Abstract AB0221 – Table 1

VARIABLE	PRESENT		ABSENT	
	n	%	n	%
HANDS				
SYNOVITIS	142	58	101	42
POWER	123	51	120	49
DOPPLER				
EROSIONS	170	70	73	30
OSTEOPHYTES	106	43	137	57
FEET				
SYNOVITIS	9	4	234	96
POWER	10	5	233	95
DOPPLER				
EROSIONS	16	7	227	93
OSTEOPHYTES	19	8	224	92

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AB0222

DIFFERENCES OF DISEASE IMPRESSION AND TREATMENT EXPECTATION IN RHEUMATOID ARTHRITIS PATIENTS WITH DIFFERENT DISEASE ACTIVITY

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Background: Rheumatoid arthritis (RA) is a systemic chronic arthritic inflammatory disease that affects daily life and work. Therefore, the treatment goals include subjective indicators such as activities of daily living disorder and fatigue as well as objective indicators such as disease activity (¹). In recent years, the progress of RA therapy has been remarkable, and many patients have achieved low disease activity (LDA) or remission; however, one-third of the patients still have a high disease activity. Is it right to adapt all patients to the same subjective evaluation goal?

Objectives: We conducted a questionnaire survey in RA patients to evaluate the following factors: 1) RA influence on emotions, 2) RA influence on daily life or work, 3) patient expectations from RA treatment and 5) a comparison of patients' individual assessment of each disease activity.

Methods: We included 289 patients with RA and divided them into two groups based on their disease activity: those achieving LDA or remission (R/L group: n=192) and those with moderate or high disease activity (M/H group: n=97). The mean ages of the R/L and M/H groups were 52.3 (18–81) and 56.7 (25–84) years, respectively. The mean disease duration of the R/L and M/H groups were 4.3 years (2 months – 25 years) and 5.6 years (2 months – 31 years), respectively. The survey comprised 19 questions, which had predefined answers about daily activities, relationship with family and friends, emotional wellbeing, expectation from RA treatment effect, and treatment goal-setting.

Results: For questions regarding daily activities and emotional wellbeing, there were more negative responses from the M/H group than from the R/L group. Daily activity which conclude housework and outdoor activities were more restricted in the M/H group than in the R/L group. Regarding emotional wellbeing, 63% patients in the M/H group and 32% in the R/L group felt that RA was depriving their happiness. Furthermore, 56% patients in the M/H group and 25% in the R/L group were worried about their independence in the future. Conversely, patients in the M/H group exchanged views about RA symptoms with family and friends more frequently than those in the R/L group; they were seeking psychological stabilisation. There were also differences in both the groups' expectation of the treatment effect. The most and the second expected treatment effects in both groups were pain improvement and in the early stage, respectively. The third most expected treatment effect was being able to do their work at home and outside in the R/L group and clinical symptoms improvement in the M/H group. Morning stiffness was more important than arthritis in the R/L group because a higher goal was set.

Although it would be desirable for medical professionals to set treatment goals for both groups, this tendency was higher in the M/H group.

Abstract AB0222 – Figure 1. Questionnaire results

Conclusions: The subjective goals in RA treatment vary depending on disease activity. High social goal-setting is important for patients whose disease activity is controlled. For patients with high disease activity, emotional support from their family and friends and setting goals regarding clinical symptoms by medical professionals are important.

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AB0223

HAS THE PRESENTATION AND SEVERITY OF RHEUMATOID ARTHRITIS CHANGED IN RECENT DECADES?

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Background: In recent decades, there have been social, economic and health changes, also in the treatment of rheumatoid arthritis (RA). The development and severity of RA can be affected by these changes. It is discussed if RA is currently less frequent and severe than before¹.

Objectives: To determine the changes in the clinical and demographic variables and the severity of RA that may have occurred over a period of four decades (from 1980 to 2015) and its repercussion in the response to methotrexate (MTX) monotherapy.

Methods: We conducted a retrospective study, reviewing the records of patients from a cohort of RA who received MTX monotherapy and compared the results of demographic and clinical variables by natural decades. The statistical analysis was performed using the Chi2 test and the one-way ANOVA test.

