access and use health information. Current findings demonstrate scope for HCPs and established healthcare organisations to further utilise YouTube for the dissemination of quality-controlled, evidence-based information.
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SP0132 **MEASURING DIGITAL HEALTH LITERACY, WHY AND HOW?**

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Digital health literacy or eHealth Literacy refers to a person's ability to search, select, appraise and apply online health information or appropriately use digital health applications. In this presentation I will address the issue of measurement of these skills. First, we will explore why it is important to measure digital health literacy and discuss the different aims of measuring. Second, we will address some of the currently available instruments, including the oldest and most used instrument, the eHealth Literacy Scale or EHEALS Norman & Skinner, 2006 and some more recent instruments, including the eHealth Literacy Questionnaire, eHLQ Kayser et al. 2018 and the Digital Health Literacy Instrument, DHLI. Van der Vaart & Drossaert, 2017. Of each instrument, I will briefly discuss its underlying theory, some empirical findings, and its strengths and weaknesses. I will conclude with discussing some general challenges in measuring digital health literacy and directions for future research.
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SP0133 **PATIENT EXPERIENCES FROM A TELE-HEALTH INTERVENTION ON DISEASE ACTIVITY IN RA: THE KEEN AND THE RELUCTANT PATIENT**

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Background: Recently, the effectiveness of monitoring disease activity in rheumatoid arthritis (RA) through a patient-reported outcome (PRO)-based tele-health follow-up strategy was compared to usual outpatient follow-up in the TeRA trial.[1] Telemedicine interventions require patients taking an active role in the disease course and treatment, and assuming more responsibility for monitoring and identifying signs and symptoms of disease activity.[2–3] The TeRA study examines the effectiveness of tele-health follow-up, but provides no insight into how patients experience this new approach to disease control.
Objectives: To explore the experiences of a PRO-based tele-health follow-up from the perspective of patients with RA and their experiences of increasing their active role and responsibility for disease control in particular.
Methods: Adopting a strategy of *interpretive description*,[4] we conducted individual, semi-structured interviews with 15 RA patients participating in the tele-health follow-up. Participants were selected purposively and consecutive from both genders and with various ages, disease durations and disease severity. The analysis was inductive with a constant comparative approach. First, we identified the main themes conveying the participants' experiences. Then, we constructed patient typologies to explain different perspectives on the tele-health follow-up.
Results: Five themes covered the participants' experiences: 'A flexible solution', 'Responsibility','Knowledge of RA', 'Communication and involvement' and 'Continuity'. Two typologies: 'the keen patient' and 'the reluctant patient' represented opposite perspectives and preferences regarding the core value of and approach to the tele-health follow-up.
Conclusions: The participants had positive perceptions of the PRO-based tele-health follow-up and saw it as a flexible and resource-saving solution that can reduce the burden of unnecessary interruptions in everyday life. They reported disadvantages related to missing face-to-face contact with health professionals.
The two typologies, 'the keen' and 'the reluctant' patient, help us understand the patients' different needs, wishes and abilities to take part in tele-health follow-up. Our findings reveal a need for more insight into how tele-health follow-up could be integrated in routine clinical practice, paying special attention to how reluctant patients may be supported.

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FRIDAY, 15 JUNE 2018

The rheumatologist-orthopaedic surgeon connexion in secondary fracture prevention

SP0134 **THE CONNEXION BETWEEN FRACTURE CARE AND SECONDARY FRACTURE PREVENTION**

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That fracture begets fracture, is today an acknowledged reality. Nevertheless, there are still gaps in fracture care and many are far from reaching the optimal treatment pathway. Ultimately, each fracture should be appropriately managed from the moment of the fracture, through the acute management of the patient and the fracture, through to rehabilitation and secondary prevention. Optimisation of every step leads to better post-fracture functioning and quality of life, in addition to a reduced risk of new fracture events where the next fracture often is more severe than the previous.
Fracture treatment has improved with newer implants (plates, screws, nails, joint replacements etc) being developed specifically for fragile bone. Standardising procedures and checklists have made a difference in reducing complications. In the field of anaesthesia advances allows for surgery in the increasingly frail older person with acceptable perioperative risks and outcome. Similarly, tailored medical management is essential also to improve rapid post-operative recovery. The team approach to prompt regaining of function and rehabilitation allows for faster return to the home.
However, it has been more difficult to systematically improve the final step – prevention to avoid recurrence. It is a fact that patients at the highest risk of fracture, those who have already sustained a fracture, have overwhelmingly remain unidentified for osteoporosis treatment and falls prevention. Exceptions exist and they have become examples of best practice; whereby integrated, systematic identification, investigation and intervention were key components for secondary prevention of fractures. The cornerstone in such programs is the fracture coordinator; hence, they are commonly referred to as a fracture liaison service (FLS). They are the link between the orthopaedics and the osteoporosis clinic. Through the development of a best practice framework, the key components for developing secondary fracture prevention programs are outlined and tool kits on how to get started are available. The fundamental component is however, acceptance by the system in order to incorporate prevention as a required part of fracture management.
The presentation will provide an overview of main advances as well as tips on how to move forward.
Disclosure of Interest: K. Åkesson Speakers bureau: Invited lectures for Amgen, Lilly, Radius, UCB
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SP0135 **THE EULAR/EFORT RECOMMENDATIONS FOR PATIENTS WITH RECENT FRACTURE**

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The European League Against Rheumatism (EULAR) and the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) have recognised the importance of optimal acute care for the patient 50 years and over with a recent fragility fracture and the prevention of subsequent fractures in high risk patients, which can be facilitated by close collaboration between orthopaedic surgeons and rheumatologists or other metabolic bone experts. Therefore, the aim was to establish for the first time collaborative recommendations for these patients.
According to the EULAR standard operating procedures for the elaboration and implementation of evidence-based recommendations, 8 rheumatologists from 8