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AB1262

TAPERING OF BIOLOGICAL ANTIRHEUMATIC DRUGS IN RHEUMATOID ARTHRITIS PATIENTS IS ACHIEVABLE AND COST EFFECTIVE IN DAILY CLINICAL PRACTICE: DATA FROM THE BRUSSELS UCL RA COHORT

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Background: Several studies demonstrate that Rheumatoid Arthritis (RA) patients achieving low disease activity or remission are able to taper biological (b) DMARDs.

Objectives: The aim of this study is to determine the number of patients suffering from RA in whom tapering of bDMARDs is achievable in daily practice and to evaluate the patient characteristics. Another objective is to analyse the budget impact and determine which bDMARDs are more adapted to dose reduction.

Methods: Inclusion criteria were RA patients from our Brussels UCL cohort treated with a bDMARD for at least one year. A dose reduction was proposed by the senior physician when sustained low disease activity or remission was observed. Data from 357 eligible RA patients (247 women and 110 men) were collected. Patient characteristics and baseline features before the current bDMARDs and flares if happened were collected. Annual drug dosage and cost were calculated.

Results: In 131 patients (35.7%), the dose of the bDMARD could be tapered. Patients in the decreased dose group were older (60.6 vs 55.9 years, $p=0.005$) and started bDMARDs earlier in their disease course (6.8 vs 8.4 years, $p=0.025$). As expected, the current DAS28-CRP was lower (2.26 vs 2.55, $p=0.018$) and interestingly, more patients were treated with a combination of Methotrexate (84% vs 73%, $p=0.019$). No differences between groups was observed for gender, disease duration, baseline HAQ, DAS28-CRP, erosion, ACPA, number of previous bDMARDs and use of Glucocorticoids. In our cohort, Anti-TNF agents were the most commonly prescribed medications (see Table). Annual drug cost was largely decreased for Rituximab and anti-TNF agents. Only 11 patients experienced a flare during the follow-up.

Abstract AB1262 – Table 1

bDMARD	Number of Pts	Stable dose (%)	Annual cost/ Pts (€)	Dose decreased (%)	Annual cost/ Pts (€)
ABA	23	12 (52)	12 979	11 (48)	8643,5
ADA	46	21 (46)	12 525	25 (54)	6908,8
CERTO	7	7 (100)	11740,2	0 (0)	Not available
ETN	69	41 (59)	9328,6	27 (39)	6101,6
GOL	24	22 (92)	12703,08	2 (8)	Not available
IFX	99	74 (75)	7290	25 (25)	6067
RTX	37	22 (59)	8784	17 (46)	4691,6
TOC	52	35 (67)	12773,7	17 (33)	9371,9
	357	234		124	

Conclusions: In daily practice, tapering of bDMARDs in RA patients with low disease activity or remission is an achievable goal, thereby reducing annual drug cost, especially for Rituximab, Infliximab, Etanercept and Adalimumab.

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AB1263

FINNISH HEALTHVILLAGE.FI-RHEUMATICDISEASES.FI: A SPECIALISED CARE SERVICE UNIT DEVELOPED TOGETHER WITH PATIENTS TO OFFER ON-LINE INFORMATION AND TREATMENT FOR PATIENTS IN A MODERN WAY

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Background: Finnish on-line Health village environment, so-called HUS-MAP©, was used to develop on-line information for rheumatic patients.

Objectives: To face the challenge of increasing demand for rheumatological care without additional resources a new virtual client-orientated service was developed.

Methods: In Finland, an on-line Health village environment, so-called HUS-MAP©, has been developed to offer virtual digital information to citizens, patients, and healthcare professionals. By using this HUS-MAP© environment, we provide information and support to citizens and patients who need information on different rheumatic diseases and various unspecified aches and musculoskeletal pains. The study group consisted of participants from every university hospital in Finland, from local authorities; rheumatologists, other specialists, general practitioners, nurses, special professionals such as physical therapists, and patients. Information provided was based on updated international and Finnish guidelines on rheumatic diseases. After the information was reviewed and accepted by our study group, it was fed into a special program and published on-line in the Health village environment.

Results: E-service for citizens and patients was opened in March 2017. Detailed description of symptoms, diagnosis and therapy of various rheumatic diseases, such as rheumatoid arthritis, spondyloarthritis, connective tissue diseases and vasculitis are available. Early diagnosis and treatment to remission when possible is emphasised. The service aids to identify, by using symptom navigator and questionnaires for back pain, as well as swollen and painful joints those who may have a rheumatic disease and guide patients to find medical services without delay. Already 60 500 persons have visited our website.

Conclusions: Finnish e-service, rheumaticdiseases.fi, offers an easy way to reach people and increase citizen's awareness on their own health. By guiding people to search for care the service may reduce delays in diagnosis of rheumatic diseases and the onset of therapy

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BARRIERS AGAINST TESTING ANTI-TNF DRUG LEVELS AND ANTI-DRUG ANTIBODIES IN ROUTINE CLINICAL PRACTICE

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Background: There is growing interest in using tests to measure anti-TNF drug levels and anti-drug antibodies (ADAb) in routine clinical practice for patients with rheumatic diseases. Testing may provide rheumatologists with additional information when considering a decision to adjust biologic treatment; for example, a decision to increase the interval between injections of an anti-TNF or to change treatment to a biologic that has a different target. However, it is not clear whether rheumatologists consider drug level and ADAb testing to be a useful technology within their routine clinical decision-making. Testing may be implemented imperfectly if rheumatologists perceive barriers against measuring drug levels and ADAb which, in turn, can affect the effectiveness and cost-effectiveness of care.

Objectives: To explore the potential barriers against testing anti-TNF drug levels and ADAb in routine clinical practice.

Methods: Semi-structured telephone interviews were conducted individually with a purposive sample of consultant rheumatologists from different hospitals across England. The telephone interviews were recorded and transcribed verbatim. Pilot interviews were undertaken to develop the interview schedule. The rheumatologists were invited to discuss their perceptions and experiences of anti-TNF drug