Results: We included 301 patients (202 women and 99 men) with a mean age at diagnosis of 49.6 (±13.2) years. The table 1 shows the characteristics of the complete sample and distributed by natural decades. The age at diagnosis was higher after 2000 (p<0.01), while the proportion of women, educational level, sedentary lifestyle, habits (tobacco, alcohol) and comorbidities did not change. There was also no variation in the joint pattern of presentation, percentage of RF/ACPA positive or mean value of RF and ACPA. There was a decrease in time from the onset of symptoms to diagnosis (from 21.7 to 15.3 months) (NS), but especially between the diagnosis and the first DMARD (from 34.5 to 1.4 months) and in the number of FAMES before MTX (p<0.01 for both), as well as in the baseline activity of the disease (PCR and DAS28-PCR), early erosions (<2 years) and extra-articular involvement (p<0.01). There were no changes in the dose of prednisone and MTX, nor in the route of administration, while folic acid supplements increased.

The suspension rate due to toxicity decreased ($p<0.05$), while the clinical remission rate improved ($p<0.01$).

Abstract AB0223 – Table 1

	Global	1980–1990	1991–2000	2001–2010	2011–2015	Valour P
Diagnosis age (years), mean (SD)	49,6 (13,2)	39,4 (11,6)	44,0 (11,0)	52,6 (13,5)	51,6 (11,9)	<0,01
Diagnostic delay (months) mean (SD)	17,2 (27,1)	21,7 (29,8)	21,0 (34,6)	15,7 (26,0)	15,3 (19,2)	NS
Diagnostic-treatment interval (months), mean (SD)	24,0 (38,9)	34,5 (66,8)	11,7 (25,2)	2,7 (7,7)	1,4 (3,2)	<0,01
Extra-articular involvement , n(%)	71 ^(23,6)	12 ^(52,2)	25 ^(39,1)	27 ^(18,2)	7 (10,6)	<0,01
Baseline DAS28-RCP , mean (SD)	4,5 (0,8)	5,2 (0,8)	4,6 (0,8)	4,3 (0,8)	4,3 (0,8)	<0,01
Baseline RCP (mg/l), mean (SD)	17,8 (21,3)	27,8 (28,9)	18,4 (17,8)	18,9 (23,3)	10,9 (13,7)	<0,01
Erosions , n(%)	163 (55,6)	20 ^(80,9)	48 ^(77,4)	77 ^(53,8)	18 ^(27,3)	<0,01
MTX weekly (mg), mean (SD)	16,5 (3,7)	16,5 (4,2)	16,6 (3,6)	16,5 (3,7)	16,2 (3,6)	NS
MTX SC way , n(%)	177 (58,8)	12 ^(52,2)	37 ^(57,8)	87 ^(58,8)	41 ^(62,1)	NS
Withdrawn by AE , n(%)	52 ^(17,3)	6 (27,3)	18 ^(27,7)	20 ^(13,5)	8 (12,1)	<0,05
Remission , n(%)	100 (33,2)	2 (8,7)	14 ^(21,9)	56 ^(37,8)	28 ^(42,4)	<0,01

Conclusions: In our cohort, the severity of RA has decreased during the last four decades, the time to start MTX has been reduced and better remission rates with MTX monotherapy have been achieved.

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AB0224 CERVICAL PROPRIOCEPTIVE IMPAIRMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is autoimmune disease that usually involves cervical part of the vertebral column which can cause cervical proprioceptive deficit.

Objectives: Assessment of cervical proprioception and its relation with radiographic, clinical and functional characteristics of patients with RA

Methods: Rheumatoid arthritis patients who diagnosed according to ACR 2010 criteria and control group with healthy volunteers were recruited in the study. Demographic and clinical parameters were noted. Cervical proprioception was evaluated by Cervical Joint Position Error Test (CJPET). Functional assessment scales that used in this study were Multidimensional Assessment of Fatigue (MAF), Beck Depression Inventory, Health Assessment Questionnaire (HAQ), Euroqol 5D (EQ-5D) and Berg Balance Scale. Cervical subluxations were noted according to cervical radiographic image. The difference in mean scores of CJPET between RA patients and healthy volunteers were analysed with Mann-Whitney U test. Spearman correlation coefficient (ρ) was used for correlations between functional parameters. Regression analysis was used for grading factors which had relations with cervical proprioception.

