Results: To detect the most effective JAKi in blocking the inflammatory response induced by IL-1β, RA-FLS were first pretreated with different JAKi for 2 hour with concentrations of 1 μM and 10 μM and then additionally stimulated with IL-1β (10 ng/ml) for 17 hour. In contrast to Filgotinib, Peficitinib at 5 μM caused a reduction of IL-6 levels of 66% compared to control with IL-1β (p<0.01, n=5) whereas Filgotinib only reduced the levels by 43% (p=0.05, n=3). Furthermore, Peficitinib at 1 μM decreased the MMP-3 release by 46% (p<0.01).

The treatment with Peficitinib did not affect the viability, cytotoxicity or apoptosis of RA-FLS (n=3). Therefore, the effects of Peficitinib on the inflammatory response were not caused by cell death.

Conclusions: Peficitinib reduced the release of proinflammatory cytokines and of matrix metalloproteinases after activation of RA-FLS with IL-1β and appeared to be superior to Tofacitinib and Baricitinib in targeting the pro-inflammatory and matrix destrucive properties of RA-FLS.

Disclosure of Interest: None declared


Effectiveness of Subcutaneous Presentation of Methotrexate in Patients with Rheumatoid Arthritis

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Background: Methotrexate (MTX) is one of the most used drugs for the treatment of rheumatoid arthritis (RA) and has become the gold standard of therapy. It can improve its efficacy compared to oral MTX.

Methods: We performed a retrospective descriptive analysis; our main goal was to determine the effectiveness and safety of SC MTX in patients with rheumatoid arthritis and has become the gold standard of therapy. It can improve its efficacy compared to oral MTX.

Objectives: The aim was to determine the effectiveness and safety of SC MTX in patients with rheumatoid arthritis.

Methods: We performed a retrospective descriptive analysis; our main goal was to determine the effectiveness and safety of SC MTX in patients with RA. We included patients who were in remission. Clinical follow-up was designed by the patients with rheumatoid arthritis. It is also of high significance in the treatment of psoriasis arthritis (PsA) and psoriasis vulgaris (PsV).

Conclusions: Subcutaneous MTX is an effective and safe alternative for the treatment in patients with RA and intolerance to oral MTX, and could be a good option to prevent a premature switching to biological therapy.

Disclosure of Interest: None declared


USABILITY OF A PRE-FILLED PEN FOR SELF-ADMINISTRATION OF SUBCUTANEOUS METHOTREXATE

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Background: Methotrexate (MTX) is the first-line DMARD for the treatment of rheumatoid arthritis (RA). It is also of high significance in the treatment of psoriasis arthritis (PsA) and psoriasis vulgaris (PsV).

Methods: Studies in RA patients found that there are advantages in terms of bioavailability and efficacy when MTX is administered subcutaneously (SC) as compared to orally.

Since the introduction of MTX pre-filled syringes, patients are principally enabled to self-administer methotrexate subcutaneously, however not all patients are able to use syringes easily. Auto-injection using a pre-filled pen can facilitate administration by the patient. Results of a comparative crossover study showed that SC self-injection with a pre-filled pen is mainly preferred to a pre-filled syringe with regard to use, acceptability, and satisfaction. Usability of the pre-filled pen was proven in an actual-use study, however no comprehensive data from routine clinical use are available so far.

Objectives: The aim of this practice documentation was the evaluation of the usability of a MTX pre-filled pen under everyday clinical conditions.

Results: The 478 participating patients had a mean age of 56±13.7 years, 57.1% were female; 39.3% suffered from RA, 34.7% from PsV, 23.4% had PsA, and 12.6% were diagnosed with other conditions. 87.7% received treatment with the pre-filled pen for the first time, and 61.5% had previously received MTX. The individual steps of self-injection, removing of a protective cap, placing the device onto the skin, pressing the injection button, removing the pen, and ergonomics of the pen, were rated as "very good" and "good" by more than 90% of patients as well as of physicians in both visits. Comparing V1 and V2, usability was assessed to be even better at the second visit (p<0.0001 in the total score). Injections were carried out accurately by more than 93% of the patients.

Conclusions: Auto-injection with a pre-filled pen enables patients to self-administer subcutaneous MTX easily and comfortably in routine clinical practice.

REFERENCES:
