age, and DAS28, and their correlation coefficients (CC) were 0.00004174, 0.01943, and 0.02941, respectively.

At FU, the R-value of the equation in MLR was 0.6309. Factors that demonstrated significant correlation with the HAQ score were age, Com, PS, and SvdHS, and their CCs were 0.00007042, 0.0004365, and 0.002886, 0.02354, respectively.

The R-value of the change of the HAQ score correlation equation demonstrated 0.4755. Factors that demonstrated significant correlation with change of the HAQ score were changes of DAS28-CRP, PS, age, and Com, and their CCs were 0.002703, 0.003750, 0.003480, and 0.009886.

Correlation procedure needed elimination of the case whose average DAS28 exceeded 2.6, SvdHS exceeded 100, and PS exceeded 20 mm. After correction, patients have been limited to 158. However, age demonstrated significant correlation with the HAQ score, and its CC was 0.00004439, and the constant of age was 0.01132. After correction, Com demonstrated no significant correlation with the HAQ score.

Com demonstrated significant correlation with age with 0.01253 for CC. However, the R-value of the equation was 0.1982.

Conclusions: These results suggested that age have deep influence on the HAQ score. Com also affects on the HAQ score, however, Com and ageing is independent factor for each other. Therefore effect of ageing on the HAQ score is concluded independent. The HAQ score increases its standard value for approximately 0.01 as age increase one.

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AB0232 DISEASE ACTIVITY STATE IN PATIENTS WITH RHEUMATOID ARTHRITIS INCLUDED IN THE BIOBADABRASIL REGISTRY

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Objectives: to analyse disease activity of RA patients at the start of treatment with a biologic agent (adalimumab, infliximab, certolizumab, etanercept, golimumab, abatacept, rituximab and tocilizumab -bDMARDs), target (tofacitinib-tsDMARDs) therapy or conventional DMARDs (comparison cohort of RA patients – csDMARDs).

Methods: BiobadaBrasil is a prospective observational cohort study, part of an international initiative (biobadaAmerica) in collaboration with BiobadaSeR; established in 2009, is an ongoing study supported by the Brazilian Society of Rheumatology (29 public centres located at academic institutions and 2 in private practice) focused on the study of adverse events in patients on biologic therapy. Additionally, by decision of its investigators, disease activity scores were also recorded at the beginning of each treatment. Sex, age, disease duration, RA -DAS-28, concomitant treatments at baseline were collected. Results expressed in mean $\pm$ SD, %(n)

Results: -Data from 1984 RA patients (67% on ts/bDMARDs) were analysed: 86% of the patients were women; mean age=56.6 $\pm$ 14.95 years; disease duration=14.4 $\pm$ 9.42; 87% RF positive. There were 3802 treatment courses, 67% with aTNF (Adalimumab-ADA, Certolizumab-CTZ, Etanercept-ETA, Golimumab-GOL, Infliximab-INFL), 33% non-aTNF (Abatacept-ABA, Rituximab-RIT, Tocilizumab-TCL) including Tofacitinib-TOF. The table 1 below depicted the medications prescribed at the initiation of a new treatment course:

Abstract AB0232 – Table 1

n courses	ADA (855)	CTZ (85)	ETA (708)	GOL (113)	INFL (772)	ABA (163)	RIT (184)	TCL (192)	TOF (70)	csDMARDs (660)
DAS28	5.1	4.9	5.1	4.9	5.3	5.3	5.3	5.4	5.3	5.2 $\pm$ 2.8
	$\pm$ 1.6	$\pm$ 1.5	$\pm$ 1.6	$\pm$ 1.7*	$\pm$ 1.6	$\pm$ 1.4	$\pm$ 1.6	$\pm$ 1.4*	$\pm$ 1.3	
CE (%)	58	76	60	61	58	68	74	71	83	78
MTX (%)	55	57	53	56	59	54	51	62	49	83
LFN (%)	27	42	27	31	23	31	25	18	27	45
Chlor (%)	14	15	11	10	15	11	19	17	11	30

Considering the more recent medications patients beginning TCL have more active disease than the ones beginning GOL and CTZ ($p<0.006$); anti-TNF are prescribed in association with MTX in less than 60% of the treatments. Extensive use of corticosteroids was identified besides consistent use of leflunomide and of hydroxychloroquine. Starting of new treatments was related to moderate/high levels of disease activity.

