

Conclusions: Patients with SSc have a relatively high prevalence of feet pathological deformities and a smaller range of flexion of the joints than the lowest normal range, but mostly normal curvature of the spine.

References:

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FRI0753-HPR PAIN SPREAD AND PAIN INTENSITY IMPROVE OVER TIME IN WOMEN WITH FIBROMYALGIA AND CHRONIC WIDESPREAD PAIN. A 12 YEAR FOLLOW UP STUDY

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Background: In the Western world, the prevalence of chronic widespread pain (CWP) is about 10–15% while Fibromyalgia (FM) affects approximately 1–3% of the population. The ACR 1990 criteria define CWP as pain ≥ 3 months on the right and left side of the body, above and below the waist and axial skeletal pain. The 1990 criteria for FM are CWP in combination with pain in ≥ 11 of 18 tender points on manual palpation. Previous studies indicate that some patients with FM or CWP improve over time and the key to improvement is an important question in research and clinical practice.

Objectives: The primary objective was to investigate the change of pain intensity and pain distribution after 12 years in 166 women with FM or CWP.

The secondary objective was to compare baseline values of health related variables between patients who fulfilled the criteria for FM/CWP at the 12 year follow-up and patients who did not.

Methods: In 2004, 166 women with FM or CWP participated in a randomized controlled trial in Sweden aiming to investigate effects of patient education and pool exercise. All 166 were invited to the present study in 2016 and 126 women (75%) participated. Data was collected by a standardized interview, questionnaires of health related aspects and a physical examination.

Primary, within-group changes were calculated for pain distribution (Bergman's pain drawing 0–18) and the subscale for pain intensity (0–100 mm) included in the Fibromyalgia Impact Questionnaire (FIQ).

Secondary, the group who fulfilled criteria for FM or CWP at follow-up were compared with the group who did not fulfil the criteria for FM or CWP, in overall health status (FIQ total), symptoms of stress (Stress and Crisis Inventory – SCI-93), walking capacity (6 min walk test), hand grip force (the Grippit) and self-reported physical activity (Leisure time physical activity instrument).

Results: Primary: The 126 women with FM or CWP improved in pain distribution: mean values at baseline 12.9 (SD 3.4) vs follow-up 11.4 (SD 4.7), $p < 0.001$ and pain intensity: mean values at baseline 69 mm (SD 18.5) vs follow-up 59 mm (SD 22), $p < 0.001$.

Secondary: 18% ($n=23$) of the 126 women did not fulfil the 1990 criteria for FM or CWP at follow-up, and they showed significantly better health status, lower symptoms of stress and higher walking capacity in 2004, than the women who still had FM or CWP at follow-up. Baseline mean values FM/CWP ($n=123$) vs Not FM/CWP ($n=23$): FIQ total 66 (SD 16) vs 55 (SD 15), $p=0.006$; SCI-93 80 (SD 23) vs 59 (SD 22), $p < 0.001$; 6 min walk test 502 m (SD 86) vs 542 m (SD 80), $p=0.028$. No significant differences were found between the groups for baseline values of hand grip force and level of physical activity.

Conclusions: This study showed that distribution and severity of pain improved during 12 years in women with FM or CWP. The group that improved most (18%), reported better health status, lower stress and had better walking capacity 12 years earlier. This knowledge is important for health care professionals to motivate the patients to apply a variety of strategies, including physical activity, to improve their health and symptoms.

