Over half the patients (56%) were starting DMARDs for the first time, of those 8% requested a telephone consultation to discuss treatment further with the Rheumatology nurses. Of the 44% of patients already taking a DMARD and due to start a second medication 24% required a telephone clinic appointment.
As this is a new service, we asked for feedback, receiving replies from 34%, all scoring between 9/10 and 10/10.
We have released > 7 hours of specialist nurse time for telephone/helpline clinics.
Conclusion: The development of digital / remote medication clinics has been a success and we will continue with this approach. We have limited face-to-face appointments, started patients on rheumatology medications more quickly and efficiently than previously (but maintained safety), allowed the nursing staff time to spend more time working in our telephone clinics and have had excellent patient feedback. Although, we are aware, this is at a cost of no peer-to-peer interaction, which has been of value in the past.
Disclosure of Interests: Rian Penford: None declared, Elaine Wren: None declared, Kirsten Mackay Speakers bureau: I have been paid as a speaker for Roche within the last 12 months, Consultant of: I have worked as a paid consultant for Novartis, Janssen and Lilly within the last 12 moths, Grant/research support from: Novartis have assisted in the development of our Rheumatology App - Connect Plus - developed for rheumatology patients attending our department.
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HPR Professional education, training and competencies

AB0910-HPR LEVELS OF DEPRESSION AND ANXIETY DURING COVID-19 PANDEMIC: AT WHAT DEGREE ARE HEALTH CARE WORKERS AFFECTED IN TUNISIA?

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Background: Since December 2019, a novel pneumonia caused by coronavirus-19 (COVID-19) has been spreading internationally. Facing this critical pandemic, health care workers who are involved in treating these patients are at risk of developing psychological distress.
Objectives: To evaluate mental health outcomes among health care workers treating patients exposed to COVID-19.
Methods: This cross-sectional study collected demographic data and mental health measurements from health workers in different hospitals using an online questionnaire. Participants were divided in two groups: G1 included participants working in a COVID-19 unit and G2 included those who worked in a normal ward. Participants were asked to complete the 9-item Patient Health Questionnaire (PHQ-9) and the 7-item Generalized Anxiety Disorder scale (GAD-7). The total scores of these measurement tools were interpreted as follows: PHQ-9 normal (0-4), mild (5-9), moderate (10-14) and severe (15-21) depression; GAD-7 normal (0-4), mild (5-9), moderate (10-14) and severe (15-21) anxiety. We compared the two groups in terms of psychological distress using a Chi-square test.
Results: A total of 155 individuals with a mean age of 31.3 ± 25 years [26-45] and a sex-ratio of 0.3 completed the online questionnaire. Seventy-two participants (46%) worked in a COVID-unit. The mean number of nightshifts per month in the COVID-unit was 9.5 in G1 and 1.3 in G2 respectively. The mean number of work hours per day in the COVID unit was 5 hours in G1, and 0 in G2. G2 participants worked in COVID-units during nightshifts only. An increase in workload compared to the pre-epidemic was noted only in G1. Depression and anxiety scores were higher among participants of G1 compared to G2 (Table 1).

Table 1. Comparison of the participants according to the PHQ-9 and GAD-7 scores:

Score	G1	G2	p
Mild depression	33%	12%	0.001
Moderate depression	14%	9%	0.000
Severe depression	7%	0.9%	0.002
Mild anxiety	29%	17%	0.005
Moderate anxiety	18%	7.3%	0.002
Severe anxiety	8.4%	2.1%	0.001

G: Group

The need for psychological support was more frequent in G1 compared to G2 (38% vs 9%; p=0.005). Participants of G1 were diagnosed with depression (9 cases), anxiety (9 cases) and burn-out (3 cases). In G2, 4 participants were diagnosed with anxiety. The prescribed treatments were: antidepressants (5 cases), anxiolytic (10 cases), and psychotherapy (12 cases).
Conclusion: Individuals experience varying levels of distress during pandemics. In our study, health care workers in the frontline of COVID-units experienced high levels of anxiety and depression. Thus, necessary measures should be attached to psychological support strategies for health care workers.
Disclosure of Interests: None declared
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AB0911-HPR ROLE OF MOBILE APPLICATIONS IN RHEUMATOLOGY CARE: A MULTICENTRIC SURVEY

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Background: Although mobile health applications (apps) are becoming increasingly popular across several medical specialties, no data are available in rheumatology. The aim of this study is to investigate whether apps are routinely used by rheumatologists.
Objectives: In our study we aim assess real-life use of mobile applications in rheumatology clinical activity and to evaluate mobile apps role in rheumatology training, in particular for residents, and clinical activity.
Methods: We invited a non-selected sample of rheumatologists (consultants, residents and medical students committed to begin rheumatology residency) to participate in an anonymous web-based survey. This survey investigated mobile application use in rheumatology care and issues and concerns about mobile device use in rheumatology.
Results: Sixty participants completed the survey (40% consultants, 48.3% residents, 11.7% students). 52/60 (86.7%) declared to use mobile apps during their work. More than 50% used apps at least once a day. Apps were mostly used for calculating clinical disease activity scores for chronic inflammatory arthritides. Most rheumatology residents stated that these apps could be a useful tool in medical training. However, using a smartphone during a clinical examination was deemed to be inappropriate by 26/60 (43.3%).
Conclusion: Mobile apps as clinical tools are widespread among rheumatologists.
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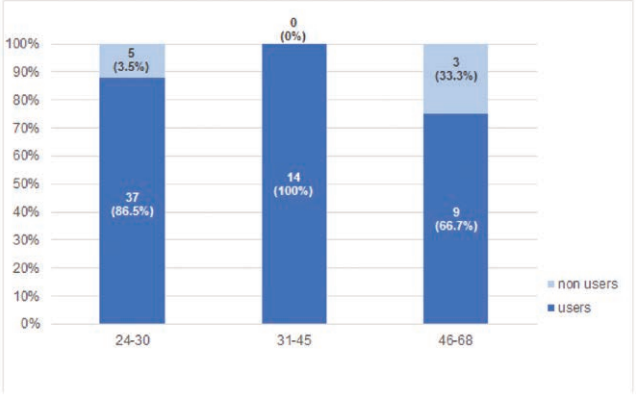

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