REFERENCES:

Disclosure of Interest: None declared
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Abstract AB0218 – Table 2. Dynamics of radiographic progression after a 12-month follow-up

<table>
<thead>
<tr>
<th>Value</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPA positive, %</td>
<td>31 (25.4)</td>
<td>18 (27.3)</td>
<td>34 (29.2)</td>
</tr>
<tr>
<td>COMP, US</td>
<td>11 (9.1)</td>
<td>21 (31.3)</td>
<td>30 (25.2)</td>
</tr>
<tr>
<td>Frequency of erosions detected at baseline: % after 12 months, p</td>
<td>0.05</td>
<td>0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Number of erosions at baseline: % after 12 months, p</td>
<td>0.005</td>
<td>0.01</td>
<td>0.90</td>
</tr>
<tr>
<td>Number of erosions at baseline: % after 12 months, p</td>
<td>0.005</td>
<td>0.01</td>
<td>0.90</td>
</tr>
<tr>
<td>Frequency of synovitis and joint space narrowing: % after 12 months, p</td>
<td>0.005</td>
<td>0.01</td>
<td>0.90</td>
</tr>
</tbody>
</table>

REFERENCE:
Scientific Abstracts 1293

Disclosure of Interest: None declared

IMPACT OF EARLY DIAGNOSIS ON LONG-TERM EFFECTIVENESS OF FIRST-LINE ANTI-TNF-ALPHA TREATMENT IN RHEUMATOID ARTHRITIS PATIENTS

D. Capocci, S. Montalbano, D. Lubrano, E. Terrin, Rheumatology Unit, San Giovanni Bosco Hospital, Naples, Italy

Objectives: Aim of this work was to evaluate effectiveness and drug persistence of anti-tumour necrosis factor (TNF)-alpha therapies in early and late diagnosed rheumatoid arthritis (RA) patients naive for biological disease-modifying antirheumatic drug (bDMARD) use.

Methods: Baseline and follow-up (FU) charts RA patients with disease onset later than 2002 and access to rheumatology care between January 2007 and December 2016 were reviewed until December 2017. All patients fulfilled 2010 ACR/EULAR classification criteria. At baseline, demographic, anamnestic and serological characteristics were collected. Based on lag time between onset of symptoms and definite diagnosis, RA patients were categorised into two groups: early diagnosed (less than 12 months) and late diagnosed (more than 12 months). Disease activity and treatment response were assessed every three months by Simplified Disease Activity Index (SDAI). Anti-TNF-alpha survival was defined as the length of time from initiation to discontinuation of therapy due to loss of effectiveness over time. It was examined using Kaplan-Meier survival analysis.

RESULTS: One hundred and fifteen RA patients (86.1% females, mean age 59.4) were included. The median disease duration between onset of symptoms and diagnosis was 25 months.20–43 68 patients (59.1%) were labelled as early diagnosed and 47 (40.9%) as late diagnosed. At baseline, no differences were found in age, gender, smoking habits, body mass index, and rheumatoid factor positivity. The most frequently used first-line anti-TNF drug was etanercept (30.4%), followed by adalimumab (20%), golimumab (18.3%), infliximab (16.5%), and certolizumab (14.8%). All patients received anti-TNF-alpha therapy in combination with csDMARD (methotrexate or leflunomide). Average steroid dosage was 5 mg/day of prednisone (or its equivalent) over time. The median time to initiation of any anti-TNF-alpha treatment after definite diagnosis was 18 months.6–30 Kaplan-Meier analysis showed a lower anti-TNF-alpha discontinuation rate for early diagnosed RA patients than late diagnosed (9 year retention rate of 29.5% and 12.7%, respectively; p=0.0049) (figure 1).
Conclusions: This small real-world retrospective, observational, cohort study demonstrates that early diagnosis of RA provides higher retention rate of anti-TNF-alpha treatment as first-line bDMARD.

REFERENCES:

Disclosure of Interest: None declared

AB0221
THE USE OF ULTRASOUND TO IDENTIFY DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CLINICAL REMISSION OR LOW DISEASE ACTIVITY IN A REAL-LIFE SETTING
E. Castilla1, S. Farietta1, D. Buitrago-Garcia2, L. Villarreal3, P. Santos-Moreno4.
1Ultrasound, Biomab, Center for Rheumatoid Arthritis, Bogota; 2Epidemiology, SIIES; 3Health services, 4Rheumatology, Biomab, Center for Rheumatoid Arthritis, Bogota, Bogota, Colombia

Background: The goal of treatment in rheumatoid arthritis (RA) is to achieve remission or low disease activity for as long as possible, in order to prevent joint damage and loss of function. The evaluation and follow-up of disease activity relies on composite indexes with clinical outcomes. However, many studies have shown that a high proportion of patients categorized on remission or low disease activity by clinical methods could have disease activity by ultrasound (US).

Objectives: The aim of this study was to evaluate disease activity by US in patients classified as to be in remission or in low disease activity disease activity by clinimetric evaluation.

Methods: We performed a cross-sectional study including patients with RA; Clinical follow-up was designed by the authors according to DAS28 as follows: every 3–5 weeks (DAS28 >5.1), every 7–9 weeks (DAS28 =3.1 and ≤5.1), and every 11–13 weeks (DAS28 <3.1). Additionally the patient was evaluated by a rheumatologist expert in ultrasound; US studies were carried out with an Essote MyLab Seven US equipment (Biomedica, Genoa, Italy) equipped with a 10–18 MHz linear transducer; PD was adjusted according to the following parameters: frequency, 8.0, PRF, 0.500, wall filter 3, gain between 50 and 70. The rheumatologist reported erosions, synovitis, osteophytes and power Doppler. We defined as active disease when patients had synovitis or positive power Doppler. We calculated means, and standard deviations for continuous variables and categorical variables were presented as rates. We performed a bivariate analysis using Pearson’s chi².

Results: We included 243 patients 64% were in remission and 36% in low disease activity. 85% were woman, mean age was 60 years±10. Mean DAS28 was 2.53±0.53. 81% of patients received conventional DMARDs and 19% received biological DMARDS. The most frequent finding was erosions 70% in hands and 7% in feet followed by synovitis in hands 58%. See table 1. We found disease activity in 60% of our patients were 51% had positive Doppler and synovitis, 1% had only positive Doppler and 8% patients only had synovitis. We did not find statistical association between disease activity according to ultrasound and age, sex and type of pharmacological therapy in patients classified as to be in remission or LDA.

Conclusions: The evidence found in this real-life setting data, showed that two thirds of RA patients classified according to DAS28 to be in remission or LDA have subclinical disease activity; thus the ultrasound is a very useful tool to evaluate patients with RA in clinical practice. Further research is needed in order to identify the reasons of disease activity in patients were clinical findings point towards remission or LDA.