REFERENCES:

- [1] National Health and Family Planning Commission of the People's Republic of China [Internet]. Peking: National Health and Family Planning Commission of the People's Republic of China. c2017 – [cited 2017 Nov. 6]. Available from: <http://www.nhfpc.gov.cn/>
- [2] Ministry of Industry and Information Technology of the People's Republic of China [Internet]. Peking: Ministry of Industry and Information Technology of the People's Republic of China. c2017 – [cited 2017 Nov. 6]. Available from: <http://www.miit.gov.cn/>

Acknowledgements: None.

Disclosure of Interest: Q. Lv: None declared, Y. Jiang: None declared, J. Qi: None declared, Y. Zhang: None declared, X. Zhang: None declared, Z. Liao Grant/research support from: National Natural Sciences Foundation of China [grant number 81201372], Z. Lin Grant/research support from: National Natural Science Foundation for the Youth NSF of China (Grant No. 81302583), Guangdong Natural Science Funds for Distinguished Young Scholar^{Grant No. 2014A030306039}, high-level personnel of special support program for Technology Innovative Talents and the Top Young of Guangdong Province^{Grant No. 2015TQ01R516}, the Fundamental Research Funds for the Central Universities (16ykzd05), Distinguished Young Scholar Candidates Programme for The Third Affiliated Hospital of Sun Yat-sen University, and the Pearl River Nova Program of Guangzhou (Grant No. 201610010005), J. Gu Grant/research support from: the 5010 Subject of Sun Yat-sen University (2007023)
DOI: 10.1136/annrheumdis-2018-eular.3499

AB1279

EFFICACIOUS TRANSITION FROM REFERENCE PRODUCT INFLIXIMAB TO THE BIOSIMILAR IN DAILY PRACTICE

Z. Layegh¹, J. Ruwaard¹, R.C. Hebing¹, M.J. L'Ami¹, W. van der Weele¹, M. T. Nurmohamed^{1,2}, G. Wolbink¹, C. Kriekkaert². ¹Amsterdam Rheumatology and Immunology Center Reade; ²Amsterdam Rheumatology and Immunology Center Vumc, University Medical Center, Amsterdam, Netherlands

Background: The biosimilar of infliximab, approved in September 2013 for the treatment of rheumatic diseases. The biosimilar is non-inferior to the reference product of infliximab based on safety, quality and efficacy.¹ In order to enable health care cost saving and efficient treatment, a transition to the biosimilar was deemed necessary.

Objectives: To evaluate the transition from the reference product to the biosimilar in patients with rheumatoid arthritis (RA), psoriatic arthritis (PsA).

Methods: Consecutive patients treated with reference product were switched to the biosimilar in the period July 2015 to June 2016 at the Amsterdam Rheumatology and immunology Center, Reade. Patients were informed by a letter about the transition to the biosimilar and were subsequently contacted by a nurse or the pharmacist for additional questions and whether they agreed upon the switch. Patients were advised to contact their treating rheumatologist when in doubt. Once agreed, the biosimilar was administered at the same dosage and interval as previous treatment with the reference product. Patients were followed until January 2018. The primary outcome was to evaluate the transition from the reference product to the biosimilar, secondary outcome was the change in disease activity measured with the Disease Activity Score in 28 joints using erythrocyte sedimentation rate (DAS28-ESR). Last available DAS28-ESR before switching and first available DAS28-ESR approximately 12 months after switching was used. In addition, the reason for discontinuation with infliximab or the restart with the reference product was recorded.

Results: In total 45 patients switched from the reference product to the biosimilar, 2 patients disagreed upon the switch and continued the reference product. The median treatment duration within fliximab in patients with RA and PsA was 17 (SD=11) years (table 1). During the follow-up period, 3 patients (7%) restarted the reference product due to subjective reasons, increase in disease activity was not objectified by the rheumatologist. The biosimilar was continued by 42 patients (93%). Furthermore, 1 patient switched to another biological due to lack of effect and in 2 biological therapy was stopped because of malignancy. The DAS28-ESR remained comparable before and after the switch, with a mean (SD) of respectively 2.34(±1.02) and 2.31 (±1.11).

