RA and improvement of patients' outcomes. Further evaluation of this tool in a larger cohort is needed.

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AB0240

REDUCTION IN FATIGUE AND PAIN ARE ASSOCIATED WITH IMPROVED WORK PRODUCTIVITY IN PATIENTS WITH RA

J. Pope¹, K. Michaud², P. Emery³, B. Zhu⁴, C. Gaich⁴, A. DeLozier⁴, X. Zhang⁴, C. Dickson⁴, J.S. Smolen⁵. ¹Joseph's Health Care, London, Alberta, Canada; ²University of Nebraska Medical Center, Omaha, USA; ³Leeds MSK Biomed/Chapel Allerton Hosp, Leeds, UK; ⁴Eli Lilly and Company, Indianapolis, USA; ⁵Medical University of Vienna, Vienna, Austria

Background: Despite current treatment options, patients with rheumatoid arthritis (RA) report fatigue and pain, important determinants of quality of life.¹ In prior analyses of a Phase 3 trial of baricitinib (RA-BEAM), baricitinib demonstrated superiority in pain and fatigue reduction over MTX and adalimumab² and this pain reduction was associated with improvement in work productivity.³

Objectives: In this *post hoc* analysis of RA-BEAM, the relationship between fatigue and pain with work productivity was assessed.

Methods: Fatigue was measured with the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F, range of 0–52, higher scores represent less fatigue) and pain with the patient's assessment of pain (0–100 mm VAS, higher scores represent greater pain). The Work Productivity and Activity Impairment Questionnaire-RA (WPAI-RA) instrument evaluated the percentages of activity impairment due to RA (impairment in regular daily activities), work-time missed due to RA (absenteeism), impairment while working due to RA (presenteeism), and overall work impairment due to RA (work productivity loss). Analyses were based on pooled data from randomised patients who received ≥ 1 dose of study drug. Analyses for impairment in regular daily activities included all patients and for absenteeism, presenteeism, and work productivity loss, patients employed both at baseline and at Weeks 12 or 24 were included. Pain was divided into pain reduction groups (<30%, 30%–<50%, $\geq 50\%$) and actual pain score (≤ 10 mm, >10–<20, ≥ 20 –<40, ≥ 40 mm); fatigue was divided into fatigue improvement groups (<3.56, ≥ 3.56) and actual FACIT-F normative value score (<40, ≥ 40). Pairwise comparisons on improvement in WPAI-RA scores between pain/fatigue reduction groups at Weeks 12 and 24 were assessed by ANCOVA.

Results: At baseline across treatment groups, patients reported impairment in all of the WPAI-RA domain scores (absenteeism: 12%–13%, presenteeism: 42%–46%, work productivity loss: 45%–49%, activity impairment: 56%–58%). Reductions in pain and fatigue were associated with improvements in regular daily activities, presenteeism, and work productivity (table 1). Patients who reported lower levels of pain and fatigue tended to experience greater improvement in presenteeism, work productivity, and regular daily activities compared to patients with higher levels of pain or fatigue (table 1). When patients reached a minimal pain level (pain VAS ≤ 10 mm), no significant differences were observed in presenteeism and work productivity between patients with different levels of fatigue whereas regular daily activity continued to improve as fatigue improved ($p \leq 0.001$; table 1). No trends were observed with absenteeism. Similar results were observed by treatment group.

Abstract AB0240 – Table 1. Improvement in WPAI Domain Scores at Weeks 12 and 24

	Regular Daily Activities		Absenteeism		Presenteeism		Work Productivity	
	FACIT-F <40	FACIT-F ≥ 40	FACIT-F <40	FACIT-F ≥ 40	FACIT-F <40	FACIT-F ≥ 40	FACIT-F <40	FACIT-F ≥ 40
Pain VAS ≤ 10 mm								
Week 12	32.9	32.0**	4.1	2.4	32.0	26.1	30.5	26.0
Week 24	30.8	38.5**	4.2	3.1	34.2	28.6	35.5	27.5
10< Pain VAS ≤ 20 mm								
Week 12	24.8	30.3**	-0.2	3.9	13.3	26.5*	10.0	26.8*
Week 24	27.7	28.8**	9.5	0.8	9.5	22.0*	8.7	21.5**
20< Pain VAS ≤ 40 mm								
Week 12	20.1	22.4**	-2.6	1.5*	9.3	17.9**	7.0	17.9**
Week 24	20.2	20.0**	-1.2	-0.3*	11.5	13.9**	8.1	14.3**
Pain VAS >40 mm								
Week 12	7.4	9.3**	2.5	4.6*	-0.7	10.9**	-1.6	12.1**
Week 24	5.4	11.0**	3.2	3.2*	-3.4	7.5**	-5.1	7.5**

* $p \leq 0.05$, ** $p \leq 0.001$ for comparisons between FACIT-F groups within each pain group

Conclusions: Reductions in pain and fatigue were associated with improved regular daily activity, presenteeism, and work productivity in RA, with larger reductions related to more improvement. When patients achieved minimal levels of

pain, similar improvements in presenteeism and work productivity were observed regardless of fatigue level.

