Abstract AB0402 – Table 1. Cardiorenal continuum features of rheumatoid arthritis patients (%)

	Features	Rituximab group			Control group			P_{R-C}
		1 year, n=50	3 years, n=47	6 years, n=31	1 year, n=30	3 years, n=26	6 years, n=16	
Risk factors	Hypertension	50.0	38.3	25.8 p_{6-1}=0.028	40.0	38.5	50.0	p_6=0.032
	Dyslipidaemia	44.0	36.2	38.7	40.0	46.2	50.0	>0.05
	Pre-diabetes	52.0	36.2	41.9	33.3	34.6	56.3	>0.05
	Metabolic syndrome	12.0	6.4	3.2	10.0	7.7	12.5	>0.05
	Diabetes mellitus	4.0	0	0	0	0	0	>0.05
	Anxiety/depression	83.2	41.5 p_{3-1}=0.006	35.3 p_{6-1}<0.001	80.0	73.1	68.8	p_3=0.009 p_6=0.008
Initial stages	Atherosclerosis	32.0	21.3	12.9 p_{6-1}=0.048	40.0	34.6	37.5	p_6=0.02
	Left ventricular hypertrophy	8.0	4.3	0	6.7	7.7	0	>0.05
	Diastolic dysfunction	48.0	38.3	22.6 p_{6-1}=0.022	46.7	50.0	56.3	p_6=0.04
	Albuminuria	8.0	0	0	0	0	6.3	>0.05
	Kidney impairment	6.0	2.1	0	13.3	0	0	>0.05
Progression	Angina	6.0	0	0	3.3	0	0	>0.05
	Chronic kidney disease	16.0	8.5	9.7	13.4	0	0	>0.05
End stage	Myocardial infarction/stroke	0	0	0	0	0	0	>0.05
	Heart failure	2.0	0	0	0	0	0	>0.05
	Acute/chronic renal failure	0	0	0	0	0	0	>0.05
	Death	0	0	12.9	0	0	0	>0.05

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.5704

AB0403 ADHERENCE AND ACCESS TO BIOLOGICAL THERAPY AND TOFACITINIB IN A COHORT OF COLOMBIAN PATIENTS WITH RHEUMATOLOGICAL DISEASES

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Background: Biological disease-modifying antirheumatic drug (bDMARD) and tofacitinib are highly effective, but with different pharmaceutical forms, adverse reactions and cost that could affect adherence therapy and drug access.
Objectives: To determine patient adherence and administrative access to the treatment with bDMARDs and tofacitnib in patients with rheumatological diseases in Colombia.
Methods: A retrospective cohort study, which included all patients in management with bDMARD and tofactinib initiated between July 1, 2015 and June 30, 2016. A monthly follow-up of the administrative adherence were evaluated by holding or applying the medication, as well as the application of Morisky-Green test in self-administered oral and subcutaneous therapies (non-adherent patient was considered when at least one doses is lost), other variables such as sociodemographic, comorbidities, and co-prescriptions were evaluated. A descriptive analysis, χ^2 for comparison and multivariate logistic regression were performed.
Results: A total of 1102 patients were evaluated, with a mean age of 52.8±15.4 years and a female predominance (72.8%). The most frequent comorbidities were hypertension (22.6%) and dyslipidemia (15.9%). The most prescribed drugs studied were adalimumab (31.9%), etanercept (22.2%) and tofacitinib (12.5%). 52.8% use conventional DMARDs and 42.2% use glucocorticoids. Global adherence was 66.3% as measured by Morisky-Green test. Adherence was better with self-administered subcutaneous drugs every week or longer, compared to daily dosing of oral drug; these data are detailed in table 1. In 42.4% of the patients, at least one delay per year in the application or dispensation occurred, leading to 36.1% of patients experiencing dose losses due to difficulties in access. The main reason (23%) for delays and dose losses is the failures by health-insurance companies to allow timely access to the therapy. In the multivariate analysis treatment with adalimumab or tofacitinib was associated with a greater probability of presenting delays in access after adjustment of variables.