Abstract AB1279 – Table 1. Baseline characteristics of the 45 patients who switched from the reference product to the biosimilar

RA/PsA no.	41/4
Age, mean (SD) years	65 (14)
Female no. (%)	32 (71)
Disease duration, median (SD) years	17 (11)
DAS28-ESR, mean (SD)	2.34 (1.02)
Duration infliximab use, median (SD) years	19 (11)
Methotrexate use; no.(%)	31 (69)

Conclusions: In our population, a high amount of patients (n= 42, 93 %) continued the biosimilar during the follow up period of two years. A very low number of the patients (n=3) restarted the reference product, due to subjective reasons, whilst retaining stable DAS28-ESR.

REFERENCE:

- [1] Jørgensen KK, Olsen IC, Goll GL, Lorentzen M, Bolstad N, Haavardsholm EA, et al. Switching from originator infliximab to biosimilar CT-P13 compared with maintained treatment with originator infliximab(NOR-SWITCH): A 52-week, randomised, double-blind, non-inferiority trial. *Lancet* 2017;389:2304–16.

Disclosure of Interest: Z. Layegh: None declared, J. Ruwaard: None declared, R. Hebing : None declared, M. L'Ami:None declared, W. van der Weele: None declared, M. Nurmohamed Grant/research support from: Abbvie, Roche, BMS, MSD, UCB, Janssen, Eli Lilly, Celgene & Sanofi., Speakers bureau: Abbvie, Roche, BMS, MSD, UCB, Janssen, Eli Lilly, Celgene & Sanofi., G. Wolbink Grant/research support from: Pfizer, Speakers bureau: Abbvie, UCB, BMS, Pfizer, C. Kriekkaert: None declared

DOI: 10.1136/annrheumdis-2018-eular.5241

Epidemiology, risk factors for disease or disease progression

AB1280

PREDICTING WORK DISABILITY, PENSION CLAIM, ABSENTEEISM AND PRESENTEEISM IN RA PATIENTS

A.D. Houssien, M. Yates, S. Norton, J. Galloway. *Academic Rheumatology department, King's College London, London, UK*

Background: Despite advances in treatments for Rheumatoid Arthritis (RA) a high prevalence of unemployment and work disability (WD) is reported; almost one third of affected patients leave the work force within two years of diagnosis. However, historic studies focused upon work disability as a dichotomous outcome, whereas more recent research has shifted the focus to work productivity, absenteeism and presenteeism.

Objectives: We undertook a systematic review of observational studies to identify the known predictors of work productivity from work disability and identify the gap in between.

Methods: A systematic search of Medline and Embase and PsychINFO since 2000 was undertaken using search terms: "Rheumatoid arthritis", "Disability", "Employment", "Work", "Occupation", "presenteeism", "absenteeism", "productivity" and "indirect cost". Original publications, all observational studies, reporting on predictors of work outcomes in RA were eligible. Clinical trials of drug therapies were excluded. All article titles were manually reviewed by 2 reviewers (AH and MY) and relevant abstracts was discussed and agreed, for which full text articles were sourced. Selected articles were assessed for quality using: QQuality In Prognosis Studies (QUIPS) for observational studies. The heterogeneity in study designs meant meta-analysis was not appropriate. Therefore, To account for variation across studies in outcome measures used, an albatross plot was used to confirm predictors that were significantly associated with adverse work outcome.

Results: In total 57 observational studies were included in the review, with data collectively on 83 686 patients. The studies were from 19 different countries, predominantly including developed countries. There was substantial heterogeneity across studies in terms of predictors evaluated as well as how work productivity was estimated. More contemporary studies were more likely to capture information on mental health as a predictor. Consistent significant predictors of work outcome could be divided into¹ demographic factors: older age, obesity, lower educational level, job type, commuting difficulty;² disease factors: higher disease activity, longer disease duration, joint erosions, longer morning stiffness, higher disability;³ comorbidity: concomitant mental health disorder, fibromyalgia or cardiovascular disease.

Conclusions: The review highlights the lack of consistency in the use of validated work outcome measures in research. The key determinant of work disability extends beyond disease severity measures, and in particular mental health is emerging as a pivotal component of health that predicts ability to remain within the work force.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3721