TREATING PSORIATIC ARTHRITIS TO TARGET: COMORBIDITIES, NON-ADHERENCE AND FACTORS RELATED TO THE HEALTH SYSTEM PREVENT ESCALATION OF THERAPY IN REAL LIFE

1M. Ferreira, R. Xavier1,2, E. Abegg3, O. Martins3, F. Menegaz1, C. Kohem1,2, A. Gaspar1, N. Andrade1, V. Hax1, D. Vieceli1, C. Brotol2,2, J.C. Brotol2,2, P. Palomino1,1Hospital de Clínicas de Porto Alegre; 2Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

Background: Although the treat-to-target (T2T) strategy in psoriatic arthritis (PsA) clinical trials resulted in better outcomes in domains such as joints, skin, function and quality of life compared to standard care, in real life several factors affect such a strategy. Objectives: To determine the prevalence of patients achieving minimal disease activity (MDA) in our PsA clinic and the reasons why therapy in patients not achieving MDA was not optimised. Methods: An observational, retrospective cross-sectional study nested in a cohort study was conducted; medical records of patients attending PsA clinic in a public university hospital were reviewed. Demographic data, current treatment and components of the MDA score were collected. When patients were not in MDA but the treatment was not optimised, the reasons for the non-escalation of therapy were recorded. Results: MDA score was available in 113 visits, corresponding to 69 patients. Mean age of patients was 57.4±10.6, 53.6% (n=37) were females and 40.6% (n=28) were treated with biological drugs. MDA was reached in 31.0% (n=39) of visits; 36.2% (n=25) of the patients achieved MDA in at least one visit during the 8 months follow-up. There was no statistical difference in the proportion of patients achieving MDA according to treatment prescribed (biological DMARDs versus synthetic conventional DMARDs) (p=0.979). Although MDA was not achieved in 69.0% (n=78) of visits, optimisation of therapy was done in only 42.3% (n=33) of those visits. The main reasons which prevented treatment escalation were: physician impression of clinical remission and MDA overestimated by comorbidities and chronic deformities (57.7%, n=26), non-adherence to previous prescription (17.8%, n=8), delay to receive drugs from health insurance (17.8%, n=8), adverse events (11.1%, n=5), patient low cognitive level (6.7%, n=3) and patient refusal to escalate therapy (4.4%, n=2). In visits with impression of remission by rheumatologist, the skin and the swollen joint components of the MDA score were achieved in more than 80% of this visits (80.8%, n=21). Conclusions: Rheumatologists are reluctant to escalate therapy in PsA even if patients are not in MDA if "objective" components of the MDA score such as skin and swollen joint counts are reached. Comorbid conditions, patients non-adherence to therapy and factors related to the health system influence a tight control strategy in the real life clinical practice.

REFERENCE: 

Disclosure of Interest: None declared


Overall Safety of 7-Week Secukinumab Exposure During Pregnancy in Women with Psoriatic Arthritis

1M. Meroni, E. Generali1, D.M. Guiddell1, M. Parodi2, M. Cutole2, C. Selmi1,4 Internal Medicine Dept., Rheumatology and Clinical Immunology, Humanitas Research Hospital, Rozzano (Mi); 2Internal Medicine Dept., Rheumatology Unit, A. O. S.S. Antonio e Biagio e Cesare Amigo, Alessandria; 3Internal Medicine Dept., Research Laboratory and Academic Division of Rheumatology, University of Genoa, Genoa; 4BIOMETRA Department, University of Milan, Milan, Italy

Background: Psoriatic arthritis (PsA) often affects women of reproductive age. Secukinumab (SEC), a monoclonal antibody against interleukin-17A is effective in controlling the progression of articular and cutaneous manifestations of PsA but has not been extensively studied in pregnancy, despite 84 cases of accidental exposure reported with reassuring safety outcomes. Objectives: To evaluate the maternal and fetal outcomes in women with PsA exposed to SEC during pregnancy. Methods: During a 10 months observational period, we enrolled 6 patients, treated by SEC 150 mg subcutaneously every month after weekly induction. All of them stopped the treatment by the time pregnancy test turned positive. All women had previously been counselled about contraceptive methods adoption and the potential risk of becoming pregnant during SEC administration, signing an informed consent. We collected demographic and clinical data of both patients


Abstract THU0318 – Table 1. Baseline demographic and disease characteristics of patients with PsA registered in four EuroSpA registries

Conclusions: Preliminary analyses showed differences across European registries regarding baseline characteristics and crude retention rates in PsA patients initiating TNFi. These initial, preliminary analyses demonstrate that the creation of a large European database of PsA patients treated in routine care based on a common data model is feasible, offering important opportunities for future research.

REFERENCE: 

Acknowledgements: The authors acknowledge Novartis Pharmaceuticals AG for financial support and Natasha Pillai and Carol Lines from QuintilesIMS and Craig Richardson from Novartis Pharmaceuticals AG for their assistance in setting up the EuroSpA collaboration.

Disclosure of Interest: L. Ørnbjerg: None declared, M. Østergaard: None declared, F. Oren: None declared, M. Brikil: None declared, Z. Rotar: None declared, M. Tomic Consultant for: AbbVie, Eli Lilly, Johnson and Johnson, Medis, MSD, Novartis, Pfizer and Roche, B. Gudbjornsson: None declared, T. Love: None declared, M. J. Nissen: None declared, A. Ciurea: None declared, D. Nordström Consultant for: AbbVie, Celgene, BMS, Lilly, MSD, Novartis, Pfizer, UCB, N. Trokovic: None declared, M. Santos: None declared, A. Barcelos: None declared, E. Kristianslund: None declared, T. Kvien Grant/research support from: AbbVie, Biogen, BMW, Boehringer Ingelheim, Celgene, Celtrion, Eli Lilly, Epirus, Hospira, Merck-Serono, MSD, Mundipharma, Novartis, Orion Pharma, Hospira/Pfizer, Sandoz, UCB, C. Codreanu: None declared, E.-M. Hauge: None declared, K. Askling: None declared, F. Iannone: None declared, H. Mann: None declared, M. V. Hernandez: None declared, G. Macfarlane: None declared, M. van de Sande: None declared, L. H. Hyldstrup: None declared, N. S. Krogh: None declared, M. Hetland Grant/research support from: AbbVie, Biogen, BMS, Celtrion, MSD, Orion, Pfizer, Samsung, UCB

Table 1

THU0319

Overall Safety of 7-Week Secukinumab Exposure During Pregnancy in Women with Psoriatic Arthritis