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THU0380 RESULTS OF A REAL LIFE DOSE-REDUCTION STRATEGY FOR ANTI-TNFALPHA INHIBITORS IN A COHORT OF PATIENTS WITH SPONDYLOARTHRITIS

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Background: Published reports suggest that patients with Spondyloartrhitis (SpA) in remission under treatment with TNFalpha inhibitors (TNFi) could obtain the same benefit at lower dose of the drug.
Objectives: To evaluate effectiveness of a strategy of dose reduction of TNFi in SpA patients in clinical remission and to explore baseline characteristics predictive of maintenance of the response.
Methods: Retrospective observational study, including patients with SpA meeting ASAS criteria treated with TNFi following a dose optimization protocol (lower doses or longer intervals than aproved), from 2008 to 2015. Criteria for optimization was patients with BASDAI≤2 and/or C reactive protein level (CRP)≤5 mg/L for at least 6 months. Patients who relapsed (BASDAI>2 and/or CRP>5mg/L) returned to standard dose. Clinical/analytical parameters and drug's survival time until relapse were recorded. SPSSv.17 software was used for contrast means. Survival Kaplan-Meyer curves was analysed.
Results: 149 SpA patients treated with TNFi, 32/149 patients (21.5%) included in optimization protocol. 27 patients (84.37%) with increased interval between doses, remaining with reduced dosification. Table 1 shows baseline characteristics of patients on optimization group (mean±SD or proportion). 18/32 patients (56.2%,IC:39.01–73.4) maintained clinical remission with optimized dose at 36.5 months (median). Table 2 shows activity parametres of both relapsed and maintained response patients. There were either baseline differences or at optimization time between patients who maintained remission and not, but relapsed patients showed higher CRP at optimization time, without statistically significant differences. 72.2% (13/18) of patients on sutained remission were naive for TNFi, although no significant difference compared to switcher patients on the median survival (31.9 vs 20.9 months, P=0.9). No baseline predictor of sustained response at optimized dose were found. CRP<5 mg/L at optimization time showed a trend towards longer survival (43.4 vs 13.3 months), without differences statistically significant (p=0.09).
Conclusions: Optimization of TNFi in SpA is possible and allows up to half of patients to maintain clinical remission, but no baseline factors predictors of sustained response after optimization was found.
Disclosure of Interest: None declared
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Table 1

	Optimized patients (n=32)	
Age (years)	47.2±10.6	
Gender (%) Male/Female	84.4/15.6	
Disease duration (years)	12.2±10.4	
	Baseline	Optimization time
BASDAI (0–10)	4.2±2,6	2.1±2.2
BASFI (0-10)	4±2.7	2.8±2.9
ESR (mm/1°h)	19±20.1	8.5±8.5
CRP (mg/L)	13.1±18.7	6.4±9.7
Number of previous TNFi	0.3±0.6	
Current TNFi (%)		
Infliximab	31.3%	
Adalimumab	21.9%	
Etanercept	25%	
Golimumab	21.9%	

Table 2

	Not-sustained remission (n=14)			Sustained Remission (n=18)		
	Basaline	Optimization time	Flare time	Baseline	Optimization time	Last visit
BASDAI (0–10)	3.8±2.4	2±1.8*	2.4±1.9*#	4.4±2.8*	2.1±2.5*	1.7±1.4*
BASFI (0–10)	4.3±2.8	2.8±2.8*	2.9±3*	3.7±2.6	2.8±3.1	2.1±1.6*
ESR (mm/1°h)	17.1±22.5	9.3±11.1	10.2±8.3	20.4±18.8	7.8±6.1*	8±6.4*
CRP (mg/L)	10.9±12.2	9.7±12.4	3.4±5.7*#	14.6±22.5	3.7±6.1*	2.5±5*

Statistical significant differences: *compare to baseline; #compared to optimization time.

THU0381 CERTOLIZUMAB PEGOL IS EFFECTIVE IN UVEITIS ASSOCIATED TO SPONDYLOARTHRITIS REFRACTORY TO OTHER TUMOUR NECROSIS FACTOR INHIBITORS

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Background: Uveitis is one of the most common extra-articular manifestations of patients with spondyloarthritis (SpA). In severe cases, uveitis may require the use of biological therapy, primarily tumor necrosis factors inhibitors (TNFi), being the most currently used infliximab and adalimumab. However, another TNFi such as certolizumab pegol (CZP), with indication for SpA patients, could be an effective option in cases of inefficacy or adverse events to other TNFi, as we have previously reported (1).
Objectives: Our objective is to analyze the effectiveness and the safety profile of CZP in patients with refractory SpA-associated-uveitis
Methods: Observational, multicentric, retrospective study. We selected all patients with a diagnosis of SpA (including ankylosing spondylitis (AS), psoriatic arthritis (PsA), non-radiographic axial SpA (nr-axSpA) and SpA associated to inflammatory bowel disease (IBD-SpA)) who had refractory uveitis (confirmed by an Ophthalmologist) as main extra-articular manifestation, and who received CZP for at least 6 months. Variables analyzed: age, sex, diagnosis, type of uveitis, duration since the first uveitis episode and number of eyes affected; previous treatment (NSAID, disease-modifying anti-rheumatic drugs (DMARDs), immunossuppressive or biological therapy); outcome, and time to follow-up.
Results: Twenty-four eyes of 13 patients (10 men); age 49.5±11.7 (range 29–71 years) were included in the study. Diagnosis were: seven AS, four PsA, one nr-axSpA, and one IBD-SpA. Type of uveitis: 9 anterior, 3 panuveitis, and 1 intermediate uveitis. Mean disease duration was 151±117.1 months (range 5–420). 84.6% patients had previously received biological therapy (46.1% ≥2 biological agents). 61.5% received CZP in monotherapy and 5 patients received concomitant treatment: 4 methotrexate and 1 azathioprine. In all cases CZP was started due to inefficay to previous treatment except for 2 cases whose primary reason was the occurrence of adverse events (one injection site reaction and one development of relapsing polychondritis). After a follow-up of 13.1±6.6 months (range 6–27), 9 patients are still on CZP treatment. Ten eyes showed improvement of visual acuity (41.7%), 10 remained stable and 2 worsened. During the follow-up no serious adverse events were reported. Four cases withdrew CZP treatment: 2 due to worsening of articular symptoms but with no uveitis activity; 1 due to macular edema and 1 due to uveitis activity. One patient switch to infliximab, one to golimumab, and 2 required switch to tocilizumab. In all 13 patients except 2, CZP achieved a good control of SpA activity.
Conclusions: CZP demonstrated effectiveness in patients with uveitis-associated to SpA refractory to previous TNFi treatment.
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THU0382 CHANGE IN SACROILIAC JOINT STRUCTURAL RADIOGRAPHIC DAMAGE AFTER TWO YEARS OF ETANERCEPT THERAPY IN COMPARISON TO A CONTEMPORARY CONTROL COHORT IN NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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Background: Despite the well-known symptomatic and anti-inflammatory effect