Conclusions: patterns of bDMARDs, csDMARDs and corticosteroid use clearly surfaced. Possibilities of improvement can be addressed.

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AB0233 CLINICAL AND FUNCTIONAL EFFICIENCY OF LARGE JOINTS REPLACEMENT IN PATIENTS WITH HIGH ACTIVITY OF RHEUMATOID ARTHRITIS

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Background: The synovium in rheumatoid arthritis (RA) produces a variety of cytokines that cause the destruction of articular cartilage, determining, in some cases, the need for replacement of the joint. Inflammatory substrate within the joint can be a source of high activity of RA. At the same time usually patients are taken to surgery only in the period of minimal activity of the disease.

Objectives: To evaluate the results of knee and hip joints replacement in patients with high RA activity and the quality of life of patients during the first year after the operation.

Methods: Replacement of knee and hip joints was performed in 36 patients (mean age 55.8 $\pm$ 9.4 years) with high RA activity DAS28 (mean 5.53 $\pm$ 0.67). At the time of surgery, the duration of the disease was 11.86 $\pm$ 4.92 years, RF positive in 27 (75%) pts. At baseline, 30 (83.3%) patients were treated with DMARDs (methotrexate-25 (69.4%), leflunomide-3 (8.3%), sulfasalazine 2 (5.6%)), steroids (prednisolone in an average dose of 4.2 $\pm$ 4.3 mg per day) –16 (44.4%) people, of whom, in combination with DMARDs – 8 (22.2%). The volume of therapy did not change after the operation. Biologics (infliximab, adalimumab, rituximab, etanercept) before surgery were given to 7 (19.4%) patients. Before the operation, after it, after 6 and 12 months, pain in the joints (VAS), activity of the disease – DAS28, functional capacity by the HAQ index was estimated.

Results: Reduction of VAS was observed already in the first month after surgery (47.3 $\pm$ 18.6 mm), initially it was 72.6 $\pm$ 14.2 mm, after 6 months it decreased 1.5 times to 48.7 $\pm$ 11, 2 mm ($p<0.05$), after 12 months – up to 29.8 $\pm$ 10.3 mm ($p<0.05$). After 6 months after surgery, the activity of the disease decreased reliably ($p<0.05$) with DAS28 from 5.53 $\pm$ 0.67 to 3.84 $\pm$ 0.56; to 12 months DAS28-3.24 $\pm$ 0.61. Positive dynamics of functional ability was recorded according to the HAQ index: 1.74 $\pm$ 0.25 before the operation, 1.64 $\pm$ 0.28 in a month after, and 1.22 $\pm$ 0.28 after 6 months ($p<0.05$), after 1 year – 1.03 $\pm$ 0.18 ($p<0.05$).

Complications after operations were not recorded.

Conclusions: Joints replacement in patients with high RA activity can be justified and effective in improving the functional ability and pain relief. Removal of pathologically altered joint tissues helps to reduce the activity of RA as a whole.

Disclosure of Interest: None declared

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AB0234 PATIENT'S EXPECTATIONS ABOUT SURGERY FOR THE RHEUMATOID FOREFOOT DEFORMITY

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Background: Forefoot deformity has been a common problem in rheumatoid patients, often demanding surgery. Typical deformities include hallux valgus and deformity of lesser metatarsophalangeal joints (MTPJ) and toes. Patient's satisfaction has not been well dealt in the literature as most studies have focused on radiological and clinical parameters following surgical treatment.

Objectives: to assess preoperative patient's expectations and postoperative satisfaction, and also factors (e.g. fulfilment of expectations, radiological parameters, and clinical outcomes) that could affect on postoperative satisfaction following first MTPJ arthrodesis and lesser toe resection arthroplasty in patients with rheumatoid forefoot deformity

Methods: 40 patients who underwent first MTPJ arthrodesis on great toe and resection arthroplasty for all less toes were enrolled. Clinical and radiological outcomes were investigated retrospectively. Preoperative primary expectations for surgery were questioned and fulfilment of expectation was assessed by 5-point