inhibitors (SC-TNFis) have transformed the management of inflammatory joint diseases such as rheumatoid arthritis (RA). The assessment of SC- TNFis persistence and its determinants is needed.

Objectives: The objective of this study was to describe treatment persistence in real-world settings, and identify the determinants of persistence among RA patients initiating treatment with an SC-TNFi.

Methods: The French national health insurance scheme database lists all outpatient and inpatient healthcare consumption for individuals covered by the general health insurance scheme. Using French claims data, RA was diagnosed using Long Term Disease status and hospital admission, based on ICD-10 codes. Patients were then identified through prescription filled for adalimumab (ADA), etanercept (ETA), certolizumab pegol (CZP) and golimumab (GLM) between 2012/07/01 and 2013/12/31. A patient was considered as non-persistent in the event of a prolonged interruption of the therapy lasting 91 days or more. Persistence was estimated with Kaplan Meier analysis. Determinants of persistence in the 12 months before initiation were identified using Cox models.

Results: A total of 7,204 patients with RA were identified. In the descriptive analyses of the 12 months persistence, differences were observed for RA patients, with raw/non-adjusted persistence rates of 51.8% for CZP, 57.4% for ETA, 53.7% for ADA and 56.6% for GLM. Results of the Cox model are presented below, including hazard ratio for biotherapy, adjusted on sex, age, socio-economic status, and criteria on disease severity. The variables biotherapy, sex and socio-economic status did not meet the proportionality hypothesis of risks, and were corrected by the addition of a variable integrating the interaction with time.

Table 1: Determinants of 12-month non-persistence (Cox model)

	Hazard Ratio	IC 95%		P-value
SC-TNFis				
GLM	1.000	–	–	–
CZP	1.642	1.343	2.006	<0.0001
ETA	1.512	1.297	1.763	<0.0001
ADA	1.418	1.258	1.599	<0.0001
Sex				
Male	1.000	–	–	–
Female	1.610	1.367	1.897	**<0.0001**
Age	1.000	0.998	1.003	0.6833
Deprived socio-economic status : Yes vs No	0.901	0.712	1.141	0.3882
Number of comorbid conditions (per additional condition)	1.122	1.086	1.160	**<0.0001**
Biotherapy line (per additional line)	1.364	1.296	1.435	**<0.0001**
DMARD dispensation: Yes vs No	0.952	0.884	1.025	0.1924
Sulfasalazine dispensation : Yes vs No	1.101	0.964	1.258	0.1545
Long term oral steroids : Yes vs No	1.026	0.958	1.099	0.4629
Hospital admission for IRMD	0.932	0.871	0.997	**0.0419**
Visits to rheumatologist				
0	1.000	–	–	–
1–4	0.681	0.578	0.803	**<0.0001**
>4	0.704	0.599	0.828	**<0.0001**
Interaction with time				
Interaction biotherapy * time	1.001	1.000	1.001	**0.0025**
Interaction sex * time	0.999	0.998	0.999	**0.0023**
Interaction socio-economic status * time	1.002	1.000	1.003	**0.0084**

Conclusions: Non-persistent patients were more likely female, with multiple comorbid conditions, and multiple line of biotherapy. Hospital admission for IRMD, visits to rheumatologist and treatment with GLM (compared to CZP, ETA and ADA) decreased the risk of non-persistence. Further analyses are needed to better understand behaviours of patients and to assess the impact of non-persistence on clinical and economics outcomes.

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SAT0685 DETERMINANTS OF 12-MONTHS PERSISTENCE IN PSORIATIC ARTHRITIS PATIENTS INITIATING SUBCUTANEOUS TNF-ALPHA INHIBITORS

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Background: Biotherapies such as subcutaneous tumour necrosis factor-alpha inhibitors (SC-TNFis) have transformed the management of inflammatory joint diseases such as psoriatic arthritis (PsA). The assessment of SC- TNFis persistence and its determinants is needed.

Objectives: The objective of this study was to describe treatment persistence in real-world settings, and identify the determinants of persistence among PsA patients initiating treatment with an SC-TNFi.

Methods: The French national health insurance scheme database lists all outpatient and inpatient healthcare consumption for individuals covered by the general health insurance scheme. Using French claims data, PsA was diagnosed using Long Term Disease status and hospital admission, based on ICD-10 codes. Patients were then identified through prescription filled for adalimumab (ADA), etanercept (ETA), certolizumab pegol (CZP) and golimumab (GLM) between 2012/07/01 and 2013/12/31. A patient was considered as non-persistent in the event of a prolonged interruption of the therapy lasting 91 days or more. Persistence was estimated with Kaplan Meier analysis. Determinants of persistence in the 12 months before initiation were identified using Cox models.

Results: A total of 2,011 patients with PsA were identified. In the descriptive analyses of the 12 months persistence, differences were observed for PsA patients, with raw/non-adjusted persistence rates of 37.3% for CZP, 51.8% for ETA, 54.7% for ADA and 50.8% for GLM. Results of the Cox model are presented, including hazard ratio for biotherapy, adjusted on sex, age, socio-economic status, and criteria on disease severity. The variables biotherapy, biotherapy line, comorbid conditions and hospital admission for IRMD did not meet the proportionality hypothesis of risks, and were corrected by the addition of a variable integrating the interaction with time.

Table 1. Determinants of 12-month non-persistence (Cox model)

	Hazard Ratio	IC 95%		P-value
SC-TNFis				
GLM	1.000	–	–	–
CZP	2.315	1.438	3.726	**0.0005**
ETA	1.631	1.199	2.217	**0.0018**
ADA	1.167	0.944	1.443	0.1525
Sex				
Male	1.000	–	–	–
Female	1.480	1.301	1.684	**<0.0001**
Age	0.996	0.991	1.001	0.1544
Deprived socio-economic status : Yes vs No	1.486	1.197	1.843	**0.0003**
Number of comorbid conditions (per additional condition)	0.993	0.885	1.115	0.9114
Biotherapy line (per additional line)	1.422	1.188	1.702	**0.0001**
DMARD dispensation: Yes vs No	0.965	0.854	1.090	0.5649
Sulfasalazine dispensation : Yes vs No	1.127	0.907	1.401	0.2789
Long-term oral steroids : Yes vs No	1.101	0.918	1.320	0.2980
Hospital admission for IRMD	0.784	0.611	1.007	0.0565
Visits to rheumatologist				
0	1.000	–	–	–
1–4	0.808	0.598	1.093	0.1673
>4	0.779	0.577	1.052	0.1035
Interaction with time				
Interaction biotherapy * time	1.001	1.001	1.002	**0.0013**
Interaction comorbid conditions * time	1.001	1.000	1.001	**0.0138**
Interaction biotherapy line * time	0.998	0.997	0.999	**0.0006**
Interaction hospital admission for IRMD * time	1.002	1.000	1.003	**0.0303**

Conclusions: Non-persistent patients were more likely female, with deprived socio-economic status, and multiple line of biotherapy. Treatment with GLM (compared to CZP and ETA) decreased the risk of non-persistence. Further analyses are needed to assess the impact of non-persistence on clinical and economics outcomes.

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SAT0686 MAJOR ADVERSE CARDIOVASCULAR EVENTS: RISK FACTORS IN PATIENTS WITH RA TREATED WITH TOFACITINIB

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Background: Patients (pts) with RA have increased risk of myocardial infarction (MI) and stroke that cannot be completely explained by traditional cardiovascular