

in SLE patients, even among those with mild or inactive disease. This preliminary study examines the relationship between disease activity scores and HRQoL changes in SLE patients and will then be followed by another study to evaluate whether a multidisciplinary approach (based on yoga, mindfulness and Chinese medicine), in addition to conventional medical therapy, could improve quality of life.

Methods This is a cross-sectional observational study of SLE patients in a tertiary disease-specific outpatient clinic. During clinical evaluation, for each enrolled patient, demographics, drugs, organ damage (Systemic Lupus International Collaborating Clinics Damage Index), active disease manifestations, and Systemic Lupus Disease Activity Index scores are recorded. At the same time, patients complete two questionnaires, the Short Form-36 (SF-36) and the Functional Assessment Chronic Illness Therapy-Fatigue (FACIT-F), considered as patient reported outcome scores (PRO scores).

Results Although the study is still ongoing, we are presenting preliminary data. 17 outpatients have been enrolled since January 2022 (mean age 41.7 ± 16.4 years, median duration of the disease 7.5 years). The median scores of SLEDAI-2K, SLICC-DI, SLEDAs, FACIT-F, and SF-36 (physical and mental component) are, respectively, 2 (IQR 0.5–4), 0 (IQR 0–0), 1.12 (IQR 0.28–6.88), 38.5 (28.75–46.25), 43 (IQR 36.5–51), 36 (IQR 19–50). Of the patients in our cohort, 10/17 (58.8%) met the definition of Lupus Law Disease Activity State (LLDAS), while 4/17 (23.5%) manifested an active disease.

In preliminary data analysis, there is no evidence of correlation between lower disease activity and better PRO score. The study is expected to be completed in May 2022 and the final data will be available from June 2022.

Conclusions While research has recently begun, there seems to be a discordance between physician's and patient's disease perception. SLE patients often feel misunderstood and complain that doctors do not take care of all aspects of the disease. We are sure that the multidisciplinary approach proposed at the end of the study will overcome this gap in healthcare.

PO.7.152 **COMPARISON OF EDUCATIONAL NEEDS AMONG PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND ANCA ASSOCIATED VASCULITIS – A PILOT STUDY USING THE EDUCATIONAL NEEDS ASSESSMENT TOOL**

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Purpose The aim of the study was to compare educational needs among the systemic inflammatory diseases, Systemic lupus erythematosus (SLE) and ANCA associated vasculitis (AAV) using the Educational Needs Assessment Tool (ENAT).

Method This pilot study included cross-sectional data from two separate cohorts, SLE and AAV, from the Karolinska University Hospital, Sweden. Inclusion criteria were minimum age of 18 years and literate in Swedish. Exclusion criterion was cognitive impairment interfering with literate capabilities. Participants with SLE and AAV respectively were individually matched for disease duration, sex, and education.

Educational needs were captured by patients' answers to the questionnaire ENAT. The ENAT consists of 39 questions, presented as total ENAT and seven domains ('Managing pain',

Abstract PO.7.152 Table 1 Comparison of ENAT scores (mean% of max) (SD) between patient with SLE and AAV

ENAT domain	All n=52	SLE n=26	AAV n=26	p
Managing pain	49.7 (29.7)	48.9 (28.4)	50.4 (32.0)	0.846
Movement	47.7 (33.3)	42.8 (32.1)	49.7 (34.4)	0.469
Feelings	63.5 (31.2)	54.2 (31.2)	71.9 (29.5)	0.050
Disease process	77.3 (22.0)	71.2 (22.7)	84.0 (20.0)	0.037
Treatments	60.4 (34.8)	45.8 (36.0)	74.3 (28.6)	0.010
Self-management	76.4 (20.8)	76.1 (19.6)	76.6 (22.9)	0.945
Support systems	52.9 (29.5)	46.3 (30.5)	59.7 (28.0)	0.122
Total ENAT	59.9 (23.7)	54.0 (23.1)	65.7 (23.3)	0.096

'Movement', 'Feelings', 'Disease process', 'Treatment', 'Self-management' and, 'Support systems') each containing 4–7 items (from 'not at all important' = 0, to 'extremely important' = 3). The participants responses are presented as 'mean % of the domain score' (from 0 = no to 100 = highest). For comparisons paired samples t-test were used.

Results Twenty-six matched pairs (89% female), mean (SD) disease duration 6.1 (8.4) years, were included. The mean age was 44 (13.1) years for SLE and 58.5 (16.2) years for AAV ($p=0.003$). Educational length was reported as mean 14.9 (3.3) years among SLE patients and 12.8 (2.7) years among AAV patients ($p=0.1$).

Among all patients, the mean total ENAT was generally high 59.9% (range 12.8–100%) and did not differ between the two diseases ($p = 0.1$) (Table 1). The highest education need in SLE, were 'Self-management' (76.1%) and the 'Disease process' (71.2%), and lowest educational need in SLE were found in the domains 'Movement' (mean 42.8%) and 'Treatments' (mean 45.8%). Patients with SLE reported a lower educational need compared to AAV, statistically significantly in three of the domains, 'Treatments' (74.3% vs. 45.8%, $p = 0.01$), 'Disease process' (84.0% vs. 71.2%, $p = 0.04$) and 'Feelings' (71.9% vs. 54.2%, $p = 0.05$).

Conclusions In this pilot study with SLE and AAV, educational needs regarding 'Treatments', 'Disease process' and 'Feelings' were lower in SLE compared to AAV, despite that the participants were matched for disease duration and sex, two variables previously found to be indicators of increased educational needs. Although, this study indicated lower needs in SLE compared to AAV, significant patient educational needs were identified among SLE especially concerning self-management and disease process. If other factors such as age play a role in the educational need must be explored in a larger sample with more variations in age among the participants. However, the results indicates that healthcare providers must further develop their support activities to help patients manage life with SLE based on these expressed needs.

PO.7.153 **SYSTEMIC LUPUS-DERMATOMYOSITIS OVERLAPPING SYNDROME: A CASE REPORT**

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Introduction About 10 to 20% of myositis are associated with other connectivitis as scleroderma, Sjogren's syndrome and systemic lupus erythematosus (SLE). Nearly 10 to 15% - with specific immunological markers are associated with cancers.