Results: One hundred six rheumatoid arthritis patients and one hundred six healthy volunteers were enrolled in this study. Mean age of patients and healthy volunteers were 51,0 (Sd:11,1) and 48,9 (Sd:9,2), respectively. Scores of CJPET are statistically significantly higher in rheumatoid arthritis group than healthy volunteers ($p=0,001$) (table 1). CJPET scores are negatively correlated with Berg Balance Scale results in all directions ($\rho=-0,421,-0,473,-0,448,-0,515$). Scores of CJPET in patients with atlantoaxial subluxations (AAS) were statistically significantly higher than those without AAS ($p=0,002-0,045$). Regression analysis results showed that AAS is related with worse cervical proprioception on right and left rotations. There were no correlation between CJPET scores and functional parameters. Weak correlation were found in scores of CJPET with age and educational status.

Abstract AB0224 – Table 1. Comparison of cervical joint position error test scores between rheumatoid arthritis patients and healthy volunteers

	Patients Min-Max	Patients Mean±SD	Healthy Volunteers Mean±SD	P
CJPET- Right Rotation ¹⁻⁶	1,66–6,00	4,55±1,30	3,03±0,81	0001
CJPET- Left Rotation ¹⁻⁶	1,50–6,00	4,52±1,37	3,07±0,95	0001
CJPET- Flexion ¹⁻⁶	1,00–6,00	4,52±1,36	2,98±0,89	0001
CJPET- Extension ¹⁻⁶	1,50–6,00	4,57±1,29	3,00±0,93	0001

CJPET: Cervical Joint Position Error Test, SD: Standard Deviation, $p<0,05$ is significant

Conclusions: Cervical proprioception is impaired in rheumatoid arthritis patients. This impairment is increased with the existence of atlantoaxial subluxations and balance problems.

Disclosure of Interest: None declared

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AB0225 CLINICAL OUTCOMES OF TREATMENT WITH GOLIMUMAB IN SEROPOSITIVE AND SERONEGATIVE RHEUMATOID ARTHRITIS PATIENTS IN REAL-LIFE SETTINGS. DATA FROM ITALIAN REGISTER GISEA

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Background: There is evidence that autoimmunity, namely RF and ACPA antibodies, may influence disease activities and impact the clinical outcomes in RA.

Objectives: There is evidence that autoimmunity, namely RF and ACPA antibodies, may influence disease activities and impact the clinical outcomes in RA.

Methods: We analysed longitudinal data of consecutive RA patients from the Italian registry GISEA, starting a treatment with golimumab (GOL) and tested for rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPA). Demographic and disease related characteristics were collected at baseline, 6 months, 12, and 24 months or at last observation visit. Primary endpoint was the persistence on GOL in RF/ACPA+ve and RF/ACPA-ve patients. Secondary endpoint was the search of baseline predictors of drug survival and clinical outcomes in the two RA subsets. Drug survival was evaluated by Kaplan-Meier life table analysis. Estimates hazard ratios (HRs, 95% confidence intervals (CI)) of drug discontinuation or achievement of low-disease adjusted for patient's demographics, disease characteristics and prior biologic treatments were computed by Cox-regression stepwise backward models.

Results: 345 patients had data on RA and ACP testing and were included in this analysis. No significant difference in terms of age, BMI, disease activity, co-therapy with glucocorticoids or methotrexate (MTX) was detected between RF/ACPA+ve and RF/ACPA-ve patients, but the former had significantly higher disease duration (10.6±vs 8.2±6 years) and frequencies of comorbidities (60.6% vs 44.2%). The 2 years global drug retention was 64.5%, and it was almost identical in RF/ACPA+ve 64.2% and in RF/ACPA-ve 65% RA patients. Drug survival was not influenced by the gender or cause of discontinuation (adverse or inefficacy). To note, in 31% of the patients GOL was not associated to MTX.

The only predictor of drug discontinuation was the lack of MTX at baseline (HR 1.62, 95 CI 1.07–2.46, $p=0.02$), and the GOL-naïve status (HR 0.62, 95 CI 0.39–0.99, $p=0.04$). At two years, 44.4% achieved the state of low-disease activity (DAS28 <3.2) with no difference between RF/ACPA+ve (45.4%) and RF/ACPA-ve (42.0%) patients, and none baseline factor correlating with low disease activity. No safety issues were raised during the study.