident with telehealth for the need to acquire new technology, need of specific training and poorer reimbursement [1]. Two groups of rheumatoid arthritis (RA) patients have been identified in a study of PROMS-based telehealth use (2): the keen and the reluctant. We proposed teleconsultation followup with a whatsapp platform chatbot to our axial spondyloarthritis (AxSPA) patients with controlled disease and we asked them for preferences at the end of the study.

**Objectives:** To explore the degree of acceptance of asynchronous telehealth followup with whatsapp platform chatbot among our controlled AxSPA patients under biological therapy, and to search for a patient profile more prone to telehealth consultation.

**Methods:** A prospective study with retrospective control was performed, choosing AxSPA patients under biological therapy with stable disease, visited in our centre from 01/01 to 30/11/2021. We recruited 62 patients, but finally include 60 (2 quit for home moving or personal reasons). We offered them two teleconsultation visits (using their personal mobile), every four months, and a presential final visit one year after inclusion. The chatbot sends PROMS (BASDAI, VAS for patient global disease assessment, ASDAS, and 3 questions for extraarticular disease), and feedback and schedule for the following visits. In the case of lab test or PROMs deviation or when the patient asks for contact, he/she is phoned by nurse/doctor who solves the question and/or arranges an additional presential visit. We collect patient and disease characteristics (age, gender, educational level, employment, disease activity, duration and treatments), and patient's satisfaction and preferences in the final visit.

**Results:** We included 60 patients (83,3% men), mean aged 48,22 years (SD 12,128), 36% under 45 years at inclusion. 27% had received primary, 33,9% secondary and 39% tertiary education. 83,3% were active working and only 10 patients were jobless or retired. They were Ankylosing Spondylitis (AS) (90%), HLA B27 positive (85%) with longstanding disease (mean 23 years, SD 12,8), and were receiving the first (71%), or the second (23%) biological therapy (51,7% tapered anti-TNF). 50% were never smokers and 70% presented no remarkable comorbidity; 25% presented peripheral impairment, and over 40% extraarticular manifestations. At inclusion 93,3% were at remission/LDA by ASDAS/BASDAI-RCP and 4 patients were considered clinically controlled in spite of higher scores. At followup 3 patients with reduced dose needed to increase to standard dose of biological drug, with no other need of treatment change. There was no worsening from basal to final visits according BASDAI, BASFI, ASDAS-RCP or AsQOL. Patients final VAS score (1-10) assessment of telehealth consultation was very high: mean 9,14 (DS 1,498); 91,7%  $\geq 8$  and 76,7%  $\geq 9$ . 83,3% preferred telehealth followup. There was a trend towards telehealth preferences in higher educational levels, and active working (86% vs 70%) but not statistically significant. We found no correlation with gender, age and disease characteristics tested.

**Conclusion:** Asynchronous teleconsultation seems promising, not inferior to presential consultation and preferred for follow-up by our AxSpa patients with stable disease with biological drugs. We met some "reluctant patients", that were more inactive working and with lower educational levels, but the differences were not significant. Further reserarch is needed with this telehealth model in other age and disease populations (RA), in order to characterize the reluctant and keen patients.

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**Acknowledgements:** Grupo INNOBIDE.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.4590

AB1789-HPR 30 SECONDS CHAIR STAND TEST - FEASIBLE AS SELF-ASSESSMENT TEST FOR KNEE OSTEOARTHRITIS?

**Keywords:** Self-management, Diagnostic Tests, Outcome measures

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**Background:** A reliable self-assessment test to evaluate physical performance could be useful for patients with knee osteoarthritis to monitor physical function over time. However, studies comparing a self-assessment test with standardized testing in the clinic supervised by a physiotherapist is lacking. The 30 seconds chair stand test is part of a test battery which is recommended both in research and in clinical settings for patients with osteoarthritis [1]. The chair stand test is a reliable physical performance test for patients with knee osteoarthritis [2, 3].

**Objectives:** The purpose is to evaluate the 30 seconds chair stands test as self-assessment test for patients with knee osteoarthritis and when it is supervised by a physiotherapist.

**Methods:** A sample size of 147 patients with knee osteoarthritis will be recruited. Each patient will perform two self-assessment tests with two days in between. Another test supervised by physiotherapist will be conducted within a week after the second self-test. Demographic data, knee-related quality of life using knee injury and osteoarthritis score – short version (KOOS-PS) [3], pain duration, pain intensity using numeric rating scale (NRS) 0-10 [4]; pain sites, experienced intermittent and constant knee pain (ICOAP) [5], will be collected. Data collection is ongoing and preliminary data will be presented descriptively.

**Results:** So far, 91 patients have been recruited, whereas 60 patients (58% females) with a mean age of 69 years, and mean body mass index of 30 (SD 5) have been included in the preliminary analysis. Patients reported mean pain duration of 46 months (SD 52), rating mean pain intensity 3/10 (SD 2), and 83% had pain in more than one joint. Patients reported mild to moderate pain (total mean ICOAP-score 44/100, SD 21). KOOS-PS score was 60/100 (SD 14) showing moderate difficulties in knee-related daily activities. Mean number of chair stands for self-assessment tests 1 and 2 were 13.7 (SD 5.6) and 14.7 (SD 6.0) respectively and mean number supervised by physiotherapists were 13.3 (SD 4.8).

**Conclusion:** Preliminary results of this study indicate that 30 seconds chair stand test as self-assessment test might be an option for patients with knee osteoarthritis to monitor their own physical performance. Yet, to ensure the agreement between self-assessment and physiotherapist assessment, a reliability study is needed.

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**Acknowledgements:** NIL.

**Disclosure of Interests:** None Declared.

**DOI:** 10.1136/annrheumdis-2023-eular.6212