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AB0241

WHAT PROPORTION OF RA PATIENTS ARE TRULY IN REMISSION? A SURVEY OF RHEUMATOLOGISTS OF THE AUVERGNE REGION OF FRANCE

J.J. Dubost¹, B. Pereira², A. Fan¹, D. Meyer³, D. Verrière³, S. Melac-Ducamp³, B. Glace⁴, F. Demarquilly³, M. Gendey³, B. Maillet³, K. Zbadi⁴, C. Voquer³, J. P. Monghal², A. Kabchou⁴, J. Ledoux-Eberst³, S. Cechetti³, J. Meloux³, M. Vayssade³, M. Soubrier¹. ¹Rheumatology department, ²Biostatistics Unit, CHU Clermont-Ferrand, Clermont-Ferrand; ³Fédération des rhumatologues d'Auvergne, Auvergne; ⁴Rheumatology department, CH Vichy, Vichy, France

Background: The treatment of rheumatoid arthritis (RA) is aimed to achieve remission.

Objectives: To determine the proportion of RA patients in remission among the population treated by rheumatologists in Auvergne, France.

Methods: A 3 month survey involving 24 rheumatologists, not practicing at university hospitals, from the Auvergne region of France. The rheumatologists completed records on each RA patient detailing the parameters of RA activity (tender joint count, swollen joint count, pain VAS, patient's assessed activity VAS, physician's assessed activity VAS, ESR and CRP), as well as the RA treatment administered, and if this treatment was modified.

Results: Overall, 15 rheumatologists provided 455 records. These comprised 330 women (74%) and 125 men, aged on average 64.8 years old ± 12.6 . The patients had suffered from RA for 7 years on average, $4-14$ 77.3% were positive for rheumatoid factor, and 76.2% for anti-CCP. They underwent the following treatments: NSAIDs (19%), corticoids (24.4%; 5 mg⁴⁻⁶), methotrexate (80.4%; 15 mg.¹⁰⁻¹⁵ leflunomide (4.4%), hydroxychloroquine (11%), sulfasalazine (2.4%), anti-TNF (21.9%), other biotherapy (8.8%), no DMARD (3.1%), ≥ 2 DMARDs (31.8%). The proportion of patients in remission varied depending on different definitions as follows: DAS28-ESR ≤ 2.6 : 61.5% (low activity: 79%); DAS28-CRP ≤ 2.4 : 59.5%, DAS 28-CRP ≤ 2.1 : 47.2%; SDAI ≤ 3.3 : 40.1% (low activity: 80%); CDAI ≤ 2.8 : 36.0% (low activity: 81.5%); ACR/EULAR: 31.8%; simplified ACR/EULAR: 39.1%; physician-assessed remission (VAS ≤ 1): 52.3%; patient-assessed remission (VAS ≤ 1): 47.3%. There was moderate to good correlation between the ACR/EULAR and SDAI criteria ($\kappa = 0.70$) and CDAI criteria ($\kappa = 0.72$), while there was weak correlation between ACR/EULAR and DAS 28-ESR ($\kappa = 0.45$). The physicians' and patients' assessments did not correlate well with the remission criteria. Compared to those who were not in remission, the patients assessed as being in remission according to DAS28-ESR and ACR/EULAR criteria were younger, had been treated with less corticoids, had more frequently received anti-TNF, and had less frequently had their treatment modified.

Conclusions: Our findings were reassuring, with 32% (ACR/EULAR) to 62% (DAS) of RA patients followed up by rheumatologists outside of university hospitals assessed as being in remission, and 80% presenting with low disease activity. A total of 97% received DMARD, 30% received biotherapy, and a quarter corticoids. We found moderate to good correlation between ACR/EULAR and SDAI and CDAI; whereas there was low correlation between ACR/EULAR and DAS 28-ESR. The physicians' and patients' assessments did not correlate well with the remission criteria.

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