Drug	(n)	(%)	Drug administration route and interval	Morisky-Green test adherence (%)	At least one dose application delay in the year of follow up (%)	Missed dose (%)
Adalimumab	351	31.9	SC – Every two weeks	74.8	62.7	51.3
Etanercept	245	22.2	SC – weekly	72	27.3	22.4
Tofacitinib	138	12.5	OA – every 12 hours	48.8	52.2	52.2
Golimumab	82	7.4	SC - monthly	64.7	32.9	28
Rituximab	66	6.0	IV - biannual and annual	Not apply	3.0	1.5
Certolizumab	58	5.3	SC - monthly	83.3	32.8	32.8
Infliximab	40	3.6	IV - monthly and every two months	Not apply	35.0	27.5
Abatacept	62	5.6	IV y SC - monthly and weekly	42.9 - (SC route)	38.7	27.4
Tocilizumab	60	5.4	IV y SC - monthly	50.0 - (SC route)	36.7	33.3

Conclusions: Subcutaneous self-applications of bDMARD have better adherence rates compared to oral drug. However, the limitations in access to treatment decrease the adherence. On the other hand the impact of the adherence could be major in the case of self-administered DMARD when weekly or longer intervals doses are lost, compared with the loss of one daily dose of tofacitinib.

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Acknowledgements: To Universidad Tecnológica de Pereira and Audifarma S.A.
Disclosure of Interest: J. Machado-Alba Grant/research support from: The authors declare that Pfizer Colombia financed the data collection process in medical records. There was no intervention in the stages of processing, analysis or publication of that data. No non-financial conflicts of interest exist for any of the authors., M. Machado-Duque: None declared, S. Granada: None declared
DOI: 10.1136/annrheumdis-2017-eular.5263

AB0404 SIMILAR REMISSION RATES AMONG RHEUMATOID ARTHRITIS PATIENTS TREATED WITH ANTI TNF AND NON-ANTI TNF THERAPIES: REAL-LIFE DATA

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Background: Several biological DMARD (bDMARD) therapies have been approved for use in rheumatoid arthritis (RA) and are classified according to their respective therapeutic target: Anti TNF therapies and non-Anti TNF therapies. They are very effective in most of patients but their comparative efficacy in daily clinical is less well known.
Objectives: Our aim was to compare the efficacy of anti-TNF therapies vs non-Anti TNF therapies in a cohort of Colombian RA patients followed in different arthritis clinics under daily clinical practice conditions.
Methods: We conducted a cross-sectional study including with RA patients treated at Medicarte IPS from March 2009 to December 2016. Medicarte is a referral center for the integral medical care and pharmaco-surveillance of patients under biologic therapies in 13 cities in Colombia for inflammatory arthropathies, mainly RA, psoriatic arthritis and spondyloartropathies. Clinical information was obtained from electronic clinical records and medical claims. Only those patients with disease activity scores (DAS-28) at baseline and at the last visit were included. Remission was defined as DAS-28 <2.6 on the last visit. Patients treated only with conventional DMARD and/or tofacitinib were excluded.
Results: A total of 1,020 patients with RA were identified. 844 patients (88% female) were included in the final analysis, 416 patients with anti TNF and 428 with non-anti TNF therapies (Rituximab 199, Tocilizumab 125 and Abatacept in 104 patients). The mean age was 55.2±11.8 years, with a mean disease duration

Table 1. General Characteristics of patients with RA under bDMARD therapy

	Total N=844	Anti TNF N=416	Non-Anti TNF N=428	p value
Gender (female) %	88.0	88.7	87.6	NS
Age (years, SD)	55.2±11.8	55.0±11.8	55.4±11.8	NS
Disease duration (years, SD)	15.2±9.5	15.0±9.9	15.5±9.0	NS
bDMARD therapy duration (years)	3.2±2.5	3.2±2.5	3.2±2.4	NS
First line bDMARD therapy,%	64.0	75.2	53.2	p<0.001
Combined therapy, %	83.0	90.9	75.0	p<0.001
Seropositive (either CCP and/or RF) %	80.1	82.0	78.3	NS
DAS-28 at baseline (± SD)	4.3±1.1	4.20±1.14	4.4±1.21	NS
HAQ at baseline (± SD)	1.13±0.77	1.09±0.78	1.16±0.77	NS