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FRI0754-HPR IMPACT OF CORTICOSTEROID UTILIZATION ON BIOLOGIC DISEASE-MODIFYING ANTIRHEUMATIC DRUG INITIATION AMONG PATIENTS WITH RHEUMATOID ARTHRITIS

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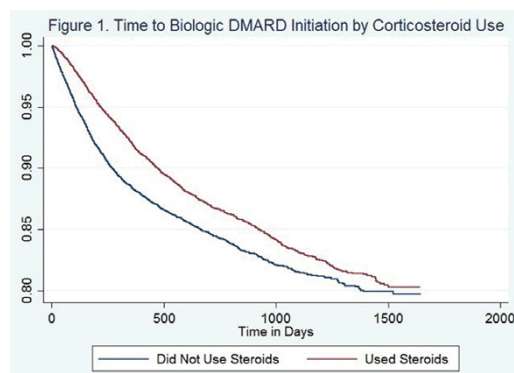
Background: Treatment guidelines recommend low dose corticosteroids (steroids) as an effective short-term (<3 months) therapy among rheumatoid arthritis (RA) patients to “bridge” patients until benefits of disease modifying anti-rheumatic drugs (DMARDs) are observed and in flare management.¹ Physician quality reporting system (PQRS) measures in the US require a documented

management plan for patients on steroids >10 mg/day and this may be a prompt to advance RA therapy. Understanding steroid treatment patterns and associated burden prior to biologic DMARD initiation can inform clinical and policy decision-makers on the appropriate use of these two drug classes in RA management.

Objectives: To examine effects of steroid treatment patterns on initiation of biologic DMARDs and adverse effects of steroid utilization before biologic DMARD initiation among patients with RA.

Methods: A retrospective analysis was conducted of adult RA patients (18 and older) in the US MarketScan Database (2011–2015). The earliest date a patient was diagnosed with RA was the index date. The following patterns of oral and injectable steroid utilization were analyzed: whether steroids were used; duration of steroid use (short/long duration defined as < or ≥ 3 months); and steroid dosage (low as <2.5 mg/day, medium as 2.5–<7.5 and high as ≥ 7.5 mg/day). Kaplan-Meier survival analysis was used to compare time to initiation of first biologic DMARD across groups of steroid utilization. The effects of steroid use on initiation of biologic DMARDs were examined using Cox proportional hazards models. Likelihood and number of adverse events were examined using logistic and negative binomial regression models. Independent variables in all models included patient demographics and health characteristics.

Results: A total of 25,537 patients were included (40.82% used steroids). Based on Kaplan-Meier survival analysis, steroid users (Figure 1), those with longer duration, and in lower dosage categories had delayed time to initiation of a biologic DMARD than their counterparts (nonusers, those with shorter duration and higher dosages, respectively) ($P < 0.001$). According to Cox proportional hazards model, lower hazard of biologic DMARD initiation was associated with steroid use (HR)=0.89, 95% Confidence Interval [CI]=0.83–0.96, compared to nonusers), longer steroid duration (HR)=0.73, 95% CI=0.60–0.89 compared to short duration) and lower dosages (HR)=1.10, 95% CI=0.99–1.23 for medium dose and HR=1.93, 95% CI=1.59–2.34 for high dose compared to low dose). Higher likelihood of adverse events was associated with steroid use (Odds Ratio [OR]=1.13, 95% CI=1.06–1.20), and longer duration (OR)=1.75, 95% CI=1.47–2.09) than their counterparts. Likelihood of adverse events did not significantly differ across dosages. Similar effects of steroid utilization were found on the number of adverse events.



Conclusions: The findings indicate that RA patients who use steroids, those with longer duration and lower dosages have delayed initiation of biologic DMARDs than their counterparts. RA patients who use steroids and those with longer duration have higher likelihood/number of adverse events prior to initiating biologic DMARDs.

References:

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FRI0755-HPR POTENTIAL BENEFITS OF BIOLOGICS ON CARDIOVASCULAR DISEASES AND ORTHOPEDIC SURGERIES IN PATIENTS WITH RHEUMATOID ARTHRITIS: A NATIONWIDE POPULATION-BASED COHORT STUDY IN TAIWAN

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Background: Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder, precipitating chronic inflammation of the joints, and also affects organs throughout the body, and even results in joint deterioration/disability. RA-related inflammation that is responsible for synovial lesions may be implicated in