THE INFLUENCE OF BODY MASS INDEX ON THE EFFICACY OF TUMOUR NECROSIS FACTOR BLOCKING THERAPY AND DISEASE ACTIVITY IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The impact of Body Mass Index (BMI) on efficacy of TNF blocking therapy in Rheumatoid Arthritis (RA) patients and therefore on control of the disease is an important question.

Objectives: The aim of this study is to determine the influence of BMI on the efficacy of TNF blocking therapy in terms of disease activity in patients with RA.

Methods: A retrospective, observational study of 168 consecutive RA patients who received subcutaneously (SC) TNF blocking treatment (adalimumab, etanercept, golimumab and certolizumab pegol). Their follow-up data, for at least 26 weeks, and their baseline BMIs were available. The WHO definition for normal weight, overweight and obesity was applied, whereas clinical response was compared by BMI subgroups.

Results: The average BMI was 26.83±4.34 kg/m² and the baseline Disease Activity Score in 28 joints (DAS28 [ESR]) was high at 5.72±0.84. Mean age was 13.47±12.58 years and 135 (80.36%) were female. The median disease duration was 13.01±8.57 years. Overall, patients with normal weight, overweight and obesity was applied, whereas clinical response was compared by BMI subgroups.

The mean score of total SJC (28-joint count) at baseline and at month 6 was 8.0±4.12 (n=77), respectively. The mean change from baseline was 2.79±1.39 (n=66); mean change from baseline was 6.5±7.2 (n=53). The mean score of DAS28 at baseline and at month 6 was 6.13±1.33 (n=56) and 2.79±1.39 (n=66); mean change from baseline was −3.45±1.48 (n=46). Patients in low disease activity (DAS28 <3.2) or remission (DAS28 <2.6) in those who still using TCZ at month 6. The mean score of total TJC (28-joint count) at baseline and at month 6 was 11.2±8.0 (n=63) and 2.3±4.12 (n=77), respectively; mean change from baseline was −9.5±8.02 (n=53). The mean score of total SJC (28-joint count) at baseline and at month 6 was 8.0±6.81 (n=63) and 1.7±2.35 (n=77), respectively; mean change from baseline was −6.5±7.2 (n=53). The mean score of DAS28 at baseline and at month 6 was 6.13±1.33 (n=56) and 2.79±1.39 (n=66); mean change from baseline was −3.45±1.48 (n=46). Patients in low disease activity (DAS28 <3.2) or remission (DAS28 <2.6) in those who still using TCZ at month 6.

Conclusions: Patients with RA and higher BMIs demonstrated a diminished clinical response after 26 weeks of SC-administered TNF-blocking treatment compared with their counterparts with lower BMIs.

REFERENCES:

Disclosure of Interest: None declared.


CONSOLIDATED LONG-TERM SAFETY OF INFlixIMAB IN INFLAMMATORY ARTHRITIS FROM A PROSPECTIVE, OBSERVATIONAL REGISTRY

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Background: The Biologic Trial Registry Across Canada (BioTRAC) was a multicentre, prospective, longitudinal, observational program that gathered and analysed data on inflammatory arthritis patients treated with infliximab (IFX), golimumab and ustekinumab. Patients specifically treated with IFX were recruited from July 2002 to July 2015 and followed up to June 2017.

Objectives: The objective of this abstract is to document the final consolidated safety data from the BioTRAC IFX cohort.

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